AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR DECEMBER 17, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present:	Chair Candace Andersen Vice Chair Karen Mitchoff
Staff Present:	Thomas Warne, M.D., Deputy County Health Officer Julie DiMaggio Enea, Senior Deputy County Administrator
Attendees:	See Attendance Record, attached.

1. Introductions

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

See attached Record of Attendance.

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

All public comment was taken under Agenda Item 3.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Chair Andersen invited public comment:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

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

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

6. Adjourn

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

For Additional Information Contact:

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Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY **3.**

Meeting Date: 12/17/2020

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: Julie DiMaggio Enea (925) 655-2056

Referral History:

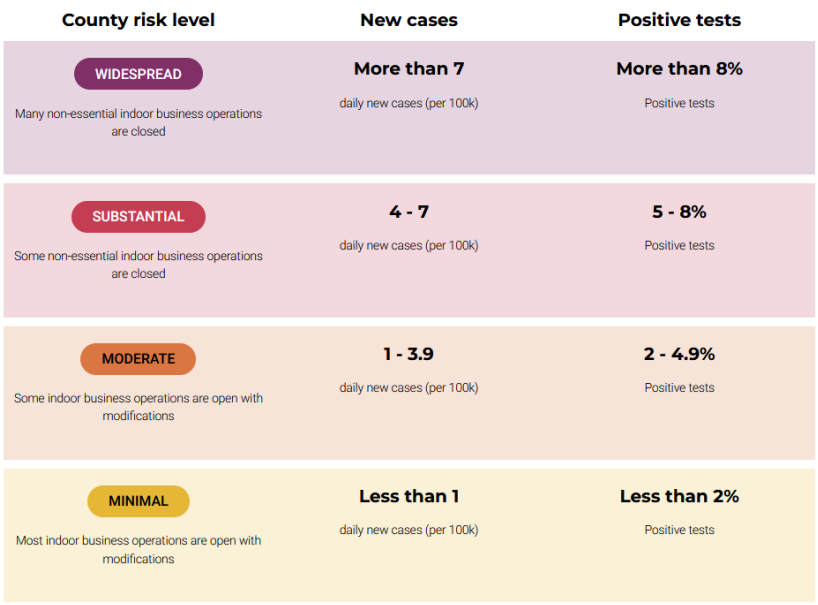
Although the Board of Supervisors has authority over County issues, under State law, when an emergency of this nature is declared and there is a pandemic of this magnitude, the Health Officer of each county has the legal authority to impose whatever orders she or he deem necessary to protect the public.

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

The Committee has so far conducted 18 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 and 17; October 15 and November 19, 2020, covering recreation and lifestyle services, in-home and other personal services, small businesses, religious gatherings; a plan to move to fully to Stage 2 and, regrettably, the second surge that required postponement of many planned Phase 2 re-openings.

The State subsequently moved to a four-tier reopening plan, which has been the Committee's primary reference point since late August. Under the State's new Blueprint for a Safer Economy, every county is assigned to a tier by the State based on its test positivity and adjusted case rate (see Tier chart at the end of this section). The State reviews data weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for two consecutive weeks. On September 29, Contra Costa County progressed from the Purple (most restrictive) Tier

to the Red Tier, and on October 27, progressed again to the Orange Tier. Following a resurgence of new cases and increase in hospitalizations, the County, on November 16, was moved back to the Purple Tier. Click to learn more about tier assignments and metric details.



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.

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

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

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

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

Referral Update:

Deputy County Health Officer Dr. Thomas Warne will provide a COVID-19 update at today's meeting. Developments since the last meeting of November 19th include:

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

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

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

County Vaccination Plan: Contra Costa Health Services has been preparing for the expected arrival of COVID-19 vaccines for several weeks (see the plan here). Initial vaccine shipments are expected to arrive in the next week, but this will depend on the federal and state government approving a vaccine first. The CDC is recommending that the highest-risk groups, healthcare workers and nursing home residents, get immunized first. The very first doses obtained by Contra Costa County will go to frontline healthcare workers at hospitals who work in high-risk settings, such as Intensive Care Units. Nursing home residents and staff will be vaccinated through a federal partnership with CVS and Walgreens pharmacies using a separate vaccine allocation. The Board of Supervisors is also considering advocating to add teachers and school support staff to the high-priority list for vaccination for those school districts that have submitted a reopening plan.

