

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
SEPTEMBER 17, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer
Lynn Mackey, County Superintendent of Schools
Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen called the meeting to order at 1:30 p.m., and introduced Vice Chair, Supervisor Karen Mitchoff, Deputy County Health Officer Dr. Tom Warne and County Superintendent of Schools Lynn Mackey.

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 after Item 3.

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

Dr. Warne presented updates from Contra Costa Health Services Department.

The County Health Officer issued a new social distancing order effective September 16 to align with the California Blueprint for a Safer Economy. The new blueprint is less confusing, and easier to decipher and anticipate when businesses can open. Under the new blueprint, additional personal care services not involving the face may now open outdoors, racetracks and cardrooms may operate outdoors, film/music/TV production may operate, and professional sports can resume without live audiences. The blueprint maintains guidance on social bubbles.

The County is currently in the Purple or most restrictive tier of four tiers. By taking health and safety precautions, we can help the County move to the less restrictive Red Tier and advance the county's economic and social recovery.

Chealth.org/corona now has the dashboard updated to align with the State's new metrics. Two main parameters determining Tier placement:

1. *# of new cases of virus per day per 100,000 people, averaged over 7 days. We are currently 7.1. To advance to Red Tier, we will need to get below 7 and maintain that for two weeks.*
2. *Positivity rate, % positive of all new tests in the County. Current rate is 4.7%, which is low enough to move to the Red Tier. We need to keep testing in order to maintain this rate. Testing is fast, free and convenient. Recommends getting tested at least once monthly if even no symptoms. Average turnaround time is 2-4 days.*

Current trends indicate that the County may be able to move to Red Tier in October.

The County is working on school waivers for lower elementary grades. 20 have been approved/posted on the State website. We have not denied any applications. The Office of Education is working to strengthen applications. The broader opening of schools will depend on the county moving to the Red Tier.

Confluence of the pandemic with flu season is a concern. A double surge during winter months could overwhelm hospitals. It is possible to contract both COVID and seasonal flu, so Dr. Warne recommends getting a flu shot. Symptoms of COVID-19 and seasonal flu are similar.

CCHealth has developed guidance for Halloween and strongly discourages traditional Halloween trick or treating because it becomes difficult to maintain social distancing and hygiene, particularly between people from different households. It would present an unsafe situation this year.

In response to questions received during previous week:

False positives? Inaccurate tests are a problem but shouldn't prevent the county from getting to the lowest tier. PCR tests and now antigen tests have high sensitivity and specificity. False positives will likely be less than 2%, and that 2% rate applies only to tests that should have been negative so, mathematically, its even much lower than 2%.

In reference to the State switching to median vs. mean/average, Dr. Warne believes that the median will be easier to achieve than the numerical mean.

Dr. Warne clarified that HOA pools can be used in accordance with State guidance for pools. First, a virus prevention plan must be put in place, rules will need to be observed and a pool monitor is required.

He referred people to the State guidance regarding indoor sports camps. The State has guidance about stable cohorts, up to 16, or 14 children and two adults.

Regarding social distancing postings for businesses, and the concern that the required postings reduce visibility and present a security concern, Dr. Warne said that the local health order no longer requires the posting of local health orders at places of business. However, the State guidance requires that most businesses post a checklist (available at the State website) applicable to their business sector.

Regarding school openings, the County is following the State guidance. We are not

being more restrictive than the State in this and with the waiver process. We are ahead of some of the other Bay Area counties in recommending school waivers.

Regarding safety upon school reopening, the State guidance limits size to the “number practicable”. Regarding concerns about cohorts becoming too big, the State guidance is clear and County will not be limiting cohorts beyond what the State requires. Local school districts will craft their own plans in accordance with State guidelines.

Supervisor Andersen invited public comment.

- Mike McDermott cited a report that ranks all states by restrictions and said that California is the most restrictive and has the highest unemployment rate. In that context, there is an opportunity for California to learn from other states’ data, particularly in terms of school openings. Is the County actively looking at other states that are further down the road, to give Contra Costans confidence that we could open schools safely?*
- Eileen expressed concern about psycho-social and mental health of middle and high school students by not permitting them to attend school. She asked if waivers will ever be granted for these age groups.*
- Stella Wotherspoon asked how large or small should school cohorts should be. She discussed the amount of exposure her own child would have due to non-exclusive cohorts. She said the State guidance needs clarity and a firm maximum rather than merely a suggestion. She said safety should be the first priority.*
- Ginalisa works in a veterinary setting that cannot socially distance. She asked if the business has discretion over whether customers are to be allowed in the facility or not.*
- Jared Thomsen asked if there is a way to have a children’s ministry outdoors on the church school property.*
- Brenda Brown, a Center-based childcare provider, asked if her group size can be increased from 10 to 14.*
- Jen Juroff asked why the County changed the cohort size from 15:1 to 14:2 and why are we continuing to be so restrictive on youth sports? She asked at what point is it a family’s choice whether or not to participate in these activities vs. a government decision. She cited a report on 90,000 youth soccer players with less than a 0.5% infection rate.*
- Jenny Tsang referenced pages 15-16 in Lynn Mackey’s presentation, and asked what efforts the County has made to consider this. She asked if the County has contacted green school yards and did any County Supervisor or Superintendent Mackey participate in the September session from green school yards.*
- Juana asked why we do not just permit outdoor schooling with masks, utilizing tents and P95 masks. She asked how to effectively influence State guidelines.*
- Elias Mandilaras asked about the timeline for indoor businesses to open. When we move to the Red Tier, can we open the next day? What is the best-case scenario?*
- Chris Tsu appreciates the County Health Officials holding firm despite the public pressure to relax safety rules. He said that practicable means “able to be done” but doesn’t necessarily mean that a thing “should be done”.*

- *Kirsten's iPhone asked why the county is more restrictive than State Purple Tier on Elementary school waivers. She said County restrictions will make it impossible for public schools to reopen under a waiver.*
- *Unidentified Caller said the school reopening policy is based on flawed logic: it's too dangerous for public schools to open but not too dangerous if they apply for a waiver and get it. Regarding youth sports, she considers competitive swimming as an individual sport rather than a group sport and requested a carve out for swimming.*
- *Bruce Burns, Moraga School District Superintendent and educator, said the decision to close or open schools is very weighty. He expressed appreciation for all involved in the decision-making process.*
- *Casey Copeland asked if the County Office of Education will mandate that public school districts reopen when the county attains the Red Tier. In her observation, the Martinez Unified School District doesn't appear to be doing any planning to reopen.*
- *Carol asked if there will be discussion and guidelines regarding school transportation, busing*
- *Call in User (ToniR) asked who pays for testing and when was the last time CCC hospitals were overwhelmed? She claimed there is a constant drumbeat of negativity and fear from County officials.*
- *Che Horder commented on the mental health impacts of keeping schools closed. She said that full contact sports are being played outside of California with no adverse impacts and wants to bring kids out of isolation. She said we need a better balance.*
- *Jim D said his question about faith-based offices were previously answered via the State guidance and had no further questions.*
- *Jerry L asked if there is a study on the efficacy of masks. He asked at what point he could be treated as a responsible adult and not a child of the government, saying that government control and direction has gotten out of hand.*
- *Lisa expressed concern about school districts not wanting to open even when it will be permissible. She asked at what point, if any, will their hand be forced, and what actions could be taken?*
- *Peter Griffin said it's been six months and asked what Tier will permit playgrounds to be opened.*
- *"Unlimited" spoke about the hypocrisy of lawmakers regarding the seriousness of the virus. He called the guidelines tyranny disguised as smiling government officials. He said that Hitler didn't control Germany alone but did it through people he used as tools. He described the negative impact on businesses and families and said that destruction caused by government is worse than that caused by COVID-19.*
- *Amanda asked when colleges are going to be opened.*
- *Diane's iPhone asked for accountability by the tyrants for the huge decline in education. She demanded a plan to reopen schools and put kids first. She asked why we continue to pay taxes for services not provided, and why private schools are being opened but not public schools.*

Chair Andersen thanked the speakers for their input and said that while we do not always agree on these issues, she and other officials will continue to make decisions

they believe are in the best interest of community safety. She emphasized the importance of education and said each school district will make its own plan for reopening.

Dr. Warne explained that the guidance on cohort size has evolved over the last few weeks. The State guidance said the maximum size is 16, which the County had interpreted as 14 children and two adults. However, there is flexibility: it can also be interpreted as 15:1 in certain circumstances. Higher needs children might require a higher ratio of adults to children.

The State has developed specific guidelines for different business sectors. That specificity may seem arbitrary, but they must be sufficiently discrete to be applicable across the state. Once we move to Red Tier, businesses permitted to open in that Tier will not have to wait for a specific County health order.

Dr. Warne said that swimming can proceed in certain circumstances such as a stable swim club operating within the State guidelines. Swim meets can theoretically be done with proper social distancing between lanes and complying with other guidelines.

Currently, playgrounds are not allowed to open in any Tier. We must wait for clearance from the State. He recommended that parents look for opportunities within the guidelines to create social interaction for their kids, such as a stable playgroup.

Veterinary offices without adequate space to do social distancing can use masking to minimize virus transmission. Look for ways to accommodate and maintain distances with owners as much as possible.

With reference to learning from the experience of other states, Dr. Warne agreed that we should be doing more to learn from other states and that this point is very well taken.

He concluded by imploring people to continue to follow the prevention measures and get tested to move our county to the Red Tier.

Chair Andersen said that health insurance will be billed for test costs first. Dr. Warne said the test costs are decreasing. In general, the public is not paying for the tests. If insurance will not pay, then County will pay with CARES Act funds. He said the cost of testing is predictable. The costs of not testing would be very high.

Vice Chair Mitchoff said that people are reporting being denied tests by Kaiser unless they are symptomatic. A reminder will be going out to all county hospitals that anyone can be tested with or without symptoms. If a person is being denied a test, he is instructed to come to the County Hospital for a test. You can schedule online or on the phone.

Testing will assist the County is attaining and maintaining a less restrictive Tier assignment.

She asked that we set our individualism aside in this case and consider the benefit that getting tested will have on others.

4. DISCUSS issues associated with school closures and the preparation for the reopening of schools for 2020-2021.

Chair Andersen introduced County Superintendent of Schools Lynn Mackey. Ms. Mackey acknowledged the very differing opinions on the reopening of schools evidenced by the callers' comments today and said it mirrors similar impassioned input received by her office. Some ask why we aren't opening schools already while others ask why we are considering putting students in harm's way by opening schools. People are very divided on the issue.

She explained the decision-making process. Absent a health order or order from the State or local office, the decision to open or close is up to each local school board. County Schools was waiting for State guidance on how to incorporate all the prevention strategies into the school administration. First, schools were bound by the State's watch list and now the four Tiers. Schools cannot open fully until we attain the Red Tier.

The County Office of Education checks the waiver applications for responsiveness and completeness, and then passes the waivers to the Health Department for review. 31 waivers have been received and 27 have been passed to Health so far. The State approved 16 so far. Public schools have not applied for waivers primarily because of the way public schools are funded and currently staffed. It would not be feasible for public schools to operate with just small cohorts, where one teacher is with the same cohort the entire time. Once we are in the Red Tier, she predicts that schools won't be able to immediately reopen. There will likely be a sort of hybrid model developed using cohorts split between one or more teachers.

She recommended that parents who are struggling with distance learning for their children contact the teachers directly and then the school principal. Possibly, that school can offer an accommodation. Each school district decides whether it will offer specialized supports for high need students.

All the educators want students to come back to school. Once the county attains the Red Tier, each school board will decide its own reopening plan. County Schools will provide guidance that aligns with the State, but the decisions will be made locally by each district and be influenced by local factors. For example, master scheduling is very complex, and it might not make sense to reopen just before the end of a grading period.

Training was recently provided to childcare workers who support distance learning. Because each school board sets the schedule and plan, we need to understand that childcare workers need support. Ms. Mackey promised to bring this matter to the attention of local school superintendents. She is looking into the development of in-person learning scholarships for special needs students.

Regarding school transportation, Districts will survey to determine if any parents are willing to transport students. Only a limited number of students will be allowed on a bus due to social distancing, so they are presently trying to assess the numbers and needs.

She said that high schools and middle schools are not prohibited from using cohorts once they reopen but incorporating cohorts at that school level would be challenging due to curriculum.

She concluded by saying she personally understands the challenges for parents as she is similarly concerned about her grandson. She said she intends to continue attending the County's COVID-19 meetings since schools will likely continue to be a topic of high interest.

Chair Andersen thanked Ms. Mackey for the information she shared.

5. RECEIVE and APPROVE the Record of Action for the September 3, 2020 meeting.

The Committee approved the Record of Action for the September 3, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

6. The next meeting is currently scheduled for October 15, 2020.

Chair Andersen confirmed the next scheduled meeting date of October 15, 2020 unless changing circumstances warrant the scheduling of a special meeting.

7. Adjourn

Chair Andersen adjourned the meeting at 3:30 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

3.

Meeting Date: 09/17/2020
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 15 public meetings on May 7, 14, 21 and 28; June 4, 11, 18, and 25; July 2, 9, 16, 23 and 30; August 13 and September 3, 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 monthly 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 businesses, schools, 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.

Under the State's new Blueprint for a Safer Economy, every county is assigned to a tier by the State based on its test positivity and adjusted case rate. The State reviews data weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for two consecutive weeks.

For Contra Costa County to move down to the next tier, daily new cases (per 100k) must be between 4-7 and positive tests must be between 5-8%. If a county's case rate and positivity rate fall into different tiers, the county remains in the stricter tier. [Click to learn more about tier assignments and metric details.](#)

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

Recommendation(s)/Next Step(s):

RECEIVE update on most recent COVID-19 developments.

Attachments

[Updated Health Order on Social Distancing and Facial Coverings 9-14-2020](#)

[Updated Health Order Mass Quarantine 9-14-2020](#)

[Press Release Alignment with CA COVID-19 Blueprint 9-14-2020](#)

[Questions for the Health Officer from the Committee Member Offices 9-17-2020](#)

[Updated Health Order on Social Distancing 9-4-2020](#)

[Avoid the Three Cs 9-8-2020](#)

[Know Your Risk 9-4-2020](#)

[Do the Right Thing 9-4-2020](#)

[Additional Businesses Open in Contra Costa County in Accordance with Updated State Recommendations](#) [Press Releases](#)

[Contra Costa Health Services 8-31-2020](#)

[Contra-Costa-County-Openings-at-a-Glance 8-31-2020](#)

[New COVID-19 Community Testing Hub Opens Wednesday in Richmond 8-25-2020](#)

[Public Comment Ashley Iorio 9-9-2020](#)

[Public Comment Jim Daggs 9-10-2020](#)

[Public Comment Bob Welsh 9-16-2020](#)

[Public Comment Mark Lojacono 9-16-2020](#)

[Public Comment Casey Copeland 9-17-2020](#)

Minutes Attachments

No file(s) attached.



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

Order No. HO-COVID19-28

DATE OF ORDER: SEPTEMBER 14, 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

In light of evidence of stabilization and improvement in rates of cases of and hospitalizations for Novel Coronavirus Disease 2019 (“COVID-19”), this Order of the County of Contra Costa Health Officer, as of the effective date set forth in Section 14, eliminates restrictions on business activities in the County set forth in the Health Officer’s September 4, 2020, Order (No. HO-COVID19-27) (the “Prior Order”) that were stricter than requirements imposed by the State of California (“State”). This Order is intended to align County restrictions on business activities with State restrictions on business activities. A business activity is allowed under this Order if the State allows the activity in this County under the State’s Blueprint for a Safer Economy (“State Blueprint”). Business activities in sectors that are closed in the tier of the State Blueprint that applies to the County are not allowed in the County under this Order. This Order also requires all business activities in the County to conform to applicable guidance issued by the State.

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 replaces local restrictions on business activities that were stricter than State requirements with the requirement that business activities conform to the State Blueprint and applicable guidance issued by the State.
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 September 13, 2020, a total of 15,351 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 align restrictions on business activities in the County with the State's requirements. Evaluation of the COVID-19 Indicators will be critical to determinations regarding whether stricter restrictions need to be imposed in the future. 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; and
- e. The August 28, 2020, Order of the Acting State Public Health Officer, outlining the State Blueprint, authorizing local health jurisdictions to reopen specified sectors of the economy, and directing the closure of sectors as needed, in accordance with the county's tier.

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. This Order imposes specific requirements on individuals with regard to social distancing and expressly prohibits gatherings of any size with limited exceptions. Without these restrictions to limit 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 or state or federal guidelines related to the COVID-19 pandemic, this Order controls.

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) Religious services or cultural ceremonies that conform to limitations set forth by the State; and
- (b) Protests protected by the First Amendment that conform to limitations set forth by the State.

It is strongly recommended that individuals wear face coverings while participating in religious services, cultural ceremonies or 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. Because in-person events 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 and that this information be kept 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 attendees.

- (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 a Household Support 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.
 - (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.
 - (3) Gatherings of stable groups of no more than 14 children or youth and no more than two supervising adults may take place in accordance with guidance issued by the State of California on August 25, 2020 (see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>), as may be amended from time to time.
 - (4) Highly-regulated vehicle-based gatherings, as defined in the Health Officer’s May 15, 2020, Order ([No. HO-COVID19-13](#)) (the “Vehicle Gatherings Order”), are permitted if they adhere to the requirements set forth in Subsection 8.b. of the Vehicle Gatherings Order.
 - (5) 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.

d. 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 may operate under the State Blueprint, 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.

e. 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. Conformance with State Requirements.

(1) A business activity is allowed in this County if:

(a) The business activity is in a sector that is open in the tier of the State Blueprint that applies to the County; and

(b) The business activity conforms to applicable guidance issued by the State.

The County’s tier status is determined at <https://covid19.ca.gov/safer-economy/>. Information about the four tiers included in the State Blueprint is at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Dimmer-Framework-August_2020.pdf. State guidance documents are at <https://covid19.ca.gov/industry-guidance/>.

(2) A business activity is not allowed in this County if the business activity is in a sector that is closed in the tier of the State Blueprint that applies to the County. A business



engaged in an activity that is not allowed in the County under the State Blueprint must discontinue the activity in the County until it is allowed.

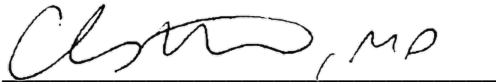
- 10. Categorical Exemptions.** All emergency services personnel, including but not limited to first responders, emergency management personnel, emergency dispatchers, and law enforcement personnel, and all court personnel, are categorically exempt from this Order to the extent they are performing position-related 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 8:00 a.m. on September 16, 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:



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

Dated: September 14, 2020





ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA

UPDATED MASS QUARANTINE ORDER

NO. HO-COVID19-29

DATE OF ORDER: SEPTEMBER 14, 2020

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

SUMMARY OF THE ORDER

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

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



This Order supersedes the July 5, 2020, Order of the Health Officer of the County of Contra Costa, No. HO-COVID19-23, directing close contacts of persons diagnosed with COVID-19 to quarantine themselves. Under this Order, an exception to the quarantine requirement that previously applied only to health care workers and first responder agency workers now applies to all essential critical infrastructure workers.

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

1. Health Officer Order No. HO-COVID19-23 is hereby superseded.
2. All persons who have had close contact with a person with COVID-19 (“Case), as described below in Section 3, must quarantine themselves. These persons are required to follow all instructions in this Order and the Public Health guidance documents referenced in this Order.
3. For the purposes of this Order, a person is considered to have had close contact with a Case if, during the Case’s infectious period, the person was within six feet of the Case for 15 minutes or longer. Examples may include persons who:
 - a. Live in, have visited, or have stayed overnight at the Case’s residence; or
 - b. Are intimate sexual partners of the Case; or
 - c. Worked within six feet of the Case; or
 - d. Provide or provided care to the Case without wearing a mask, a face shield or goggles, gown, and gloves; or
 - e. Have been identified as close contacts by the Contra Costa County Health Services Department.
 - f. Have been released from a California Department of Corrections and Rehabilitation Facility where a Case was reported among staff or detainees within 30 days before the person’s release.

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

4. Instructions. All persons who have had close contact with a Case must immediately take the following actions:
 - a. Stay in their home or another residence through 14 days from the last date that they were in contact with the person infected or likely to be infected with COVID-19. Persons are



required to quarantine themselves for the entirety of the 14-day incubation period because they are at high risk for developing and spreading COVID-19.

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

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

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

5. Exception. Notwithstanding the foregoing, persons who are employed in any of the critical infrastructure sectors identified by the Cybersecurity & Infrastructure Security Agency (see <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>), have been determined by their respective employers to be essential workers, and who are household members, intimate partners, or caregivers of a person with COVID-19, are not subject to this Order under the following circumstances:

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

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

c. The worker returns to work.

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

7. This Order shall become effective at 12:01 a.m. on September 15, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

8. 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)

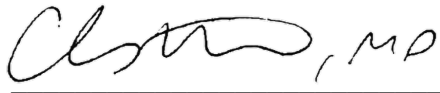


posted on the Contra Costa Health Services website (<https://www.cchealth.org>); and (3) provided to any member of the public requesting a copy.

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

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

IT IS SO ORDERED:



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

Dated: September 14, 2020





HOME • NEWSROOM • PRESS RELEASES • CONTRA COSTA UPDATES HEALTH ORDER TO ALIGN WITH CALIFORNIA'S COVID-19 BLUEPRINT

Press Release

Contra Costa Updates Health Order to Align with California's COVID-19 Blueprint



Tweet

Monday, September 14, 2020

Contra Costa County today aligned its COVID-19 social distancing health order with California's [Blueprint for a Safer Economy](https://covid19.ca.gov/safer-economy/) (<https://covid19.ca.gov/safer-economy/>), so the county no longer has different reopening rules for businesses and activities beyond what the state requires or allows.

The change, effective at 8 a.m. Wednesday, Sept. 16, simplifies the plan for reducing the spread of COVID-19 in Contra Costa so that residents and local businesses can better understand and identify the steps we all need to take to keep ourselves, our families, workers and customers safer during the pandemic.

The update to Contra Costa's health order does allow some additional businesses to reopen, following the state health guidelines for their industries:

- Personal care services that involve close contact with the face may begin operating outdoors, except for tattooing, piercing and nonmedical electrolysis
- Racetracks and cardrooms may operate outdoors
- Music, television and film production may resume
- Professional sports without live audiences

CONTACT

CCHS Media Line,
925-608-5463

RELATED

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

may resume

These changes are consistent with Contra Costa's placement in the purple tier of the state's blueprint, indicating that COVID-19 is widespread in the county. When the data tracked by the state show sustained improvement for two weeks, the county will move into the red tier, allowing more businesses and activities to reopen.

Information about the state's blueprint, including health guidelines for businesses and activities, which business sectors are not currently safe to operate in Contra Costa, and how the guidelines will change as the county makes progress against COVID-19, are all available at covid19.ca.gov/safer-economy (<https://covid19.ca.gov/safer-economy/>).

Contra Costa's current health orders retain health guidelines for social bubbles and structured contact between people from different households, face coverings and physical distancing. The [FAQ](https://www.coronavirus.cchealth.org/frequently-asked-questions) (<https://www.coronavirus.cchealth.org/frequently-asked-questions>) and [Safer Social Interactions](https://www.coronavirus.cchealth.org/safer-social-interactions) (<https://www.coronavirus.cchealth.org/safer-social-interactions>) pages at [cchealth.org/coronavirus](https://www.coronavirus.cchealth.org) (<https://www.coronavirus.cchealth.org/>) have information about keeping safer during the pandemic.

Contra Costa Health Services (CCHS) continues to monitor data that show how the virus is spreading through our community, including hospitalizations and how the pandemic is impacting the county's healthcare system. If there is a sudden surge in COVID-19 transmission in the future, the county may need to temporarily impose more restrictions to protect the public health.

One way Contra Costans can help keep our county's healthcare system running smoothly is to get a flu vaccine – talk to your health provider about getting one. CCHS is also planning community vaccination clinics beginning in October.

Anyone who lives or works in Contra Costa can help make the county safer from COVID-19 and reopen more quickly is to get a fast, free COVID-19 test at a community testing site (<https://www.coronavirus.cchealth.org/get-tested>).

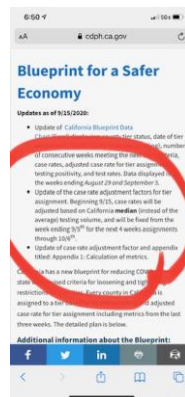
The state has reduced the requirements for moving into less restrictive tiers for counties that test many people every day, and other Bay Area counties have already qualified for this benefit.

Make a COVID-19 testing appointment today by calling 1-844-421-0804 or booking online at [cchealth.org/coronavirus](https://www.coronavirus.cchealth.org/coronavirus) (<https://www.coronavirus.cchealth.org/>) – hit the "Get Tested" button. This site is also an official source for local information regarding the COVID-19 pandemic.

#

Questions for the Health Officer – September 17, 2020

- How many tests are false positives?
- How do we ever move to Yellow with 3% false positive? Is there a factor for this taken into account in the math?
- Is there any relief in sight to allow HOA residents to use pools?
- Clarity around indoor sports camps. Some are still confused if youth “camps” are needed?
- For elementary schools applying for waivers, the state guidance says, **“Minimize movement of students and teachers or staff as much as practicable. For example, consider ways to keep teachers with one group of students for the whole day”**. This language uses “consider”, “minimize” and “practical”. Why are some counties interpreting this to say that classes can be split during the day with the same adult teaching two sections, and Contra Costa is saying this is not allowed? How can the public schools be fairly considered for a waiver if you require them to hire double the teaching staff, although state guidance says, “as much as practical”? How is this equitable across the county if only private schools can qualify for a waiver due to this interpretation?
- The state has changed the way they are looking at the data yet again, using the median instead of the average, as stated in the screen shot below, making the hurdle even higher. Can you please clarify?



- Is it possible for businesses to discontinue posting the social distancing protocols but still have it available for the public to review now that it has been out for a while? Some stores have limited window space and it also obstructs visibility, which can be a security issue because businesses can't view their outdoor operations.



**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-COVID19-27

DATE OF ORDER: SEPTEMBER 4, 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

In light of evidence of stabilization and improvement in rates of cases of and hospitalizations for Novel Coronavirus Disease 2019 (“COVID-19”), this Order of the County of Contra Costa Health Officer, as of the effective date set forth in Section 14, eases certain restrictions on gatherings and business activities set forth in the Health Officer’s August 26, 2020, Order (No. HO-COVID19-26) (the “Prior Order”). This Order:

- Eases the restrictions on gatherings set forth in the Prior Order to allow for specified activities involving children and youth;
- Allows mining and logging businesses to operate; and
- Clarifies that vehicle gatherings as described in the Health Officer’s May 15, 2020, Order (No. HO-COVID19-13) (the “Vehicle Gatherings Order”) remain an exception to the prohibition on gatherings involving persons from more than one household.

This Order also incorporates revisions to conform to the State of California’s “Blueprint for a Safer Economy,” also known as the “Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe” (the “State Blueprint”), which sets forth a new system for counties to reopen sectors of the economy based on a set of tiers that correspond to specific epidemiological profiles. As of this date of this Order, the County is in



Tier 1, also known as the “Widespread (purple)” tier. See subsection 9.b.(2) of this Order for more information about business activity restrictions imposed by the State under the State Blueprint tiers.

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 permits additional types of gatherings and allows businesses in the mining and logging sector to operate.
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 September 3, 2020, a total of 14,212 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; and
 - e. The August 28, 2020, Order of the Acting State Public Health Officer, outlining the State Blueprint, authorizing local health jurisdictions to reopen specified sectors of the economy, and directing the closure of sectors as needed, in accordance with the county’s tier.

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 State or 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 a Household Support 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.
 - (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.
- (3) Gatherings of stable groups of no more than 14 children or youth and no more than two supervising adults may take place in accordance with guidance issued by the State of California on August 25, 2020 (see <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>), as may be amended from time to time.
- (4) Highly-regulated vehicle-based gatherings, as defined in the Vehicle Gatherings Order, are permitted if they adhere to the requirements set forth in Subsection 8.b. of the Vehicle Gatherings Order.
- (5) 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.
- d. 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.

e. 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) Personal care services that require touching a client’s face;
- (b) Music, film and television production;
- (c) Cardrooms and racetracks; and
- (d) Professional sports without live audiences.

(2) Business activities that are not permitted by the State in the tier of the State Blueprint that applies to the County. As of the date of this Order, the County is in Tier 1, also known as the “Widespread (purple)” tier. The County’s tier status may be determined



at <https://covid19.ca.gov/safer-economy/>. Information about the four tiers included in the State Blueprint can be found at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Dimmer-Framework-August_2020.pdf.

- (3) 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 that are not prohibited from operating under subsection 9.b. of this Order 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.

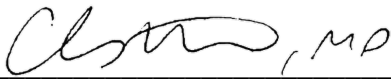


- 10. Categorical Exemptions.** All emergency services personnel, including but not limited to first responders, emergency management personnel, emergency dispatchers, and law enforcement personnel, and all court personnel, are categorically exempt from this Order to the extent they are performing position-related 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 5:00 p.m. on September 4, 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:



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

Dated: September 4, 2020

Attachments:

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



AVOID THE 3-C'S

Here are places where COVID-19 spreads more easily:



Even as restrictions are lifted, consider where you are going and stay safe by avoiding the 3-C's



HOW CAN YOU STAY HEALTHY?

- Avoid crowded places and limit time in enclosed spaces.
- Maintain at least 6ft distance from others.
- When possible, open windows and doors for ventilation.
- Keep hands clean and cover coughs and sneezes
- Wear a mask if requested or if physical distancing is not possible.

Visit cchealth.org/coronavirus

RESPONSE
Coronavirus (COVID-19)

CONTRA COSTA
HEALTH SERVICES



Adapted from information provided by the World Health Organization

KNOW YOUR RISK: SOCIAL GATHERING

(Family BBQ, Birthdays, Baby & Bridal Showers, Memorial Service, Wedding)



****Low Risk***

Outdoor gathering with 14 or less people, all wearing face coverings, keeping 6 feet apart from each other

Medium Risk

Indoor gathering with 14 or less people, no eating and drinking, all wearing face coverings, open windows



High Risk

Outdoor gathering with more than 14 people, no social distancing, eating and drinking occurs, hugging and kissing to greet each other



Very High Risk

Indoor gathering with more than 14 people, no face coverings are worn, eating and drinking occurs



Safety Checklist:

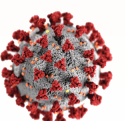
- Hand Sanitizer
- Face Coverings
- List of attendees for potential contact tracing
- Single-use hand towels
- Disposable tableware
- Socially distant games (ex: individual dance contest, scavenger hunt)
- Encourage guests to bring their own food and drinks
- Properly dispose of single-use face coverings and gloves
- If feeling sick, stay home

* As of 9/4/2020, only the low risk action complies with local and state health orders.