Outdoor Playgrounds: On December 9, the state updated its guidance to allow outdoor playgrounds to open (see attachment).

Holiday Advice: The safest way to celebrate this holiday season is virtually or with members of your household. Gathering with people outside your household – even extended family – increases the risk of getting and spreading COVID-19. There are many ways to enjoy the holidays with loved ones without gathering: see this link for coping with the stay at home order during the holidays.

Following Dr. Warne's remarks, the Committee will allow for Public Comment and will address questions specific to the current Health Order and other guidance documents, attached.

Recommendation(s)/Next Step(s):

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

Attachments

CCHS Press Release_Vaccine Distribution_12-16-2020
CCHS Press Release_Limited ICU Beds_12-16-2020
Updated Quarantine Health Order_12-10-2020
Openings at a Glance 12-9-2020
County COVID-19 Vaccination Plan_12-1-2020
Bay Area Health Officers Joint Press Release_12-4-2020
County Stay at Home Order_12-4-2020
Stay at Home Order ICU Scenario_12-4-2020
Regional Stay at Home Order_12-3-2020
Supplement to Regional Stay at Home Order_12-3-2020
Playground Safety Guidance
Contra Costa Responds Quickly to Climbing COVID-19 Cases___Press Releases___Contra Costa Health Services_11-4-2020
State Tiers
Public Comment_Elizabeth Gschwind_12-15-2020
Public Comment_Laura Magu_12-15-2020

Minutes Attachments

No file(s) attached.

CONTRA COSTA HEALTH SERVICES

Media Release

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

Joint Statement of the Bay Area Health Officers

Tuesday, December 15, 2020

CONTACT

CCHS Media Line
925-608-5463

RELATED

- Novel Coronavirus (COVID-19) Latest Local Information

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

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

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

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

gatherings, postponing travel, and staying home whenever possible.

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

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

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

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

Staying home saves lives.

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

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

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

# # #

CONTRA COSTA HEALTH SERVICES

Media Release

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

Wednesday, December 16, 2020

CONTACT

CCHS Media Line
925-608-5463

RELATED

- Novel Coronavirus (COVID-19) Latest Local Information

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

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

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

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

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ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA

UPDATED MASS QUARANTINE ORDER

NO. HO-COVID19-38

DATE OF ORDER: December 10, 2020

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

SUMMARY OF THE ORDER

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

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

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

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

1. Health Officer Order No. HO-COVID19-32 is hereby superseded.

2. All persons who have had close contact with a person with COVID-19 ("Case), as described below in Section 3, must quarantine themselves. These persons are required to follow all instructions in this Order and the Public Health guidance documents referenced in this Order.

3. For the purposes of this Order, a person is considered to have had close contact with a Case if, during the Case's infectious period, the person was within six feet of the Case for 15 minutes or longer in any setting. Examples may include, but are not limited to, persons who:

   a. Live in, have visited, or have stayed overnight at the Case's residence; or

   b. Are intimate sexual partners of the Case; or

   c. Provide or provided care to the Case without wearing a mask, a face shield or goggles, gown, and gloves; or

   d. Worked with the Case; or

   e. Attended a social gathering with the Case; or

   f. Have been identified as close contacts by the Contra Costa County Health Services Department; or

   g. Have been released from a California Department of Corrections and Rehabilitation Facility where a Case was reported among staff or detainees within 30 days before the person's release.

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

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

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

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

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

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

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

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

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

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

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

c. The worker returns to work.