For more information visit: cchealth.org/coronavirus

RESPONSE
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#WESAVEOURSELVES

Flatten the Curve or Flatline

Change how
COVID-19
affects the
African-American
community

We are
responsible to

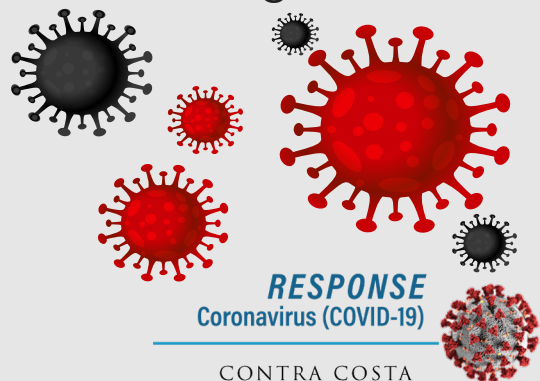
**DO THE
RIGHT THING**
and
**PROTECT
OUR
FAMILIES &
COMMUNITIES**

Get Tested
1-844-421-0804

Visit:
cchealth.org/coronavirus

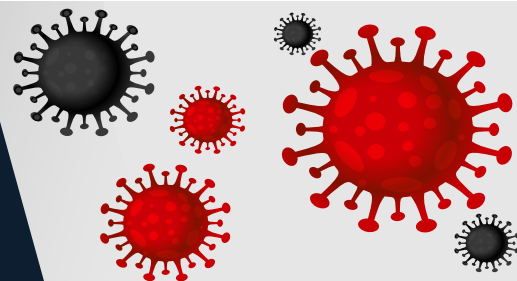
**DO THE
RIGHT
THING
WE
HAVE
THE
POWER**

We must take
ownership of
our health and
**SAVE
OURSELVES**



RESPONSE
Coronavirus (COVID-19)

CONTRA COSTA
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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

CONTACT

925-608-5463

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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.

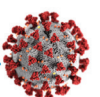
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Contra Costa County Openings at a Glance

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

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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,

CONTACT

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.

###

From: [Ashley Iorio](#)
To: [Chris Farnitano](#); [Anna Roth](#); [Julie Enea](#)
Subject: URGENT - mental health is declining
Date: Wednesday, September 9, 2020 9:40:42 AM

To all of you involved in the decisions about opening our schools,

I implore you to watch this video that explains how badly our childrens' mental health is being affected by not being allowed to go to school.

I beg you to "go to bat" for these kids and do whatever is in your power to get them back into the classroom. I'm afraid you'll have to deal with some tragic consequences if this continues. Our kids are depending on you to do what is in their best interest, and being stuck at home is not what is best for them both mentally and physically.

<https://www.youtube.com/watch?v=SgCZfRaKLXY>

I am not living in fear of the virus, I am living in fear of what this continued lockdown is doing to our children and their futures.

Regards,

Ashley Iorio
SRVUSD alum and parent of two girls at SRVHS

Julie Enea

Subject: FW: Question for next Ad Hoc Committee meeting

From: Jim Daggs

Date: Wednesday, September 9, 2020 at 4:30 PM

To: Supervisor Candace Andersen

Supervisor Mitchoff

Subject: Question for next Ad Hoc Committee meeting

Dear Supervisors Andersen and Mitchoff,

First off, thank you for all you do for our community. I have been on numerous Ad Hoc Committee Zoom calls and you handle yourselves with grace and poise.

I'm writing to ask about an apparent contradiction between the state's guidance for faith-based offices and the county's guidance for what's allowed to be open. The state's guidance for office workspaces as of September 8 states the following:

Faith-based office workspaces can reopen within the following parameters:

1. Faith-based facilities are considered "offices" only for those employed by the organization and where the facility is their regular place of work.
2. The employer should implement state guidance relating to offices before reopening the facility for employees.
3. This designation does not permit gatherings of non-employees, such as the organization's congregation.

This seems to be separate from the tier status guidelines and gave us hope that we might be able to have some staff return to the office while still promoting teleworking. However, in the "what's open? / what's closed?" section of the Health Services' FAQs, it indicates that only offices for critical infrastructure are open and it links to an 'essential workforce' list published by the state which only permits clergy to work to provide streaming services.

Knowing that the county has sought over these past several months to align itself with state guidance as much as possible, our desire would be to see if the county FAQs could be updated to reflect the state guidance for faith-based office workspaces. Perhaps Dr. Farnitano could address that issue during the next meeting on 9/17. And if that is not the proper forum for this kind of question, if you could point me in the right direction, I'd greatly appreciate it.

Thanks again!

Blessings,

Jim Daggs

Executive Pastor

NorthCreek Church

Julie Enea

From: Bob Welsh
Sent: Wednesday, September 16, 2020 11:02 AM
To: Julie Enea; Supervisor Candace Andersen; Gayle Israel
Subject: Contra Costa Health Services Recommends Planning Safe, Planning Ahead for Halloween :: Press Releases :: Contra Costa Health Services

Follow Up Flag: Follow up
Flag Status: Flagged

Just last week we were all saying how awful and idiotic LA County is for going down the ridiculous path of fear mongering for Halloween. Well, looks like Contra Costa can be included in that now. Embarrassing.

<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcchealth.org%2Fpress-releases%2F2020%2F0916-Planning-Safe-Halloween.php&data=02%7C01%7CJulie.Enea%40cao.cccounty.us%7Cce0d1e8393dd4f4c29e408d85a6aac18%7C76c13a07612f4e06a2f4783d69dc4cdb%7C0%7C0%7C637358761512723902&sdata=4jo0Dn8cOzRYI9fpzRWxTiq0ZpltRZxM7omu%2F%2BvfNs%3D&reserved=0>

Julie Enea

Subject: FW: Why have you stopped the meetings for the FAKE CHINA VIRUS???

From: Mark Lojacono

Date: Wednesday, September 16, 2020 at 4:46 PM

To:

Subject: RE: Why have you stopped the meetings for the FAKE CHINA VIRUS???

Let's re-work the question:

Can you please explain the total Covid numbers (cases & deaths) since February this year, not just cases but how many have actually died of Covid to date, based on the CDC numbers???

Thank You,

Mark Lojacono

-----Original Message-----

From: Gayle Israel

Sent: Wednesday, September 16, 2020 11:16 AM

To: Mark Lojacono

for the FAKE CHINA VIRUS???

Dear Mark,

I am happy to include any non-rhetorical questions you have for the Health Officer. Otherwise, you are free to use your two minutes to ask questions rhetorical in nature.

Best regards,
Gayle Israel

Gayle Israel
Chief of Staff
Office of Supervisor Candace Andersen
Contra Costa County, District 2

This message is being sent on a public e-mail system and may be subject to disclosure under the California Public Records Act.

From: Mark Lojacono
Date: Wednesday, September 16, 2020 at 11:10 AM
To:
Cc: Supervisor_Andersen
Subject: RE: Why have you stopped the meetings for the FAKE CHINA VIRUS???

Can you confirm you've received my questions for tomorrows call ???

Thank You,

Mark Lojacono

-----Original Message-----

From: Mark Lojacono
Sent: Monday, September 14, 2020 7:30 PM
To: 'Gayle Israel'
Cc:
Subject: RE: Why have you stopped the meetings for the FAKE CHINA VIRUS???

Please disregard previous email ... I just noticed that September 17th has been added to the calendar...

Here are the questions I would like added to the agenda:

1. Can you please explain the total numbers including deaths for the Fake Virus since February this year, not just cases but how many have died ... which we all know is less than 10.
2. How is it that less than 10 people have perished in all CC County, from the Fake Virus, how you justify destroying all businesses and lifestyles?
3. How many times have you written Gov. Newsom demanding he give up on this HOAX, please provide proof?

Thank You,

Mark Lojacono

-----Original Message-----

From: Mark Lojacono
Sent: Monday, September 14, 2020 7:21 PM
To: 'Gayle Israel'

Subject: Why have you stopped the meetings for the FAKE CHINA VIRUS???

Gayle & Candace,

I have noticed that you have stopped the Ad Hoc Forum for the Fake China Virus.
I am requesting the "official reason" so I can accurately report you both on Social Media.

I am wondering if it's because you finally realized that YOU ARE tyranny that you were supposed to protect us from or if there is another reason, please do share.

Facebook, Instagram, Twitter, LinkedIn, Tik-Tok are all awaiting your reply ...

Thank You,

Mark Lojacono

-----Original Message-----

From: Gayle Israel

Sent: Thursday, August 20, 2020 10:54 AM

To: Mark Lojacono

Subject: Re: Follow up to August 13th Zoom Meeting

Dear Mark,

Here is the information I just received from the Health Officer:

Based on death certificate data received through 6/30/2020 (which lags some of the data we are posting about reported Covid deaths):

First 6 months of 2020 there were 4296 deaths compared to 4026 deaths in first 6 months of 2019, an increase of 270 deaths or 7%. We do see some variation from year to year. The categories where there were the highest difference in number of deaths in the first 6 months of 2020 compared to the first 6 months of 2019 were Covid19 (64 vs 0 deaths), diseases of the heart (767 vs 732 deaths) and chronic lower respiratory disease deaths (198 vs 173).

Note as of today on our public dashboard we have 158 deaths from Covid, the majority of those occurred in July and August, and will be reflected in the county death data when we have received all the death certificate data for those months.

Best regards,
Gayle Israel

Gayle Israel
Chief of Staff
Office of Supervisor Candace Andersen
Contra Costa County, District 2

[signature_981932321]

This message is being sent on a public e-mail system and may be subject to disclosure under the California Public Records Act.

From: Mark Lojacono

Date: Wednesday, August 19, 2020 at 2:45 PM

To: Supervisor_Andersen
Subject: RE: Follow up to August 13th Zoom Meeting

I'm getting the distinct feeling you're not going to answer this simple question because you know exactly how incriminating it actually is.

You know that if the numbers show less than a ½% rate, you're going to look awful silly closing down an entire county for absolutely nothing and worse yet, you've done irreparable damage to hundreds of thousands of Families ... The exact thing your position in our county is supposed to stop.

Please again, I'd like to know what you have determined the death count to be in all of Contra Costa County ???

Thank You,

Mark Lojacono

From: TANYA LOJACONO
Sent: Tuesday, August 18, 2020 6:05 PM
To: 'Supervisor Candace Andersen'

Subject: Re: Follow up to August 13th Zoom Meeting

Hi Supervisor Andersen,

Can you please provide me your death count for all Contra Costa County for YTD 2020 ???

Three days and still no answer to this simple question???

Thank You,

Mark Lojacono

Sent from Xfinity Connect App

----- Original Message -----

From: Mark Lojacono

Julie Enea

Subject: FW: Youth Sports
Attachments: IMG_3238.MOV

From: Julie Enea
Sent: Thursday, September 17, 2020 9:47 AM
To: Thomas R. Warne
Cc: Candace Andersen
Subject: FW: Youth Sports

Tom, I received the attached news clip this morning from a District IV constituent. A transcript is below. Apparently, the constituent is looking for clarification about whether youth football games can proceed in light of the Governor's comments.

Julie

Transcription: The Pac 12 may be moving closer to bringing back football and other sports. This fall, the conference cleared one big hurdle by teaming up with a healthcare company to provide daily testing of student athletes for the Corona virus. Governor Newsom, spoke with Pac12 commissioner, Larry Scott today.

Newsom said, while there are restrictions on how many players can practice in a group together, there is no regulation to keep teams from playing. "There's nothing in the state guidelines that denies the PAC 12 from having conference games. There's nothing in our guidelines. The state put out that denies these games, uh, from occurring."

The PAC 12 and mountain West conferences are still on the sidelines after the big 10 held a second vote and changed course deciding to begin play in October. In a statement, the PAC 12 said individual universities will reach out to County health officials to seek clarification on what is required to resume.

From: Chris Wikler
Sent: Thursday, September 17, 2020 9:25 AM
To: Julie Enea
Subject: FW: Youth Sports

Hi Julie,

Forwarding another question for the ad hoc today. Apologies that it is coming day of, and thanks in advance for including.

Chris Wikler
Office of Supervisor Karen Mitchoff
District IV, Contra Costa County

Sign up to receive updates from Supervisor Mitchoff [here](#).

This message is being sent on a public e-mail system and may be subject to disclosure under the California Public Records Act.

From: Casey Copeland

Date: Wednesday, September 16, 2020 at 7:29 PM

To: Supervisor Candace Andersen

, Supervisor Mitchoff

Subject: Youth Sports

Good evening supervisor Andersen and Mitchoff. I hope you both are doing well.

I know you both are extremely busy and I'm sure are still being inundated with emails about when we will return to some form of normalcy.

Tonight I watch governor newsom talk about college sports returning this fall and he mentioned that the state does not have any guidelines against the Pac 12 conference having games. It's very confusing.

How does his comments affect youth sports in contra costa county? Do you see us getting closer to being able to host leagues any time soon?

I've attached the comments from the governor.

I appreciate you reading my email.

--

Casey Copeland



Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

4.

Meeting Date: 09/17/2020

Subject: Discussion of the Path to Reopen County Schools

Submitted For: Candace Andersen, District II Supervisor

Department: Board of Supervisors District II

Referral No.:

Referral Name:

Presenter: Lynn Mackey, County Superintendent of Schools **Contact:** Julie DiMaggio Enea (925) 655-2056

Referral History:

According to the State COVID Blueprint, schools in counties within Tier 1 (Purple and most restrictive) are not permitted to reopen for in-person instruction, with an exception for waivers granted by local health departments for TK-6 grades. Schools that are not authorized to reopen, including TK-6 schools that have not received a waiver, may provide structured, in-person supervision and services to students under the [Guidance for Small Cohorts/Groups of Children and Youth](#).

Schools are eligible for reopening fully for in-person instruction following California School Sector Specific Guidelines once the county is out of Tier 1 (and thus in Tier 2) for at least 14 days, which is similar to being off the County Data Monitoring List for at least 14 days. A local health jurisdiction may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

As stated in the July 17th [School Re-opening Framework](#) (PDF), schools are not required to close if a county moves back to Tier 1, but should consider surveillance testing of staff.

Referral Update:

The Contra Costa County Office of Education (CCCOE) and Contra Costa Health Services (CCHS) have been working closely together with local school districts in our county to address issues associated with school closures and prepare for the reopening of schools for 2020-2021. With the tremendous impact of COVID-19 on our education community, schools and school districts have come together to collaborate, share best practices, and advocate for appropriate resources in order to reopen schools safely and effectively in a COVID-19 environment.

While there is no “one-size-fits-all,” our county-wide public health orders will continue to bring consistency to approaches among schools in our county while allowing for local authority and decision making. Each independent school district, charter and private school will decide how it

will go about reopening schools safely and in collaboration with local public health officials and community stakeholders. This document is intended as a guide for districts, charter schools, private schools, and CCCOE programs as they work through their plans.

The guidelines in this document align with recommendations from the California Department of Public Health and have been approved by Contra Costa Health Services. Guidelines are based on the best available information about COVID-19 in the county at this time and are subject to change.

Ultimately, when and how schools reopen is a local decision. Implementation should be tailored to the setting of each district and school, including consideration of the needs of students and families. To do this, school leaders should engage with their families, staff, and labor partners in the school community to formulate and implement plans that consider the following:

- Student, family, and staff population: Who will be impacted by or can serve as partners in implementing any of the measures in your plan?
- Ability to implement or adhere to measures: Do staff, students, and families have the tools, information, resources, and ability to adhere to or implement the new measures successfully?
- Negative/unintended consequences: Are there any negative or unintended consequences to staff, students, or families of implementing the measures, and how can those consequences be mitigated?
- Assessing varied student needs: What resources are needed to support students with specific or special needs?

The attached guide may be helpful in the planning process.

Recommendation(s)/Next Step(s):

DISCUSS issues associated with school closures and the preparation for the reopening of schools for 2020-2021.

Fiscal Impact (if any):

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

Attachments

[CCCOE 2020-2021 School Reopening Presentation](#)

[In-Person Elementary School Waiver Process](#)

[CDPH Framework for Reopening K-12 Schools 2020-21](#)

[CalOSHA COVID-19 General Checklist for Schools 7-17-2020](#)

[Public Comment Stella Wotherspoon 9-16-2020](#)

[Public Comment Melissa Martin 9-16-2020](#)

Minutes Attachments

No file(s) attached.



2020-2021 School Reopening

A Guide to Address the Challenges of COVID-19



CONTRA COSTA COUNTY
Office of Education

learn • lead • achieve

A Message from the Contra Costa Superintendent of Schools and the County Health Officer

The Contra Costa County Office of Education (CCCOE) and Contra Costa Health Services (CCHS) have been working closely together with local school districts in our county to address issues associated with school closures and prepare for the reopening of schools for 2020-2021. With the tremendous impact of COVID-19 on our education community, schools and school districts have come together to collaborate, share best practices, and advocate for appropriate resources in order to reopen schools safely and effectively in a COVID-19 environment.

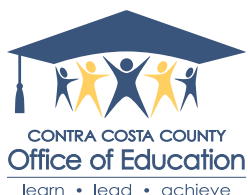
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- Assessing varied student needs: What resources are needed to support students with specific or special needs?

We hope this document is helpful to you in your planning efforts. Please let us know if you have questions or need further assistance!



Lynn Mackey
County Superintendent of Schools



Chris Farnitano, M.D.
County Health Officer

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Page 12	Contra Costa County Guidance

Mensaje del Superintendente de Escuelas del Condado de Contra Costa y el Oficial de Salud del Condado

La Oficina de Educación del Condado de Contra Costa (CCCOE) y los Servicios de Salud de Contra Costa (CCHS) han estado trabajando en estrecha colaboración con los distritos escolares locales de nuestro condado para tratar problemas relacionados con el cierre de escuelas y preparación para la reapertura del año escolar 2020-2021. Con el gran impacto de COVID-19 en nuestra comunidad educativa, las escuelas y los distritos escolares se han unido para colaborar, compartir las mejores prácticas y abogar por los recursos apropiados para reabrir las escuelas de manera segura y efectiva en un entorno COVID-19.

Si bien no hay una solución única para todos los problemas, nuestras órdenes de salud pública del condado continuarán brindando consistencia en los enfoques entre las escuelas de nuestro condado, al mismo tiempo que se les permite a las autoridades locales participación en la toma de decisiones. Cada distrito escolar independiente, charter y escuela privada decidirá como reabrir sus escuelas de manera segura, con la colaboración de los oficiales de salud pública y partes interesadas de la comunidad. Este documento pretende servir de guía para distritos, escuelas, y programas del CCCOE a medida que trabajen en sus planes.

Las pautas en este documento se alinean con las recomendaciones del Departamento de Salud Pública de California y han sido aprobadas por los Servicios de Salud de Contra Costa. Estas pautas están basadas en la mejor información disponible sobre COVID-19 en el condado en este momento y están sujetas a cambios.

Ultimadamente, el cuándo y cómo reabrirán las escuelas es una decisión local. La implementación debe adaptarse al entorno de cada distrito y escuela, incluida la consideración de las necesidades de los estudiantes y las familias. Para hacer esto, los líderes escolares deben comprometerse con sus familias, el personal y los socios laborales en la comunidad escolar para formular e implementar planes que consideren lo siguiente:

- Población estudiantil, familiar y del personal: ¿Quién se verá afectado o puede servir como socio para implementar cualquiera de las medidas de tu plan?
- Capacidad para implementar o adherirse a las medidas: ¿Tiene el personal, los estudiantes y las familias las herramientas, la información, los recursos y la capacidad de adherirse o implementar las nuevas medidas con éxito?
- Consecuencias negativas/no deseadas: ¿Hay consecuencias negativas o no intencionadas para el personal, los estudiantes o las familias al implementar estas medidas, y cómo se pueden mitigar esas consecuencias?
- Evaluar las diferentes necesidades de los estudiantes: ¿Qué recursos se necesitan para apoyar a los estudiantes con necesidades específicas o especiales?

Esperamos que este documento sea útil para usted en sus esfuerzos de planificación. ¡Por favor infórmenos si tiene preguntas o necesita más ayuda!



Lynn Mackey
County Superintendent of Schools



Chris Farnitano, M.D.
County Health Officer

What to Expect When Schools Reopen



The health and safety of our students, staff, and families are our highest priorities. When the 2020-2021 school year begins in Contra Costa County, schools, classrooms, and in-class instruction will look much different this year due to new COVID-19 measures. Each district and school in our county is developing plans to reopen schools based on guidance from local and state public health officials. District plans will be updated as the situation and county health orders evolve. It is important to note that district plans will focus on academic instruction to enhance student performance and address learning loss. At the same time, schools will try their best to maintain extracurricular programs, clubs, and athletics that are important to school culture and students' physical, mental, and social well-being.

The economic impact of COVID-19 is having a tremendous impact on the state budget, and projections show deep cuts to California schools. These significant funding cuts for schools will undoubtedly impact the reopening of schools, all of which will be faced with increased costs to address safety measures connected to the pandemic.

Schools and school districts may reopen for in-person instruction at any time if they are located in a local health jurisdiction (LHJ) that has not been on the county¹ monitoring list within the prior 14 days.

**When schools resume in the fall,
they will look different.**

Here is what you can expect: Schools have options

What to Expect When Schools Reopen

Contra Costa Health Services (CCHS) recommends the following health and safety guidance for the reopening of schools based on current information. This guidance will be updated as the situation changes. Please also refer to our FAQ document on our website at www.cocoschools.org/coronavirus

Self-Screening for Symptoms

- Before students and staff come to school, they will need to conduct a self-check for signs and symptoms of COVID-19.
- Anyone who has been exposed to someone with COVID-19 in the past 14 days (exposure means within 4-6 feet for 15-minutes or longer), has COVID-19 symptoms, or who is not feeling well should not go to a school site.
- Students and staff should self-check for symptoms throughout the day. Those who develop signs and symptoms of COVID-19 will be sent home.
- Temperature screening by schools is optional.



Anyone with a fever of 100.4 or higher should not go to a school site.



Transportation

- Physical distancing when getting on/off the bus will be required.
- All students and staff must comply with the most up-to-date face covering order. *See page 6 for face covering requirements.
- Where practicable, space students at least four to six feet apart on buses and six feet from the driver.
- Windows may be open for better ventilation.
- Siblings will be encouraged to sit together.

General Safety Precautions

- Schools will follow disinfection guidelines developed by the California Department of Public Health and the Centers for Disease Control and Prevention for classrooms, workspaces, outdoor spaces, playgrounds, etc.
- Classroom furniture should be arranged to promote physical distancing.
- All students and staff will be encouraged to wash their hands regularly and thoroughly. Hand washing stations with soap and/or fragrance-free, 60% ethyl alcohol hand sanitizer should be made available in or near classrooms.
- Schools should limit the sharing of supplies between students and disinfect between uses if sharing is unavoidable.



Students in grades 3-12 are required to wear face coverings at school.

Students in preschool to 2nd grade are strongly encouraged to wear a cloth face covering, particularly when indoors.

Other Safety Considerations

- Cloth face coverings should be worn by staff, unless they have an underlying health condition or difficulty breathing. Teachers can use face shields, which enable younger students to see their teachers' faces and to avoid potential barriers to phonological instruction.
- Students should wear cloth face coverings unless they have an underlying health condition, are unable to self-remove the cloth covering, or have difficulty breathing. Cloth face coverings are important even when physical distancing and cohort groups are occurring. Physical distancing is important at all times, including during drop-off and pick-up of students.
- Students should be frequently reminded to avoid touching their face and face covering, and to wash their hands often.
- Gloves are not recommended for use by students or staff, except for those conducting duties such as cleaning, first aid, providing medical procedures, or food service.
- Physical barriers should be used when physical distancing is not possible.

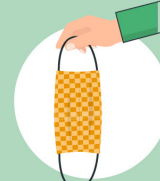
What to Expect When Schools Reopen

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag

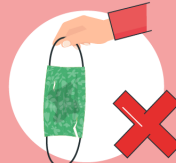


Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

[who.int/epi-win](https://www.who.int/epi-win)



What to Expect When Schools Reopen



Physical distancing helps limit the spread of the virus. Schools may consider the following strategies to maintain smaller groups of students in shared spaces:

- Limit visitors on campus
- Keep students in smaller cohorts with minimal mixing to the greatest extent practicable
- Stagger lunchtimes and meals in small group settings or the classroom, as practicable
- Space student desks four (4) to six (6) feet apart or more to promote physical distancing where practicable
- Serve individually plated or boxed meals
- Stagger recesses and other transition times as needed
- Avoid large gatherings such as assemblies and dances
- Identify a sick room for students who are not feeling well to minimize contact with others until they can go home.

What is physical distancing?

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice physical distancing:

- Where practicable, maintain physical distancing of six feet between adults and students; four to six feet distance is permissible between students within a classroom or instructional area
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to everyday steps to prevent COVID-19, keeping space between you and others and wearing face coverings are the best tools we have to avoid being exposed to this virus and slowing its spread locally, nationally, and globally. *See page 6 for face covering requirements.

What to Expect When Schools Reopen

Even in a COVID-19 environment, quality instruction and a commitment to equity for all students are critical to the success of educational programs. Each district will make decisions based on available resources, local needs, and state/county policies and health orders. To maintain physical distancing, schools may choose to use schedules that combine distance learning and on-campus instruction, if practicable. Some examples include smaller class sizes where students attend classes for a portion of the week and/or reduced hours per day to maintain physical distancing requirements. Schools may modify school schedules throughout the year to limit the number of students on campus. Some examples of schedules may include:



Half-Day Schedule

Schools may offer double sessions where half the students attend class in the morning, and the other half attend in the afternoon. Allow time and staffing for classroom cleaning between sessions.

Block Schedule

Middle and high schools may implement a block schedule to reduce passing periods and points of contact in each classroom.

Smaller Cohorts/Student Groups

Classes may be divided into smaller cohorts/student groups (e.g., one group may come to school on Monday and Wednesday, the other on Tuesday and Thursday, or any combination of two days per group. The fifth day could be flexible based on district/school site plans.)

Stagger and Modify Schedule

Schools may stagger start and end times within a day; modify recess schedules and lunch periods, and stagger breakfast/lunch schedules or breakfast/lunch in-classroom options.

Traditional Schedule with Safeguards to Minimize Risk

Students may return to school campuses five days a week according to their district's traditional school schedule as long as the required physical distancing is achieved. Districts will follow California Department of Public Health guidance and promote healthy hygiene practices. Parents concerned about sending their child back to school with a traditional reopening for the 2020-2021 school year should work with their school district to develop distance or alternative learning plans.

Accommodations for students with disabilities, students with diverse learning needs, English learners, and students/families with specific health needs, will be made as needed. To address childcare needs, we encourage community partnerships to offer expanded learning programs (before school, after school, and summer programs) to support families, especially families with preschool and elementary students. Schools will work with students and families to ensure equity and access to quality instruction.

What to Expect When Schools Reopen

Attending to the physical, mental, social, and emotional well-being of our students will be a top priority as they return to school.



District and school staff are committed to supporting students' physical, mental, social, and emotional wellness and offering resources to ensure students transition back to school smoothly. Support may include social-emotional learning, building relationships, community-building activities, and increased access to mental health/wellness services. Families and schools will need to work together to check how students are feeling and assess their individual needs to provide the support students need during these challenging times.

To maintain physical distancing, activities that require students to congregate will be limited and modified as guidelines change.

Physical distancing is critical to limiting the spread of COVID-19. It will impact how some courses will be taught and which sports and extracurricular activities students will be able to participate in safely.

In-Class

- To minimize the number of students interacting, at least four to six feet of physical distancing between students (at least six feet between students and adults) should be maintained in all classes and courses as practicable.
- Some courses may need modifications on how the course will be taught if physical distancing is not feasible or when there is an increased risk for spreading the virus.
- Schools will work with students and families to ensure accommodations are made, and alternative options will be considered.
- All students 3rd grade and above are required to wear face coverings. Students preschool-2nd grade are strongly encouraged to wear face coverings. *See page 6 for face covering requirements.



Sports and Extracurricular Activities

Additional state guidance for schools related to sports and extracurricular activities will be provided at a later date, according to the California Department of Public Health.

Contact sports and some performing arts activities are not permitted.

Additionally, field trips are not currently recommended. Consider virtual field trips when possible.

Acknowledgments

The Contra Costa County Office of Education (CCCOE) 2020-2021 School Reopening: A Guide to Address the Challenges of COVID-19 was developed in coordination with the CCCOE, Contra Costa County school district leadership, and Contra Costa Health Services. This document is aligned with the California Department of Public Health and the California Department of Education guidelines. It is partially adapted from planning documents from the Sacramento, Stanislaus and San Joaquin county offices of education. These plans will be modified as public health guidelines are updated.

What to Expect When Schools Reopen



Reopening Resources for School Districts

(Right click links below and open in new tab)

[Centers for Disease Control and Prevention Considerations for Schools](#)

[California Department of Public Health COVID-19 Industry Guidance: Schools and School-Based Programs](#)

[Contra Costa Health Services](#)

[COVID-19 Health Services Recovery Plan Resource in Educational Settings \(CA School Nurses Organization\)](#)

[California Department of Education Coronavirus Response and School Reopening Guidance](#)

[School Reopening Final Report \(ACSA\)](#)

“As pediatricians, our top priority is the health and safety of our children. We urge those in public health and education to work together to strike the right balance between preventing the spread of COVID-19 and providing children with the education, nutrition, physical activity, and mental health benefits provided through the reopening of schools.

The risk of COVID-19 transmission among groups of children has not been well-studied, but current research suggests that the risk is much lower than the adult population. The negative effects of missing in-person educational time as children experience prolonged periods of isolation and lack of instruction, however, is clear. Children rely on schools for multiple needs, including but not limited to education, nutrition, physical activity, socialization, and mental health. Special populations of students receive services for disabilities and other conditions that are virtually impossible to deliver online.

Prolonging a meaningful return to in-person education would result in children being at risk for worsening academic, developmental, and health outcomes.”

American Academy of Pediatrics,
June 2, 2020

To read the full news release, visit
<https://bit.ly/PediatricsJune2020>



Contra Costa County Guidance for Reopening Schools

The guidance provided is in accordance with current health orders and guidance from the California Department of Public Health (CDPH), Contra Costa Health Services (CCHS), and the California Department of Education (CDE) as of June 2020.

Districts will need to seek guidance from CCHS to address unique circumstances. Guidance will be modified based on new guidance or directives from state and local agencies.

The following Frequently Asked Questions are included here. CCCOE and CCHS have also developed a longer and more detailed FAQ document. This document will change as county guidelines and health orders change, and can be found at:

<http://www.cocoschools.org/coronavirus>

Screening and Testing

Will students and adults entering campuses be screened for symptoms?

Schools may implement screening measures for students and adults entering campus, however, doing so would likely be challenging to implement. Temperature screening by schools is optional.

It is recommended to ask families to take temperatures each morning before coming to school. Anyone with a fever of 100.4 or higher and/or signs of COVID-19 should not come on a school campus. Students and adults experiencing any symptoms of COVID-19 or who have been exposed to someone with COVID-19 in the past 14 days should not come on a school campus.

Please refer to page 20 for COVID related guidelines including case investigation templates and letters from the Contra Costa County Health Services guidance policy handbook.

Face Coverings and Personal Protective Equipment

Will students and adults wear face coverings?

According to the current health order, face coverings are required for people age 12 and up, and recommended for students under age 12. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on the proper use, removal, and washing of cloth face coverings.

Are transparent face shields recommended?

Yes, transparent face shields are fully supported for use by staff members depending on availability. Face shields should also be cleaned and sanitized daily. Students and staff should be frequently reminded not to touch the face covering and to wash their hands frequently.

Information should be provided to staff, students, and students' families on the proper use, removal, and washing of cloth face coverings.

What supplies are needed (e.g., face coverings, thermometers, personal protective equipment) for each campus?

It is recommended that face coverings be provided, if feasible. If face coverings cannot be provided, staff and students should refer to the Surgeon General's instructions on how to make face coverings.

While temperature screening is optional, schools should have a non-contact temporal or external thermometer on site to detect fever in students or staff who become ill after arriving at school. Hand-washing stations with soap and/or fragrance-free, 60% ethyl alcohol hand sanitizer should be made available in classrooms and other areas where staff / students are likely to be present. Any student under the age of nine should be supervised when using hand sanitizer.