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

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

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

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

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

IT IS SO ORDERED:

Dated: December 10, 2020

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

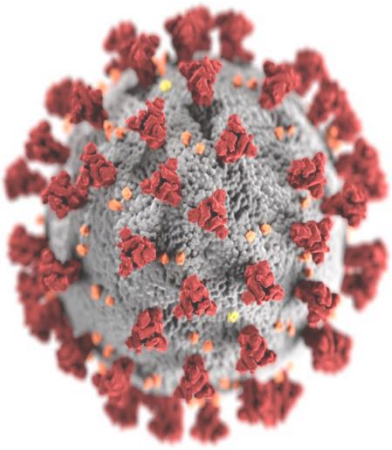
Contra Costa County Openings at a Glance

RESPONSE Coronavirus (COVID-19)
CONTRA COSTA HEALTH SERVICES

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

Open ✓ Closed ✕

Automobile & Bicycle Repair	✓
Bars, Brewpubs, Breweries, Pubs & Craft Distilleries	✕
Campgrounds, RV Parks & Outdoor Recreation Facilities (no overnight stays)	✓
Car Washes	✓
Cardrooms, Satellite Wagering Sites & Racetracks	✕
Childcare Facilities & Activities	✓
Construction	✓
Dental Care	✓
Drive-in Events (performances, drive-in movies, etc.)	✕
Family Entertainment Centers	✕
Financial Institutions	✓
Funeral Homes, Mortuaries & Cemeteries	✓
Gas Stations	✓
Government Services	✓
Grocery & Other Food Stores (max 35% capacity indoors)	✓
Gyms & Fitness Centers (outdoors only)	✓
Hair Salons & Barbershops	✕
Healthcare, Pharmacies & Medical Supply	✓
Higher Education (distance learning only)	✓
Hotels & Short-Term Rentals (essential travel only)	✓
Laundromats	✓
Libraries (curbside pickup)	✓
Live-Audience Sports	✕
Live Performances	✕
Logging & Mining	✓
Logistics & Warehousing Facilities	✓
Manufacturing	✓
Movie Theaters	✕
Museums & Exhibit Spaces	✕
Music, Television & Film Production	✓
Nail Salons	✕
Office Workspaces (telework only)	✓
Outdoor Botanical Gardens & Historical Sites	✓
Outdoor Businesses	✓
Parks	✓
Personal Care Services (massage, facials, waxing, electrology, tattooing, permanent makeup & piercing etc.)	✕
Places of Worship & Cultural Ceremonies (services outdoors only, indoor individual prayer/counseling)	✓
Indoor Playgrounds (including bounce centers, ball pits & laser tag)	✕
Outdoor Playgrounds	✓
Public & Private Transportation Services	✓
Public Events & Gatherings (nightclubs, convention centers, concerts, etc.)	✕
Real Estate	✓
Outdoor Recreation Facilities (sports fields, basketball courts, tennis courts, golf courses, skate parks, etc., no mixing of households & no food or beverages)	✓
Recreational Team Sports	✕
Residential & Commercial Maintenance Services	✓
Restaurants & Other Food Service (takeout & delivery only)	✓
Retail Stores (max 20% capacity indoors)	✓
Low-Contact Indoor Retail Services (pet grooming, shoe repair, etc., curbside drop-off & pick-up allowed)	✕
K-12 Schools (distance learning only except for schools that have previously reopened with or without a waiver for in-person learning)	✓
Saunas & Steam Rooms	✕
Shopping Malls (max 20% capacity indoors and food courts and common areas closed)	✓
Social Gatherings	✕
Spas / hot tubs (outdoor only)	✓
Swimming Pools (outdoor only)	✓
Theme Parks & Amusement Parks	✕
Utilities	✓
Veterinary Care & Dog Parks	✓
Wineries & Tasting Rooms	✕



COVID-19 VACCINATION PLAN

Contra Costa County

December 1, 2020

Kristin Burnett MPH, Immunization Coordinator
covid_branch_vaccine@cchealth.org

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

Table of Contents

COVID-19 Vaccine Implementation for CA Health Jurisdictions

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

Introduction/Explanation

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

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

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

5:00 pm December 1, 2020
Please email completed templates to CDPH.LHDCOVIDVAC@cdph.ca.gov

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

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

Section 1: COVID-19 Vaccination Preparedness Planning

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

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

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

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

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

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

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

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

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

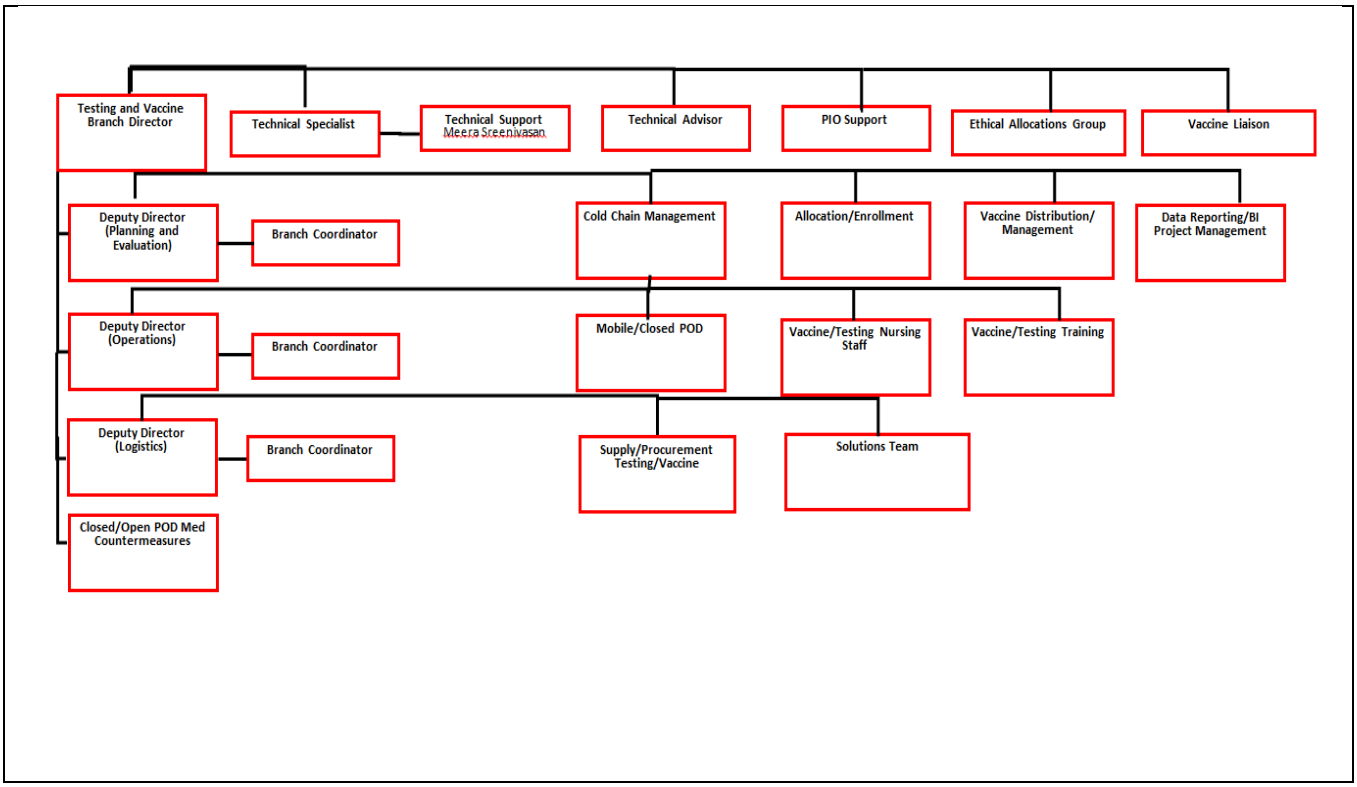
This flu season has been a great test run for distribution of COVID-19 vaccine as Enhanced Flu funding from CDPH and the creation of the Vaccine Branch in our DOC allowed us scale up flu vaccine distribution in our county considerably, and to practice doing so with similar social distancing requirements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