Gloves are not recommended for use by students or staff, except for those conducting duties such as cleaning, first aid, medical procedures, or food service.

Physical Distancing and Limiting Contact

What are the physical distancing protocols (distance, number permitted in a group) in multiple settings: in classrooms, hallways, common outdoor spaces?

Depending on grade level, physical space, and class sizes, schools should consider the following strategies, where possible and appropriate:

- Minimize contact at school between students, staff, families, and the community at the beginning and end of the school day.

Contra Costa County Guidance

- Minimize the movement of students and teachers or staff as much as practicable. Students should remain in the same space and in groups as small and consistent as practicable.
- Maximize space between seating and desks (at least four to six feet).
- Mechanical barriers should be used when physical distancing is not possible.
- Orient desks so students are not facing each other.
- Develop instructions to maximize spacing and minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.
- Limit nonessential visitors, volunteers, and activities involving other groups.
- Consider the use of non-classroom space for instruction, including regular use of outdoor space.
- Minimize congregate movement through hallways as much as practicable.
- Serve meals in classrooms or outdoors instead of cafeterias or group dining rooms where practicable. Serve individually plated or boxed meals. Avoid sharing of foods and utensils and buffet or family-style meals.
- Consider staggering lunches, recesses, and other breaks to maintain smaller groups of students in shared spaces and/or holding recess activities in separate areas designated by class.
- Limit communal activities where practicable. Do not host larger gatherings such as assemblies, rallies, and dances. Contact sports are currently not recommended.
- Implement procedures for turning in assignments in ways that minimize contact.
- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas.
- Ensure adequate supplies to minimize the sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit the use of supplies and equipment to one group of children at a time, and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable.

What is the recommended number of students in a class based on student age and room size?

The number of students per classroom will depend on room size and furniture configuration. Schools will likely need to assess their physical spaces and determine capacity accordingly. Currently, at least four to six feet of physical distancing between students (at least six feet between adults and students) is required.

Do schools need to close or limit access to common outdoor spaces?

Common outdoor spaces may present less risk of transmission than indoor spaces; assuming students and adults maintain physical distancing. Schools may consider staggering recesses and/or outdoor time so that smaller groups are using shared spaces at one time.

When using outdoor spaces, cohorts should be maintained whenever possible. Contact sports and activities that encourage close contact should be avoided.

What are the recommendations on how to configure the campus to include a space to isolate emergent COVID-19 cases? Are there possible campus configurations to designate an ‘area’ or safe place where students can wait to be picked up if they are showing signs of COVID-19?

When feasible, identify a “sick room” through which others do not regularly pass where symptomatic individuals can remain until they can go home.

Transportation

What safety measures will need to be in place for bus drivers and students?

To lower the risk of exposure, districts may implement the following:

- Staff should wear face coverings at all times.
- See page 6 for face covering requirements.
- When possible, space students out on buses with at least four to six feet of physical distance.
- Windows may be open for better ventilation.
- Families will be encouraged to sit together.
- Physical distancing when getting on/off the bus will be required.

Healthy Hygiene Practices

How will healthy hygiene practices be supported at schools?

Schools should teach and reinforce – to both students and staff – healthy hygiene practices such as washing hands; avoiding contact with one’s eyes, nose and mouth; and covering coughs and sneezes. Other methods to promote healthy hygiene include the following:

- Staff should model and practice hand washing.
- Develop routines enabling students and staff to wash their hands at staggered intervals regularly.
- Consider using portable hand washing stations throughout a site and near classrooms.
- Teach and reinforce the proper use of cloth face coverings, masks, or face shields. Cloth face coverings are most essential in settings where physical distancing is not practicable.
- Students and staff should be frequently reminded not to touch their face covering and to wash their hands frequently. Information should be provided to staff, students, and students’ families on the proper use, removal, and washing of cloth face coverings.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trash cans, face coverings, and hand sanitizer.

Reporting/Health Protocols/Communication

What is the protocol for handling students or staff exhibiting symptoms?

Students or staff who are exhibiting COVID-19 symptoms should not come to school. If they begin exhibiting symptoms after arriving at school, separate the individual from others as much as possible and make arrangements for the individual to go home as soon as possible. When feasible, identify a “sick room” through which others do not regularly pass where symptomatic individuals can remain until they can go home. Procedures should be established to arrange for safe transport home or to a healthcare facility, as appropriate.

Contra Costa County Guidance

What are the expected reporting procedures with Contra Costa Health Services (CCHS)? What are the procedures for referring, tracing, and isolating students and staff with symptoms or diagnosis?

CCHS has procedures in place for investigating communicable disease cases. CCHS staff will conduct contact tracing using classroom rosters and information obtained from school personnel through interviews and in coordination with school officials.

What are the communication guidelines when a positive case is confirmed?

Communication recommendations will vary depending on the specific circumstances of a case in a school community. At a minimum, the affected cohort will need to be notified. Media is handled in coordination between the proper school administrator and the CCHS public information officer (PIO).

Will staff or students diagnosed with COVID-19 need a document to return to school?

Not necessarily. The CDC guidelines for determining when a person who was recently in close contact with a person with COVID-19 or a person with COVID-19 can return to work or school include:

Recently had close contact with a person with COVID-19:

- Stay home until 14 days after your last exposure.
- Check your temperature twice a day and watch for symptoms of COVID-19.
- If possible, stay away from people who are at higher risk of getting very sick from COVID-19.

What if someone has been diagnosed with COVID-19, or is waiting for test results, or has cough, fever, or shortness of breath, or other symptoms of COVID-19?

Stay home until it is safe to be around others. This means three days with no fever (without fever-reducing medication) and symptoms improved, and 10 days since symptoms first appeared. If you live with others, stay in a specific “sick room” or area and away from other people or animals, including pets. Use a separate bathroom, if available.

Guidelines for determining when a COVID-19 infected person can return to school or work continue to evolve as we learn more about COVID-19. CCHS will continue to provide guidance to medical providers. Staff or students should contact their personal medical provider if a return-to-school/work clearance note is needed since individual health situations may vary.

If a parent is diagnosed with COVID-19, will their student need to self-isolate 14 days before returning to school? How will the schools know when the student is okay to return?

If a student or staff has a household member that tests positive for COVID-19, the student will be ordered to quarantine at home for 14 days. CCHS may issue an order with explicit instructions on quarantine and details on its expiration. If needed, CCHS may provide clearance letters at the end of isolation/ quarantine.

Facilities – Safety and Sanitation Considerations

What supplies should be included in every classroom and general area (e.g., office, cafeteria, bathroom) for use by students/staff?

All sinks should have soap. Hand washing stations with soap and/or fragrance-free 60% ethyl alcohol hand sanitizer should be made available in or near classrooms. Face coverings should be made available to students and staff.

How might the county office and districts coordinate the procurement of supplies across the county?

The state procurement of supplies is in process. However, schools should establish their own contracts for procurement for the long term.

Where might physical barriers need to be installed at school sites and district offices to ensure student and safe safety?

Schools may want to consider installing clear plexiglass barriers at front counters where physical distancing is not possible, similar to what many retailers have done at check-out counters. Staff workstations should be arranged so that staff can physically distance.

What accommodations will be needed for students and staff who are vulnerable and/or at higher risk of contracting the virus? What safety measures will need to be in place for students in special education programs, who are medically fragile, and/or cannot wear masks?

It is important to make sure that there are adequate accommodations for medically fragile students. If physical distancing and hand hygiene are not possible, please work with your school nurse and your special education department.

What is the recommendation for heating, ventilation, and air conditioning (HVAC) systems to identify optimal working conditions to support health and safety?

Districts and schools should ensure that HVAC systems function properly, maximize air exchanges per hour, maximize outdoor air, and are maintained according to the manufacturer's recommendations.

What are the guidelines for cleaning and sanitation?

Schools will follow disinfection guidelines for classrooms, offices, and outdoor spaces that include the following:

- Consider suspending or modifying the use of site resources that necessitate sharing or touching items.
- Staff should clean and disinfect frequently high-touched surfaces within the school and on school buses at least daily and, as practicable, frequently throughout the day.
- Buses should be thoroughly cleaned and disinfected daily, and after transporting any individual who is exhibiting symptoms of COVID-19.
- Limit the use of shared playground equipment.
- Limit the sharing of objects and equipment, such as toys, games, and art supplies, to the extent practicable. But where allowed, clean and disinfect between uses.
- Establish a cleaning and disinfecting schedule.
- Ensure proper ventilation during cleaning and disinfecting.

Will extensive classroom cleaning need to be performed if a student or teacher is diagnosed with COVID-19? What are the guidelines for this?

Yes. Districts/schools will follow the established guidelines put forward by CCHS, which are the same procedures used after a norovirus outbreak.

Is the use of hand dryers in restrooms recommended?

CCHS does not have specific concerns about hand dryers at this time.

General Safety Concerns

Will campuses be required to close again?

Schools and districts should develop a plan for the possibility of repeated closures of groups/cohorts of students, particular classes, or entire facilities. Preventive measures like physical distancing and cloth face covers will decrease the number of contacts and the spread. This means that just because there is a positive case in a classroom, the entire classroom or school will not necessarily need to be closed.

We should plan to expect positive cases of COVID19 just like there will be cases of influenza this flu season. Work with your school nurse and consult with CCHS when determining whether a school/class closure is warranted, including the length of time necessary.

CCCOE and CCHS have also developed a longer and more detailed FAQ document. This document will change as county guidelines and health orders change, and can be found at:

<http://www.cocoschools.org/coronavirus>

What are other measures to maintain a healthy organization?

Continued training, communication, and support can help maintain a healthy organization and community. Recommendations include the following:

- Monitor staff/student absenteeism.
- Monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns.
- Support staff and students at higher risk for severe illness or who cannot safely distance from household contacts at higher risk by providing options such as telework, virtual learning, or independent study.

Health Education

What are the recommended health education topics schools should provide?

Schools should consider educating students on the importance of healthy hygiene practices, understanding and monitoring for symptoms of COVID-19, physical distancing, and available mental health resources.

Will Contra Costa Health Services (CCHS) assist with the development of health education training, guidelines, and materials for students and families?

CCHS, in collaboration with CCCOE, will continue to provide information on several health topics before the start of each school year. We will include information on COVID-19 this year and can provide additional information as needed.



The following are some preventative steps you can take to help reduce the spread of COVID19 in your community and household.

Protect the Public:

- Stay home except to see your doctor. Reschedule any non-essential healthcare appointments (non-urgent doctor appointments, dentist appointments, etc.).
- Do not go to work or school.
- Do not use public transportation (bus, BART, airplane, taxi, UBER, LYFT).
- Do not travel.
- Do not go to the movies, to church, to a shopping mall or any place where lots of people may gather.
- You can go outside in your own yard (not a shared yard).

Protect your Family:

- Cover your coughs and sneezes, use tissues and throw them away immediately.
- You and your family should wash hands frequently using soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol as active ingredients.
- Separate yourself from other people in your home as much as possible.
- Stay in a specific room away from other people and use a separate bathroom if possible
- Avoid sharing personal household items such as drinking glasses, dishes, eating utensils, towels and bedding. These items are safe for others to use after regular washing.
- Increase your cleaning routine, specifically in areas that need to be shared such as a bathroom or kitchen. Clean doorknobs, phones, keyboards, tablets, bedside tables, toilets, bathroom and kitchen fixtures.

Protect Vulnerable Members in Your Community:

- If you have a close contact or someone in your household who spends a lot of time or works in a skilled nursing facility, a nursing home, a memory care center, a correctional/detention facility, a shelter, a group home, a day program, a dialysis center, or a healthcare facility/as a first responder, please let us know or have them contact us by calling Contra Costa Public Health at 925-313-6740 or emailing us at CoCohelp@cchealth.org.
- Have your close contacts or household contacts monitor their symptoms and remain at home until 14 days after you no longer need to be isolated.





- If someone in your family becomes sick, have them contact their healthcare provider and tell him/her that your family member has been in contact with someone with COVID-19.

Monitor Your Health:

- **Seek prompt medical attention if your illness is worsening. For example, if you start to have trouble breathing.**
- If you need to call 911, notify the dispatch personnel that you have been diagnosed with COVID-19.
- Before seeking care call your medical provider and inform them that you have been diagnosed with COVID-19. Put on a facemask before entering any healthcare facility. If you do not have one, send someone into the facility to ask for one and to inform the staff of your arrival.

For questions or concerns you can contact Contra Costa Public Health during normal business hours Monday-Friday 8:00AM-5:00PM at **925-313-6740** or email us at **CoCohelp@cchealth.org**. You can also find more information online at **cchealth.org/coronavirus**.



Instructions for Self-Isolation & Health Monitoring

You have tested positive for COVID-19 (also known as novel coronavirus). You will need to stay in your home until you are well. This is called self-isolation. Deciding when you are well and able to leave your home depends on your symptoms.

If you have mild symptoms, stay at home for at least 10 days after your symptoms began.

- If you still have cough and fever after 10 days, continue to stay at home until 24 hours after:
 - the fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) **AND**
 - your symptoms such as cough, body aches, sore throat, have improved.

After this time, you will no longer need to be isolated.

If you tested positive, but **did not** have any symptoms at the time of testing:

- You should remain in isolation for 10 days from the **date the test was performed**.
 - During this time, you should also monitor yourself for symptoms. If any symptoms develop during this time, you should remain in isolation as noted above.

If you **stayed in the hospital** in the intensive care unit because of your COVID-19 symptoms:

- You will need to be in isolation for at least 20 days after your symptoms began with improving symptoms for at least 24 hours. If you left the hospital and it has not been at least 20 days, you will need to remain at home (in self-isolation) for 20 days after your symptoms began.
- If you still have cough and fever after 20 days, continue to stay home until 24 hours after:
 - the fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) **AND**
 - your symptoms, such as cough, body aches, sore throat, have improved.

After this time, you will no longer need to be isolated.



WAITING FOR COVID-19 RESULTS

If you have completed your COVID-19 test and are awaiting results, please follow the guidance below.

Until you know your results:

- If you are **feeling sick**, you need to stay home and isolate yourself from other household members.
- If you **had close contact** with a person with confirmed COVID-19 infection you need to stay home, even if you are feeling well. This is called quarantine. Please follow *Quarantine Instructions for Close Contacts*.
- If you are **feeling well** and **have not had close contact** with anyone with confirmed COVID-19 you may continue your regular activities within the current Health Officer's guidelines until you receive your results.

When your results come in, please follow the guidance below.

If your results are negative:

- If you are **feeling sick**, you need to remain home until you feel better.
- If you are **feeling well**, but you **have had close contact** with a person with confirmed COVID-19 infection, you need to stay at home on quarantine for 14 days from your last contact with that person. If you develop symptoms during this time, follow up with your provider for possible re-testing. You will also need to remain isolated in your home until you get your results or until you are well as noted below. Please refer to the *Quarantine Instructions for Close Contacts*.

If your results are positive:

Please refer to the *Instructions for Self-Isolation & Health Monitoring*, where you will find guidance on how to protect yourself, your family, and your community.

For more information on how to get testing, home quarantine and isolation please visit: <https://www.coronavirus.cchealth.org/> and click tabs Get Tested or About COVID-19.

For questions or concerns you can contact Contra Costa Public Health during normal business hours Monday-Friday 8:00AM-5:00PM at **925-313-6740** or email us at **CoCohelp@cchealth.org**. You can also find more information online at cchealth.org/coronavirus.





FOR CLOSE CONTACTS/HOUSEHOLD MEMBERS

Instructions for Home Quarantine & Health Monitoring

Even though you may not feel sick, you must remain quarantined at home since you've had close contact with someone with known COVID-19 (also known as novel coronavirus). Quarantine is a way to prevent the spread of the virus to more people. You will need to stay home and monitor yourself for any signs of illness.

During your quarantine period, please follow the instructions below:

1. Stay in your home.
2. Do not go to work or school.
3. Do not go to the grocery store or run other essential errands (e.g. going to the pharmacy) unless it is absolutely necessary. Please plan to use family members or friends for your essential errands.
4. Do not have visitors for the duration of the quarantine period.
5. Wash your hands frequently with soap and water, especially after coughing, sneezing, blowing your nose, going to the bathroom, or having direct contact with moist materials such as tissue, pampers, and used masks. Hand sanitizer with greater than 60% ethanol or 70% isopropanol as active ingredients can also be used instead of soap and water if the hands are not visibly dirty.
6. Cover your mouth and nose with tissue when you sneeze or cough. Put tissues in the garbage and wash your hands immediately with soap and water or use hand sanitizer.
7. Do not share toothbrushes, drinks or eating utensils.

Monitor your health:

- Monitor yourself for symptoms. The most common symptoms of COVID-19 are fever, cough and shortness of breath.
- If you start to feel sick, please contact your healthcare provider and let them know you have had contact with someone who has tested positive for COVID-19. If you have mild symptoms, your healthcare provider will most likely advise you to take care of yourself at home as you would with any other mild cold or flu.

When does quarantine end?

Even if you get a negative test result during your quarantine period, you still will need to complete the full quarantine period as follows:

- If you do not live with someone who has COVID-19, your quarantine will end after 14 days from last exposure to the known COVID-19 positive individual.
- If you live with someone who has COVID-19, you will need to be quarantined for 14 days after your household member no longer needs to be isolated.

If you have any concerns or questions, please call the Public Health COVID Response line during normal business hours (Monday-Friday 8:00AM-5:00PM) at **925-313-6740** or email us at CoCohelp@cchealth.org. You can also find more information online at cchealth.org/coronavirus.



[DATE]

Dear Parent or Guardian of [Name of Student]:

It has come to our attention that a person at [Name of School] recently diagnosed with COVID-19. COVID-19 is a disease caused by the SARS-CoV-2 virus and is spread from person to person through contact with respiratory secretions (mucus from the nose and mouth) from the person who is sick. People who spend 15 minutes or longer within six feet of a person infected with COVID-19 are considered exposed and at risk of contracting COVID-19.

[Name of School] is working closely with Contra Costa Public Health to address this situation. We are identifying students and staff who may have been exposed to the infected individual. Records indicate that your student may have been exposed to this individual. Therefore, your student needs to be quarantined for 14 days from the last date that they were exposed [fill in date]. Please view home quarantine instructions for close contacts for more details on home quarantine: <https://www.coronavirus.cchealth.org/for-covid-19-patients>. You will also receive a call from our Contact Tracing Team.

Current studies on COVID-19 in children suggest that many children will have no symptoms or very mild symptoms of illness. Children and adults who have COVID-19 but do not have any symptoms can still transmit the virus. *This means that your child should stay in quarantine for the full 14 days even if s/he does not develop symptoms.* If your child is having any of the symptoms of COVID-19 listed below please see your healthcare provider right away:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

For more information, please visit <https://www.coronavirus.cchealth.org/>.

Sincerely,

[Date]

Dear [Name of Staff person]:

It has come to our attention that a person at [Name of School] has recently been diagnosed with COVID-19. COVID-19 is a disease caused by the SARS-CoV-2 virus and is spread from person to person through contact with respiratory secretions from the infected individual. People who spend 15 minutes or longer within six feet of a person infected with COVID-19 are considered exposed and at risk of contracting COVID-19.

[Name of School] is working closely with Contra Costa Public Health to address this situation. We are identifying students and staff who may have been exposed to the infected individual. Records indicate that you may have been exposed to this individual. Therefore, you need to be quarantined for 14 days from the last date that you were exposed [fill in date]. Please view home quarantine instructions for close contacts for more details on home quarantine: <https://www.coronavirus.cchealth.org/for-covid-19-patients>. You will also receive a call from our Contact Tracing Team.

If you are having any symptoms of COVID-19 listed below please see your healthcare provider right away:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

For more information, please visit <https://www.coronavirus.cchealth.org/>.

Sincerely,

Respiratory Illness Symptom Screening Tool for Parents and Caregivers

Parents and caregivers should use the following questionnaire to assess the health status of household members and their child on a daily basis.

Does your child or anyone in the household have:

1. A positive test for COVID-19 or is waiting for the results of a COVID-19 test
2. Fever (100°F or 37.8°C or higher) or chills
3. Cough
4. Shortness of breath or difficulty breathing
5. Fatigue
6. Muscle or body aches
7. Headache
8. New loss of taste or smell
9. Sore throat
10. Congestion or runny nose
11. Nausea or vomiting
12. Diarrhea

SHOULD I KEEP MY CHILD HOME?

- If your child has had close contact with someone who was diagnosed with COVID-19: **Keep your child home until recommended quarantine guidelines have been met.**
- If your child has a fever AND one of the other symptoms, **keep your child home for at least 10 days after their symptoms began.**
 - **If they still have cough and fever after 10 days, continue to keep them home until 24 hours after their fever has gone away (without using a fever-reducing medication like Tylenol or ibuprofen) AND symptoms like cough, body aches or sore throat have improved.**
- If your child has been diagnosed by a healthcare provider with a different disease, such as strep, follow your healthcare provider's recommendation and school policy for when to return to school.
- If there are household members that have symptoms suspicious for COVID-19, please keep your child at home and contact your healthcare provider to ask about testing.

WHAT SHOULD I TELL MY CHILD'S SCHOOL?

- If you checked "Yes" to fever AND one of the other symptoms, tell your child's attendance office that your child is home with a respiratory (influenza-like) illness.
- If your child has been diagnosed by a healthcare provider with a different disease, such as strep, tell your child's attendance office.



CONTRA COSTA COUNTY
Office of Education

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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
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Department Website (cdph.ca.gov)



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State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

**COVID-19 and Reopening In-Person Learning
Framework for K-12 Schools in California, 2020-2021 School Year**

July 17, 2020

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. CDPH developed the following framework to support school communities as they decide when and how to implement in-person instruction for the 2020-2021 school year. New evidence and data about COVID-19 transmission, including variations by age, and the effectiveness of disease control and mitigation strategies continues to emerge regularly. Recommendations regarding in-person school reopening and closure should be based on the available evidence as well state and local disease trends.

The CA [School Sector Specific Guidelines](#), and the Centers for Disease Control and Prevention [CDC](#) have published additional guidance on school re-entry.

In-Person Re-Opening Criteria

Schools and school districts may reopen for in-person instruction at any time if they are located in a local health jurisdiction (LHJ) that has not been on the county¹ 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.²

¹ School districts in LHJs that are cities are considered to be included as part of the county if the county is on the monitoring list.

² A waiver of this criteria may be granted by the local health officer for elementary schools to open for in-person instruction. A waiver may only be granted if one is requested by the 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 CDPH when considering a waiver request.





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Guidance Once Re-Opened to In-Person Instruction

How should schools think about testing?

Once schools are re-opened to at least some in-person instruction, it is recommended that surveillance testing be implemented based on the local disease trends. If epidemiological data indicates concern for increasing community transmission, schools should increase testing of staff to detect potential cases as lab testing capacity allows.

Who should be tested and how often?

School staff are essential workers, and staff includes teachers, para-professionals, cafeteria workers, janitors, bus drivers, or any other school employee that may have contact with students or other staff. School districts and schools shall test staff periodically, as testing capacity permits and as practicable. Examples of recommended frequency include testing all staff over 2 months, where 25% of staff are tested every 2 weeks, or 50% every month to rotate testing of all staff over time.

What if a school or school district reopens to in-person instruction, but the county is later placed on the county monitoring list?

Schools should begin testing staff, or increase frequency of staff testing but are not required to close.





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What measures should be taken when a student, teacher or staff member has symptoms, is a contact of someone infected, or is diagnosed with COVID-19?

	Student or Staff with:	Action	Communication
1.	COVID-19 Symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing) Symptom Screening: Per CA School Sector Specific Guidelines	<ul style="list-style-type: none"> Send home Recommend testing (If positive, see #3, if negative, see #4) School/classroom remain open 	<ul style="list-style-type: none"> No Action needed
2.	Close contact (+) with a confirmed COVID-19 case	<ul style="list-style-type: none"> Send home Quarantine for 14 days from last exposure Recommend testing (but will not shorten 14-day quarantine) School/classroom remain open 	<ul style="list-style-type: none"> Consider school community notification of a known contact
3.	Confirmed COVID-19 case infection	<ul style="list-style-type: none"> Notify the local public health department Isolate case and exclude from school for 10 days from symptom onset or test date Identify contacts (+), quarantine & exclude exposed contacts (likely entire cohort (++)) for 14 days after the last date the case was present at school while infectious Recommend testing of contacts, prioritize symptomatic contacts (but will not shorten 14-day quarantine) Disinfection and cleaning of classroom and primary spaces where case spent significant time School remains open 	<ul style="list-style-type: none"> School community notification of a known case
4.	Tests negative after symptoms	<ul style="list-style-type: none"> May return to school 3 days after symptoms resolve School/classroom remain open 	<ul style="list-style-type: none"> Consider school community notification if prior awareness of testing





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(†) A contact is defined as a person who is <6 feet from a case for >15 minutes. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

(††) A cohort is a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts.

Guidance on School Closure

What are the criteria for closing a school?

Individual school closure is recommended based on the number of cases, the percentage of the teacher/students/staff that are positive for COVID-19, and following consultation with the Local Health Officer. Individual school closure may be appropriate when there are multiple cases in multiple cohorts at a school or when at least 5 percent of the total number of teachers/student/staff are cases within a 14-day period, depending on the size and physical layout of the school.

The Local Health Officer may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

If a school is closed for in-person learning, when may it reopen?

Schools may typically reopen after 14 days and the following have occurred:

- Cleaning and disinfection
- Public health investigation
- Consultation with the local public health department

What are the criteria for closing a school district?



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California Department of Public Health



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State Public Health Officer & Director

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A superintendent should close a school district if 25% or more of schools in a district have closed due to COVID-19 within 14 days, and in consultation with the local public health department.

If a school district is closed, when may it reopen?

Districts may typically reopen after 14 days, in consultation with the local public health department.

State Resources for Case, Contact & Outbreak Investigations

California is committed to supporting local health departments with resources and other technical assistance regarding school case, contact, and outbreak investigations.



Cal/OSHA COVID-19 General Checklist for Schools and School-Based Programs

July 17, 2020

This checklist is intended to help schools and school-based programs implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Schools and School-Based Programs](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community.
- Establish and implement a workplace-specific COVID-19 prevention plan to protect employees that includes:
 - The person(s) responsible for implementing the plan.
 - A risk assessment and the measures that will be taken to prevent spread of the virus.
 - Use of face coverings, in accordance with the [CDPH guidance](#).
 - Training and communication with workers and worker representatives on the plan.
 - A process to check for compliance and to document and correct deficiencies.
 - A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts and infected workers.
 - Protocols for when the workplace has an outbreak, in accordance with [CDPH guidance](#).
 - Ensure that any external community organizations that use the facilities also follow this guidance.
 - Develop a plan for the possibility of repeated closures when persons associated with the facility or in the community become ill with COVID-19.
 - Develop a plan to further support students with access and functional needs who may be at increased risk of becoming infected or having unrecognized illness due to COVID-19.



Promote Healthy Hygiene Practices

- Teach and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among students and staff.
- Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.

- Develop routines enabling students and staff to regularly wash their hands at staggered intervals.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60% ethyl alcohol for staff and children who can safely use hand sanitizer.
- Face coverings must be used in accordance with [CDPH guidelines](#) unless a person is exempt as explained in the guidelines.
- Provide and ensure staff use face coverings and all required protective equipment.
- Strongly recommend that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions.



Face Coverings

- Face coverings must be used in accordance with [CDPH guidelines](#) unless a person is exempt as explained in the guidelines.
- Teach and reinforce use of [face coverings](#), or in limited instances, face shields.
- Remind students and staff not to touch the face covering and to [wash their hands](#) frequently.
- Provide information to all staff and families in the school community on [proper use, removal, and washing of cloth face coverings](#).
- Train on policy on how to address people who are exempted from wearing a face covering.
- When a cloth face covering or face shield is temporarily removed for meals, snacks, naptime, or outdoor recreation, ensure it is placed in a clean paper bag marked with the student's name and date until it needs to be put on again.
- Exclude students from campus if they are not exempt from wearing a face covering under CDPH guidelines and refuse to wear one. Develop a protocol to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions. Offer alternative educational opportunities for students who are excluded from campus.
- All staff must use face coverings in accordance with [CDPH guidelines](#) unless Cal/OSHA standards require respiratory protection.
- In limited situations where face coverings cannot be used, wear a face shield instead while maintaining physical distance from others.
- Workers or other persons handling or serving food must use gloves in addition to face coverings. Consider disposable gloves to supplement frequent handwashing or use of hand sanitizer, for example, for workers who are screening others for symptoms or handling commonly touched items.



Ensure Teacher and Staff Safety

- Ensure staff maintain physical distancing from each other.
- Ensure that all staff use face coverings in accordance with CDPH guidelines and Cal/OSHA standards.

- Support staff who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, where appropriate, or teaching in a virtual learning or independent study context.
- Conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures in place, or virtually, where physical distancing is a challenge.
- Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings.
- Implement procedures for daily symptom monitoring for staff.



Intensify Cleaning, Disinfection, and Ventilation

- Consider suspending or modifying use of site resources necessitating sharing or touching items, such as using personal reusable water bottles instead of shared drinking fountains.
- Staff should [clean and disinfect](#) frequently touched surfaces at school and on school buses at least daily and, as practicable, frequently throughout the day by trained custodial staff.
- Disinfect buses after transporting any individual who is exhibiting COVID-19 symptoms. Provide drivers with disinfectant wipes and disposable gloves.
- Limit use and sharing of objects and equipment, such as toys, games, art supplies, and playground equipment. When shared use is allowed, clean and disinfect between uses.
- Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, Cal/OSHA requirements, the CDPH [asthma-safer cleaning methods](#), and as required by the Healthy Schools Act, as applicable. Avoid use of products containing peroxyacetic (peracetic) acid, sodium hypochlorite (bleach), or quaternary ammonium compounds.
- Provide proper PPE to custodial staff and other employees who clean and disinfect.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible. Do thorough cleaning when children are not present. When cleaning, air out the space before children arrive. If using air conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality.
- If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- Consider upgrades to improve air filtration and ventilation.
- Ensure all water systems are [safe](#) to use to minimize risk of [Legionnaires' disease](#).



Implementing Distancing Inside and Outside the Classroom

ARRIVAL AND DEPARTURE

- Maximize space between students and between students and the driver on school buses and open windows to the greatest extent practicable.
- Minimize contact between students, staff, families, and the community at the beginning and end of the school day. Minimize contact between adults at all times.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible.
- Put in place other protocols to limit direct contact with others as much as practicable.
- Implement health screenings of students and staff upon arrival.
- Equip each bus with extra unused face coverings for students who may have failed to bring one.

CLASSROOM SPACE

- Students must remain in the same space and in cohorts as small and consistent as practicable, including for recess and lunch. Keep the same students and teacher or staff with each group to the greatest extent practicable.
- Prioritize the use and maximization of outdoor space for activities where practicable.
- Minimize movement of students and teachers or staff as much as practicable. In secondary schools or in situations where students have individualized schedules, plan for ways to reduce mixing among cohorts and to minimize contact.
- Maximize space between seating and desks, arrange seating to minimize face-to-face contact, and use physical partitions where needed. Distance teacher and other staff desks at least six feet away from student desks.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- Develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.
- Do not permit activities where there is increased likelihood for transmission from contaminated exhaled droplets, such as band and choir practice and performances.
- Only conduct activities involving singing outdoors.
- Implement procedures for turning in assignments to minimize contact.
- Consider using privacy boards or clear screens to increase and enforce separation between staff and students.