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

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

Section 2: COVID-19 Organizational Structure and Partner Involvement

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



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

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

Section 3: Phased Approach to COVID-19 Vaccination

A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? ☒ yes ☐no

B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

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

Phase 1a:

- Hospitals will receive direct shipment of vaccine to their facilities via establishing provider accounts in COVIDReadi, and are responsible for vaccinating their phase 1a high-risk healthcare workers. If a hospital is unable to receive direct shipment from the state, CCHS will facilitate redistribution of vaccine for the facility to vaccinate its phase 1a high-risk healthcare workers. Sites receiving direct shipments of COVID-19 vaccine in our jurisdiction include:
    - Kaiser Richmond
    - Kaiser Walnut Creek
    - Kaiser Antioch
    - John Muir Concord
    - John Muir Walnut Creek
    - Sutter Delta Antioch
    - San Ramon Regional Medical Center (Tenet Health)

- Contra Costa Regional Medical Center (CCRMC) is an acute care hospital within Contra Costa Health Services; therefore vaccine will be supplied via CCHS' provider account and administered via CCHS staff, along with other CCHS's staff identified as priority Phase 1a populations.

- Congregate Care Settings: CCHS has encouraged congregate care and living centers such as Skilled Nursing Facilities, Long Term Care Facilities, Board and Cares, Residential Care Facilities, and group homes to enroll in the CDC Long Term Care Facility (LCTF)-Pharmacy Partnership Program to receive vaccine. To date 215 facilities in Contra Costa, including 30 SNFs, have enrolled in the LTCF-Pharmacy partnership. Any facilities that did not meet the requirement will require CCHS for assistance in vaccine allocation and administration via

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

- Federal Entities within LHD: Military Ocean Terminal of Concord (MOTCO) and the Veterans Affairs (VA) have a unique Memorandum of Agreement with CCHS to provide vaccinator assistance. VA will receive direct allocation of their vaccine, but MOTCO will not. VA will assist in vaccinating MOTCO personnel with CCHS-allocated doses once priority phase is identified.

- First Responders – Law and Fire: CCHS will work with EMS and Fire Agencies to develop MOAs for their agencies to vaccinate their own personnel under the LEMSA agreement for paramedics to vaccinate. Fire will assist in vaccinating their local law enforcement agencies. The following fire districts have MOAs in place:
    - Contra Costa County Fire Protection District (ConFire)
    - Rodeo Hercules Fire Protection District

Additional references include:

Graphic on page 11 of CDC COVID-19 Vaccination Program Interim Playbook and

A phased approach to Vaccine Allocation for COVID-19 from National Academies of Sciences Engineering Medicine

Section 4: Critical Populations

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

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

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

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

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

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

Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook

Section 5: COVID-19 Provider Recruitment and Enrollment

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

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

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

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

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

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

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

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

Section 6: Vaccine Administration Capacity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 8: COVID-19 Vaccine Storage and Handling

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

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

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

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

Section 9: COVID-19 Vaccine Administration Documentation and Reporting

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

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

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

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

Section 10: Vaccination Second Dose Reminders

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

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

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

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

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

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

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

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

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

Section 12: COVID-19 Vaccine Program Communication

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

Our broad messaging framework will be:

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

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

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

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

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

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

Section 13: Regulatory Considerations for COVID-19 Vaccination

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

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

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

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

Section 14: COVID-19 Vaccine Safety Monitoring

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

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

Section 15: COVID-19 Vaccination Program Monitoring

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

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

Provider/Staff Recruitment and Enrollment

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

Vaccine Administration

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

Vaccine Logistics

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

Vaccine Communication

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

Vaccine Safety

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

Vaccine Program monitoring

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

B. How will you monitor the above metrics?

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

FOR IMMEDIATE RELEASE

December 4, 2020

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

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

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

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

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

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

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

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

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

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

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

Media Contacts by Jurisdiction

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

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

CONTRA COSTA
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(415) 359-4508 lhendricks@marincounty.org