NON-CLASSROOM SPACES

- Limit nonessential visitors, volunteers, and activities involving other groups at the same time.

- Limit communal activities where practicable. Alternatively, stagger use, properly space occupants, and disinfect in between uses.
- Consider use of non-classroom space for instruction, including outdoor space if weather permits.
- Minimize congregate movement through hallways as much as practicable.
- Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms where practicable. Where cafeterias or group dining rooms must be used, keep students together in their cohort groups, ensure physical distancing, and consider assigned seating. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.
- Consider holding recess activities in separated areas designated by class.



Limit Sharing

- Keep each child's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable. If sharing occurs, clean and disinfect between uses.



Train All Staff and Educate Families

- Train all staff and provide educational materials to families in enhanced sanitation practices, physical distancing guidelines and their importance, [proper use, removal, and washing of cloth face coverings](#), screening practices, COVID-19 [symptoms](#) and transmission, how to prevent COVID-19 spread, when to seek medical attention, the plan and procedures to follow when someone becomes sick at school, and the plan and procedures to protect workers from COVID-19 illness.
- Consider conducting the training and education virtually, or, if in-person, ensure distancing is maintained.



Check for Signs and Symptoms

- Prevent discrimination against students who (or whose families) were or are diagnosed with COVID-19 or who are perceived to be a COVID-19 risk.
- Actively encourage staff and students who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home.
- Develop policies that encourage sick staff and students to stay home without fear of reprisal and ensure staff, students, and students' families are aware of these policies.
- Symptom screenings and/or temperature checks for all staff and students entering the facility.

- Conduct visual wellness checks of all students upon arrival or establish procedures for parents to monitor at home.
- Take temperatures with a no-touch thermometer.
- Ask all individuals if they or anyone in their home is exhibiting [COVID-19 symptoms](#).
- Make available and encourage use of handwashing stations or hand sanitizer.
- Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality.
- If a student shows symptoms of COVID-19, communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- Monitor staff and campers throughout the day for signs of illness; send home campers and staff with a fever of 100.4 degrees or higher, cough or other [COVID-19 symptoms](#).
- Develop policies not to penalize students and families for missing class.



Plan for When a Staff Member, Child, or Visitor Becomes Sick

- Work with school administration, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Immediately require any students or staff exhibiting symptoms to wear a face covering and wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms.
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- Notify local health officials immediately of any positive case of COVID-19, and exposed staff and families as relevant while maintaining [confidentiality](#) as required by state and federal laws.
- Close off areas used by any individual suspected of being infected with the virus that causes COVID-19 and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep cleaning and disinfectant products away from students.
- Advise sick staff members and campers not to return until they have met CDC criteria to discontinue [home isolation](#), including at least 3 days with no fever, symptoms have improved and at least 10 days since symptoms first appeared.
- Ensure that students, including students with disabilities, have access to instruction when out of class.

- Offer distance learning based on the unique circumstances of each student who would be put at risk by an in-person instructional model.
- Implement the necessary processes and protocols when a school has an outbreak, in accordance with [CDPH guidelines](#).
- Investigate the COVID-19 illness and exposures and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
- Update protocols as needed to prevent further cases. See the CDPH guidelines, [Responding to COVID-19 in the Workplace](#).



Maintain Healthy Operations

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- Monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Train employees on who they are and how to contact them. Train the liaison to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.
- Consult with local health departments if routine testing is being considered by a local educational agency.
- Support students who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as virtual learning or independent study.



Considerations for Reopening and Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a student, teacher, or staff member tests positive for COVID-19 and has exposed others at the school, refer to the [CDPH Framework for K-12 Schools](#). Consult with the local health department to determine whether to close the school or to clean and quarantine exposed persons, based on the risk level within the community; close off the classroom or office where the patient was based and do not use the areas until cleaned and disinfected; communicate with students, parents, teachers, staff and the community; inform staff regarding labor laws and leave time (See additional [information on government programs supporting sick leave and worker's compensation for COVID-19](#), including worker's sick leave rights under [the Families First Coronavirus Response Act](#) and employee's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the [Governor's Executive Order N-62-](#)

[20](#), while that Order is in effect); remind parents, teachers, and staff to use physical distancing in the community and discourage them from gathering elsewhere; develop a plan for continuity of education, including nutrition; and maintain regular communications with the local public health department.



Julie Enea

From: Stella W <swotherspoon@gmail.com>
Sent: Wednesday, September 16, 2020 1:32 PM
To: Julie Enea; Supervisor Candace Andersen; Supervisor Mitchoff
Cc: Chris Hsu
Subject: Re: September 17, 2020 Ad-Hoc Committee on Covid-19 Economic Impact and Recovery Agenda Item # 4
Attachments: FAQ 8-10-20 COE-CCHS joint FAQ updated.pdf; CC BOE Cohorts Letter_20200916.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Supervisors Andersen and Mitchoff, CCCoE Superintendent Mackey, and Deputy Director Warne,

My public comment pertains to Contra Costa Health Service (CCHS) guidance to secondary schools regarding the creation of cohorts of students when schools reopen.

CCHS needs to specifically amend all guidance to secondary schools to include an acceptable maximum number of secondary students in a cohort. At present, the guidance is unacceptably vague.

In a multitude of documents, CCHS, California Department of Public Health, CalOSHA and Contra Costa Office of Education (CC OoE) have provided guidance on public health measures to implement before reopening schools. All present the concept of small, stable cohorts. However, there is inconsistency among these documents in how to create cohorts. The myriad documents also do not make it clear if creating cohorts holds greater priority than a school's competing preferences or priorities.

Most of the guidance on cohorts includes the phrase, "to the extent practicable". The text is not clear if this means only to the extent that the *physical* space allows small groups. This is my interpretation, based on the context of surrounding texts.

For example, On August 10, 2020, CCHS and CC OoE provided guidance to schools on public health measures to implement before reopening schools. This document is not included in the attachments for this agenda item, but it is attached. It can be obtained on the CC OoE website.

https://www.cccoe.k12.ca.us/UserFiles/Servers/Server_1077313/File/FAQ%208-10-20%20COE-CCHS%20joint%20FAQ%20updated.pdf

The document is "Frequently Asked Questions on Covid-19 and Contra Costa Schools". There are two questions in this FAQ on cohorts: one defines a stable cohort; the other directs schools to maintain cohort separation throughout the school day by using "out-of-the-box thinking":

"Are all grade levels not allowed to mix cohorts? What about middle and high school?"

To the extent practicable, cohorts should be maintained. This may require out-of-the box thinking like rotating instructors rather than classes, staggering schedules, or shifting rooms around to limit the distances students may have to travel between rooms. Face coverings and other safety measures become more important when cohorts mix. Those measures include wearing face coverings, physical distancing, and rigorous handwashing. Avoid congregate settings. " (p.4)

The examples of "out-of-the-box thinking" pertain to constraints of physical space and arrangements.

However, my daughter's middle school in the Lafayette School District considered small cohorts, but decided against forming these *for reasons other than physical constraints*.

A school reopening work group decided that, when evaluating the specific trade-off between establishing stable cohorts and maintaining the full curricular offering, cohorts were too “limiting”. Establishing stable cohorts was, thus, deemed not “practicable”.

My daughter’s middle school has established a 7th grade “cohort” of ~68 students. This is a non-exclusive group, meaning that each student has daily, direct contact with other students not in the group of 68. The number of daily, indirect contacts is likely half the entire grade, or 200 students. This does not include teacher contacts. Does CCHS consider 68 students an acceptable cohort size?

I think the issue is that school districts do not necessarily think of public health first when they read the guidance, “To the extent practicable, cohorts should be maintained.” Our daughter’s middle school decided cohorts were not “practicable” as it was not possible to establish small cohorts because they were incompatible with schedules complicated by elective offerings. Instead, the principal invented a “teaming idea” in which classes are formed mostly as usual, but an attempt is made to increase the number of students who share the same classes. The “teaming idea” leads to 136 distinct classmates in distance learning currently. In a hybrid return-to-school A/B plan the “team” is 68 direct exposures. Because this is a non-exclusive group, though, the indirect exposure is to about 200. **The school thought of curriculum first, public health second. This interpretation cannot be allowed during a pandemic.**

I believe the intent of this guidance is that schools establish cohorts *unless* there are insurmountable facilities or staffing barriers. I do not believe a principal’s desire to not limit the full curricular offering is a practical consideration under this guidance.

If CCHS defines an acceptable maximum cohort size for middle and high schools, it will force schools to work within this public health-driven framework. As it stands now, some schools see the guidance as simply a suggestion to create stable cohorts.

Lafayette School District has repeatedly said that it looks to CCHS for guidance in all public health matters. Accordingly, CCHS guidance to schools has to be clear, unambiguous and not open to interpretation.

I am sure CCHS has been tracking the scientific and medical research that has pointed to middle and high school students having risk of Covid-19 infection and transmission closer to that of college students and young adults. This is why it is especially important to define an acceptable upper limit on secondary education cohort sizes.

Last, I request that CCHS require all schools to submit re-opening plans for approval, such as those required for primary school waivers, prior to starting in-person instruction. Schools should be required to share these plans publicly. Parents have a right to know the detailed risk reduction plan for their children’s school.

Very truly yours,

Stella Wotherspoon & Christopher Hsu
Stanley Middle School (Lafayette School District) Parents

Attachments:

CCHS and Contra Costa Office of Education, “Frequently Asked Questions on Covid-19 and Contra Costa Schools”, August 10, 2020
A PDF version of this letter



This guidance is in accordance with current health orders from the California Department of Public Health (CDPH) and Contra Costa Health Services (CCHS). It is important to note that there will undoubtedly be continued community spread of COVID-19 well into the fall. The goal is to have practical recommendations in place to minimize risk while still allowing for in-class learning to resume.

Districts should seek guidance from CCHS to address unique circumstances. Responses will be modified by CCHS and CCCOE based on new guidance or directives from state agencies. The Contra Costa County Office of Education will continue to work closely with Contra Costa Health Services regarding the timing for reopening schools.

[The California Department of Education also recently released its document “Stronger Together: A Guidebook for the Safe Reopening of California’s Public Schools.”](#) This document also contains valuable information, resources and recommendations regarding the safe reopening of schools and addresses many of the questions listed below.

Please visit www.cchealth.org/coronavirus for more local health information and guidance regarding COVID-19.

Frequently Asked Questions COVID-19 and Contra Costa County Schools - Updated August 10,2020 -

Screening, Testing, Symptom Checking:

If someone develops symptoms at school that could be COVID-19, what needs to happen?

Students who develop symptoms of illness while at school should be separated from others right away, preferably isolated in an area through which others do not enter or pass. If more than one student is in an isolation area, ensure physical distancing.

Any students or staff exhibiting symptoms should immediately don a face covering and wait in an isolation area until they can be transported home or to a healthcare facility. Isolated students should receive continued supervision and care until picked up by an authorized adult.

There is no need for others who had contact with the sick person to quarantine themselves while waiting for results of the test.

If a student or teacher tests positive, with or without symptoms, will we need to close a class or an entire school?

Not necessarily. Next steps are determined on a case-by-case basis.

CCHS will conduct contact tracing to determine who, if anyone, may have had close contact with the person who tested positive and will provide guidance to the school, including whether a school or class closure is recommended.

Whenever a positive case is confirmed on campus, the school should perform a thorough cleaning of areas where the person spent time, especially high-contact surfaces.

What qualifies as a “close contact” with a person who has COVID-19?

A person is considered to have had close contact if they were within six feet of someone who tested positive for COVID-19 for at least 15 minutes.

During the contact tracing process, CCHS will work with the person who tested positive to determine who, if anyone, had close contact, and will communicate directly with them.

Should schools take attendance for both students AND staff?

Yes, all schools and school facilities should have a process in place for attendance collection of everyone present, every day. This is critical if the need for contact tracing arises.

Will students and adults entering campuses be screened for symptoms?

Temperature screening at school is optional. Schools may implement their own screening measures for students and adults entering campus, however doing so would likely be challenging to implement, especially for larger schools. For symptom screening guidelines, refer to the Centers for Disease & Control’s [Symptoms of Coronavirus page](#).

Is the process for testing children different from adults?

The process for testing children is the same as it is for adults. Community testing is available for both children and adults. Talk to your healthcare provider, or call 1-844-421-0804 to make a fast, convenient appointment at no cost to you at a county testing site.

When should I consider getting a COVID-19 test for myself or my child?

CCHS recommends a COVID-19 test for anyone who believes they may need one, whether or not they have symptoms. People who have symptoms of illness are encouraged to get tested. Visit coronavirus.cchealth.org/get-tested to learn more about testing in Contra Costa County.

Personal Protective Equipment:

Will students and adults wear face coverings?

It is encouraged that all staff use cloth face coverings unless Cal/OSHA standards require respiratory protection. Teachers can use face shields, if available, which enable younger students to see their teachers’ faces and to avoid potential barriers to phonological instruction.

Students should be encouraged to use cloth face coverings. Cloth face coverings are most essential in settings where physical distancing cannot easily be maintained.

Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school.

Students and staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students and students' families on the proper use, removal and washing of cloth face coverings.

Are transparent face shields recommended?

Yes, transparent face shields are fully supported for use by staff members depending on availability. Face shields should also be cleaned and sanitized daily.

What Personal Protective Equipment (PPE) is needed (e.g., face coverings, thermometers) for each campus?

If physical distancing is unattainable and face coverings are needed, it is recommended that schools provide face coverings, if feasible. If face coverings cannot be provided, staff and students should refer to the Surgeon General's instructions on how to make face coverings.

Schools should have a non-contact temporal or external thermometer to detect fever in students or staff who become ill after arriving at school. Handwashing stations with soap and/or fragrance-free, 60% ethyl alcohol hand sanitizer should be made available in classrooms and other areas where staff/students are likely to be present. Any student under the age of 9 should be supervised when using hand sanitizer.

What supplies should be included in every classroom and general area (e.g., office, cafeteria, bathroom) for use by students and employees?

All sinks should have soap. Handwashing stations with soap and/or hand sanitizer should be available in all classrooms and other commonly used areas. Classrooms should have a supply of face coverings for use.

Are gloves recommended for students and adults?

Gloves are not recommended for use by students or staff, except those conducting duties such as cleaning, first aid, or food service.

Will the state provide personal protective equipment (PPE) to all schools and school districts?

The state has indicated it will provide PPE to local schools and districts.

Physical Distancing:

What are the physical distancing protocols (distance, number permitted in a group) in multiple settings: in classroom, hallways, common outdoor spaces?

Where practicable, physical distancing of at least four to six feet should be maintained between students within a classroom or instructional area; at least six feet should be maintained between adults and students.

Depending on grade level, physical space, and class sizes, schools could consider the following strategies, where possible and appropriate:

- Minimize contact at school between students, staff, families and the community at the beginning and end of the school day
- Keep each child's belongings separated and in individually labeled storage containers, cubbies or areas
- Ensure adequate supplies to minimize the sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit the use of supplies and equipment to one group of children at a time and clean and disinfect between uses
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable

What is the recommended number of students in a class based on student age and room size?

The number of students per classroom will depend on room size and furniture configuration. Schools will likely need to assess their physical spaces and determine capacity accordingly.

Do schools need to close or limit access to common outdoor spaces?

Common outdoor spaces may present less risk of transmission than indoor spaces, assuming students and adults maintain physical distancing. Schools may consider staggering recesses and/or outdoor time so that smaller groups are using shared spaces at one time.

When using outdoor spaces, cohorts should be maintained whenever possible. Contact sports and activities that encourage close contact should be avoided.

What are the recommendations on how to configure the campus to include a space to isolate people who become ill at school? Are there possible campus configurations to designate an 'area' or safe place where students can wait to be picked up, if they are showing signs of COVID-19?

When feasible, identify a "sick room" through which others do not regularly pass where symptomatic individuals can remain until they are able to go home.

If more than one student is sick at school, can they isolate in the same area until they are picked up?

Ideally the school nurse or other adult should separate them as much as possible.

Are all adults and adult volunteers (parents) excluded from campus?

Not necessarily. Schools should decide based on what makes sense at the site, observing prevention principles such as maintaining cohort groups, physical distancing and hygiene.

Will students and staff be allowed to bring backpacks and personal items to and from school?

Yes. While items transferred back and forth between environments do have some potential to introduce viruses, there is little evidence that transmission of COVID-19 from fomites (objects or materials) is a significant risk.

To the extent practicable, schools could provide options or solutions like allowing students to keep materials at home or leveraging distance learning resources as much as possible.

School Schedules and Cohort Groups:

Should we consider starting the school year earlier or later than our Board adopted calendar?

It is encouraged that school calendars be informed by engaging with stakeholders and bargaining units. When to start school is a local decision. Starting the school year later is not recommended. It is unlikely that the benefits of starting later will be realized considering COVID-19 will continue to be in our community and some measures for physical distancing will be required. Students have likely experienced learning loss during this time and extending the summer will likely continue to add to this.

What is the recommended number of students in a class based on student age and room size?

The number of students per classroom will depend on room size and furniture configuration. Schools will likely need to assess their physical spaces and determine capacity accordingly.

What is meant by stable cohorts?

Stable cohorts represent a group of students and staff members staying together through the course of a day to eliminate or limit the mixing of students and staff in classes or congregate settings. Stable cohorts restrict the ability of a virus to spread beyond the cohort and allow for quicker more efficient tracing in the event a student or staff member contracts a virus. Consideration should be given to not only how stable cohorts can be maintained in the classroom but also the ability to keep these students together at lunch or during break times.

Are all grade levels not allowed to mix cohorts? What about middle and high school?

To the extent practicable, cohorts should be maintained. This may require out-of-the box thinking like rotating instructors rather than classes, staggering schedules, or shifting rooms around to limit the distances students may have to travel between rooms. Face coverings and other safety measures become more important when cohorts mix. Those measures include wearing face coverings, physical distancing, and rigorous handwashing. Avoid congregate settings.

Should schools stagger arrival and pick up times?

Staggered arrivals can aid in a school's ability to maintain physical distancing. If administering temperature checks this could support the completion of these checks in a timely manner.

Can schools bring students in for testing on a one to one basis?

Yes, students can be brought in for testing and assessments. Please be sure to follow guidance for physical distancing, masking, etc.

Can schools bring students together in small groups/ pods for SAT testing?

Yes, schools can bring students together in small groups/ pods for SAT or similar testing. Please be sure to follow guidance for physical distancing, masking, etc.

Transportation:

What safety measures will need to be in place for bus drivers and students?

To lower the risk of exposure, districts may implement the following:

- Staff should be wearing face coverings
- Students should be encouraged to use cloth face coverings and avoid touching their faces
- When possible, space students out on buses
- Windows may be open for better ventilation
- Families will be encouraged to sit together
- Physical distancing when getting on/off the bus will be required

Reopening and Course Offerings:

What sports and extracurricular activities can be offered?

Currently no contact activities are permitted, including sports or other extracurricular activities that involve the potential of person-to-person physical contact. These may be some of the last restrictions to be lifted because of the high-risk nature. Regarding performing arts activities, there are similar concerns. Because of the airborne nature of the virus, choral and wind instrument groups are not allowed to gather unless conducted outdoors with proper physical distancing. As the school year grows closer, the California Department of Public Health, California Department of Education, and/or California Interscholastic Federation may provide specific guidance on this issue.

Reporting/Health Protocols/Communication:

What is the protocol for handling students or staff exhibiting symptoms?

Students or staff who are exhibiting COVID-19 symptoms should not come to school. If they begin exhibiting symptoms after arriving at school, separate the individual from others as much as possible and make arrangements for the individual to go home as soon as possible. When feasible, identify a “sick room” through which others do not regularly pass where symptomatic individuals can remain until they are able to go home. Procedures should be established to arrange for safe transport home or to a healthcare facility, as appropriate.

What are the expected reporting procedures with Contra Costa Health Services (CCHS)? What are the procedures for referring, tracing, and isolating students and staff with symptoms or diagnosis?

CCHS has procedures in place for investigating communicable disease cases. CCHS staff will conduct contact tracing using classroom rosters and information obtained from school personnel through interviews and in coordination with school officials.

What are the communication guidelines when a positive case is confirmed?

Communication recommendations will vary depending on the specific circumstances of a case in a school community. At a minimum, the affected cohort will need to be notified. Media is handled in coordination between the school public information officer and the CCHS public information officer.

Will staff or students, diagnosed with COVID-19 need a document to return to school?

No. But someone who has been diagnosed with COVID-19 should isolate at home for at least 10 days, plus three days after symptoms subside.

If a parent is diagnosed with COVID-19 will their student need to self-quarantine prior to returning to school? How will the schools know when the student is ok to return?

If a student or staff has a household member that tests positive for COVID-19, the student will be ordered to quarantine at home until 14 days have elapsed since all household members are no longer considered infectious. CCHS may issue an order with explicit [instructions on quarantine](#) and details on its expiration. If needed, CCHS will provide clearance letters at the end of isolation/quarantine.

Health Education:

What are the recommended health education topics schools should provide?

Schools should consider educating students on the importance of healthy hygiene practices, understanding and monitoring for symptoms of COVID-19, physical distancing, and mental health/sources of support.

Facilities - Safety and Sanitation Considerations:

What supplies should be included in every classroom and general area (e.g., office, cafeteria, bathroom) for use by students and employees?

All sinks should have soap. Handwashing stations with soap and/or fragrance-free 60% ethyl alcohol hand sanitizer should be made available in classrooms. Face coverings will be encouraged at all times while indoors.

What are the guidelines for cleaning and sanitation?

Schools will follow disinfection guidelines for classrooms, offices, and outdoor spaces that include the following:

- Consider suspending or modifying the use of site resources that necessitate sharing or touching items
- Staff should clean and disinfect frequently high-touched surfaces within the school and on school buses at least daily and, as practicable, frequently throughout the day
- Buses should be thoroughly cleaned and disinfected daily, and after transporting any individual who is exhibiting symptoms of COVID-19
- Limit the use of shared playground equipment
- Limit the sharing of objects and equipment, such as toys, games, and art supplies, to the extent practicable. But where allowed, clean and disinfect between uses

- Establish a cleaning and disinfecting schedule
- Ensure proper ventilation during cleaning and disinfecting

Where might physical barriers need to be installed at school sites and district offices to ensure student and employee safety?

Schools may want to consider installing clear plexiglass barriers at front counters where physical distancing is not possible, similar to how many retailers have done so at check-out counters. Staff workstations should be arranged so that staff can physically distance.

September 16, 2020

Re: September 17, 2020 Ad-Hoc Committee on Covid-19 Economic Impact and Recovery Agenda Item # 4

Dear Supervisors Andersen and Mitchoff, CCCoE Superintendent Mackey, and Deputy Director Warne,

My public comment pertains to Contra Costa Health Service (CCHS) guidance to secondary schools regarding the creation of cohorts of students when schools reopen.

CCHS needs to specifically amend all guidance to secondary schools to include an acceptable maximum number of secondary students in a cohort. At present, the guidance is unacceptably vague.

In a multitude of documents, CCHS, California Department of Public Health, CalOSHA and Contra Costa Office of Education have provided guidance on public health measures to implement before reopening schools. All present the concept of small, stable cohorts. However, there is inconsistency among these documents in how to create cohorts. The myriad documents also do not make it clear if creating cohorts holds greater priority than a school's competing preferences or priorities.

Most of the guidance on cohorts includes the phrase, "to the extent practicable". The text is not clear if this means only to the extent that the *physical* space allows small groups. This is my interpretation, based on the context of surrounding texts.

For example, On August 10, 2020, CCHS and Contra Costa Office of Education provided guidance to schools on public health measures to implement before reopening schools. This document is not included in the attachments for this agenda item, but it is attached. It can be obtained on the CC OoE website. https://www.cccoe.k12.ca.us/UserFiles/Servers/Server_1077313/File/FAQ%208-10-20%20COE-CCHS%20joint%20FAQ%20updated.pdf

The document is "Frequently Asked Questions on Covid-19 and Contra Costa Schools". There are two questions in this FAQ on cohorts: one defines a stable cohort; the other directs schools to maintain cohort separation throughout the school day by using "out-of-the-box thinking":

"Are all grade levels not allowed to mix cohorts? What about middle and high school?"

To the extent practicable, cohorts should be maintained. This may require out-of-the box thinking like rotating instructors rather than classes, staggering schedules, or shifting rooms around to limit the distances students may have to travel between rooms. Face coverings and other safety measures become more important when cohorts mix. Those measures include wearing face coverings,

physical distancing, and rigorous handwashing. Avoid congregate settings.
“ (p.4)

The examples of “out-of-the-box thinking” pertain to constraints of physical space and arrangements.

However, my daughter’s middle school in the Lafayette School District considered small cohorts, but decided against forming these *for reasons other than physical constraints*.

A school reopening work group decided that, when evaluating the specific trade-off between establishing stable cohorts and maintaining the full curricular offering, cohorts were too “limiting”. Establishing stable cohorts was, thus, deemed not “practicable”.

My daughter’s middle school has established a 7th grade “cohort” of ~68 students. This is a non-exclusive group, meaning that each student has daily, direct contact with other students not in the group of 68. The number of daily, indirect contacts is likely half the entire grade, or 200 students. This does not include teacher contacts. Does CCHS consider 68 students an acceptable cohort size?

I think the issue is that school districts do not necessarily think of public health first when they read the guidance, “To the extent practicable, cohorts should be maintained.” Our daughter’s middle school decided cohorts were not “practicable” as it was not possible to establish small cohorts because they were incompatible with schedules complicated by elective offerings. Instead, the principal invented a “teaming idea” in which classes are formed mostly as usual, but an attempt is made to increase the number of students who share the same classes. The “teaming idea” leads to 136 distinct classmates in distance learning currently. In a hybrid return-to-school A/B plan the “team” is 68 direct exposures. Because this is a non-exclusive group, though, the indirect exposure is to about 200. **The school thought of curriculum first, public health second. This interpretation cannot be allowed during a pandemic.**

I believe the intent of this guidance is that schools establish cohorts *unless* there are insurmountable facilities or staffing barriers. I do not believe a principal’s desire to not limit the full curricular offering is a practical consideration under this guidance.

If CCHS defines an acceptable maximum cohort size for middle and high schools, it will force schools to work within this public health-driven framework. As it stands now, some schools see the guidance as simply a suggestion to create stable cohorts.

Lafayette School District has repeatedly said that it looks to CCHS for guidance in all public health matters. Accordingly, CCHS guidance to schools has to be clear, unambiguous and not open to interpretation.

I am sure CCHS has been tracking the scientific and medical research that has pointed to middle and high school students having risk of Covid-19 infection and transmission closer to that of college students and young adults. This is why it is especially important to define an acceptable upper limit on secondary education cohort sizes.

Last, I request that CCHS require all schools to submit re-opening plans for approval, such as those required for primary school waivers, prior to starting in-person instruction. Schools should be required to share these plans publicly. Parents have a right to know the detailed risk reduction plan for their children's school.

Very truly yours,

Stella Wotherspoon & Christopher Hsu
Stanley Middle School (Lafayette School District) Parents

Attachment: CCHS and Contra Costa Office of Education, "Frequently Asked Questions on Covid-19 and Contra Costa Schools", August 10, 2020

Julie Enea

From: Melissa Martin
Sent: Wednesday, September 16, 2020 2:11 PM
To: Julie Enea
Subject: Public Comment - Essential to Open CoCo Schools!

I am writing to you in hopes that you recognize the need for our county school children to return to in-person learning as soon as we reach the Red Tier plus the required two weeks.

Public school children all over this country who reside in towns and counties with cases MUCH higher than our have successfully returned for both full time and hybrid.

I have both a seventh grade daughter and a freshman daughter and I am very concerned about their mental and physical well-being. While I am appreciative of the efforts of our school districts to offer a more robust academic experience, I witness the negative effects of online learning on a daily basis. Normally enthusiastic about school my daughters' have a general malaise about learning, are truly missing peer and teacher interaction and are experiencing extreme isolation and bouts of depression. The distance learning model is not sustainable for the long term.

We need our local leaders to insist the districts to plan to return to school. We cannot simply err on the side of extreme caution to protect certain members of our community while other districts all over the country are putting children's needs first by focusing on opening schools in a "new safe normal" way and not defaulting to DL. The mental health, social and physical development and general well-being of our children depend on it!

Remote learning is not a healthy option anymore - and districts all over the country are proving students can return to school and that it's ESSENTIAL to their health and well-being!

Sincerely,
Melissa Martin
Lafayette, CA

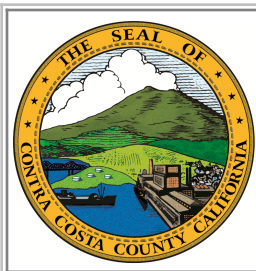
COVID-19 AD HOC COMMITTEE

RECORD OF ATTENDEES

9/3/2020

Caller 1	dompruett	Jenny
Caller 2	Donna Van Wert	Jerry L
Caller 3	Doug Czajkowski	Jill Ray (Jill R)
8LHr30	Doug Heffernan	jlacson
Abel	dr birx	Jody London# Contra Costa County
Adam Wooten	e	Joe Queirolo
adhoover	earredondo	JULIE ENEA
Alicia Nuchols	Eileen Villamil	Juliet
Allison Young	Eli Walsh - Local News Matters	K McComas
Amalia Cunningham# Contra Costa County	Ellen Mossman	Kaleb Kiraly
Amber's iPhone	Ester's iPhone	Kara (Kara Johnston)
Amrita Kaur	Estes iPhone	Katrina Wallar
Angel	Fabiola Quintero	Katrinka Ruk
Anne O	Fernando Saenz	Kim McCarl
Annie David	frank	Kirsten VanderVorst
ASH (Hayworth)	French Family	Lauryn Mitchell
Barbara Csider	g.chenoweth	Len Schultz (Ien)
Beth Baron	Gayle Israel	lisa
Bielle Moore	George Carter	Liz Young
Brenda	Gil Martinez	m c
Call_in_user_1	gordon	Mark Griep
Cameron C.	Greg R.	Mary Boyle
Cassie Faber	Hannah Robbins	Maxwell Greene
Charissa	Heather Schiffman# Contra Costa GAD	Mdorante
charissa	iphone	Megan Calhoun
Chris Santa Maria	iPhone (Lindsey's iPhone)	Mike McDermott
Chris Wikler (He/Him) (Chris Wikler)	iPhone C	Mike's iPhone
Chris Wikler (he/him) (Chris)	iPhone xr	MJohanse
Cindy Vogl (voglcd)	Izabella W.	MLS
Colleen Awad (Colleen Awad Isenberg)	J	Mr. Padmos
Dana Eder	James	Nick
Daryn Nabeta	Janessa B	Nikola Petkov
Denise	Janette	Nobody special
Dennis Garrison	Jasmine O	Office of Supervisor Candace Andersen
Dennis Woodard	Jeff	Patience Ofodu (iPhone)
Derek	Jeff Wilson	Phu Kieu
dolores brockett	Jennifer Scalise	Prospector
	jenniferbaker	rachel (rachelderamos)

Rachel Oliver
Raj Kumar
Randy Sawyer
Renee Giometti (rgiometti)
Rob Lutzow
Roman Rosario
Ryan Atlas
Sarah iPhone
Scott
Shannon Bruce
Shari Downum
smcnutt
Stephen Baiter
Steven Schumacher
Susan Hurl
Susan Morgan
Taylor Family
Teix
Terri Nuno
Tina Sherwin
Tom Castle
Tom Warne
Tracy Moran
Unlimited
Walter



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.

DRAFT

For Additional Information Contact:

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