SAN FRANCISCO
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(415) 558-2712 dempress@sfgov.org

SANTA CLARA
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ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA

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

ORDER NO. HO-COVID19-37

DATE OF ORDER: DECEMBER 4, 2020

Summary of the Order

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

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

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

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

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

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

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

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

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

2. **Implementation of State Order.** Commencing at 10 p.m. on Sunday, December 6, 2020, the restrictions set forth in Sections 2.a. through 2.i. and Section 3 of the State Order will apply throughout the County.

3. **Other Orders.** To the extent that this Order conflicts with the Health Officer's September 14, 2020, Order (HO-COVID19-28), as amended, which authorizes businesses to operate in the County in accordance with State guidelines and restrictions applicable to the tier of the

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

4. **Enforcement.** Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.

5. **Effective Date and Time:** This order takes effect at 10 p.m. on December 6, 2020, and will remain in effect until 6 a.m. on January 4, 2021, unless it is extended, rescinded, superseded, or amended in writing by the Health Officer.

6. **Copies; Contact Information.** Copies of this Order shall promptly be: (1) made available at the Office of the Director of Contra Costa Health Services, 1220 Morello Avenue, Suite 200, Martinez, CA 94553; (2) posted on the Contra Costa Health Services website (https://www.cchealth.org); and (3) provided to any member of the public requesting a copy of this Order. Questions or comments regarding this Order may be directed to Contra Costa Health Services at (844) 729-8410.

IT IS SO ORDERED:

December 4, 2020

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

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

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

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

GAVIN NEWSOM
Governor

Regional Stay At Home Order
12/03/2020

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

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

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

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

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

1. CDPH will evaluate public health based on Regions, responsive to hospital capacity for persons resident in those Regions.

2. CDPH will evaluate the adult ICU bed capacity for each Region and identify on covid19.ca.gov any Regions for which that capacity is less than 15%. When that capacity is less than 15%, the following terms (the Terms of this Order) will apply.

    a. All gatherings with members of other households are prohibited in the Region except as expressly permitted herein.

    b. All individuals living in the Region shall stay home or at their place of residence except as necessary to conduct activities associated with the operation, maintenance, or usage of critical infrastructure,[1] as required by law, or as specifically permitted in this order.

    c. Worship and political expression are permitted outdoors, consistent with existing guidance for those activities.

    d. Critical infrastructure sectors may operate and must continue to modify operations pursuant to the applicable sector guidance.

    e. Guidance related to schools remain in effect and unchanged. Accordingly, when this Order takes effect in a Region, schools that have previously reopened for in-person instruction may remain open, and schools may continue to bring students back for in-person instruction under the Elementary School Waiver Process or Cohorting Guidance.

    f. In order to reduce congestion and the resulting increase in risk of transmission of COVID-19 in critical infrastructure retailers, all retailers may operate indoors at no more than 20% capacity and must follow the guidance for retailers. All access to retail must be strictly metered to ensure compliance with the limit on capacity. The sale of food, beverages, and alcohol for in-store consumption is prohibited.

    g. To promote and protect the physical and mental well-being of people in California, outdoor recreation facilities may continue to operate. Those facilities may not sell food or drink for on-site consumption. Overnight stays at

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

campgrounds are not permitted.

h. Nothing in this Order prevents any number of persons from the same household from leaving their residence, lodging, or temporary accommodation, as long as they do not engage in any interaction with (or otherwise gather with) any number of persons from any other household, except as specifically permitted herein.

i. Terms (a) and (b) of this section do not apply to persons experiencing homelessness.

3. Except as otherwise required by law, no hotel or lodging entity in California shall accept or honor out of state reservations for non-essential travel, unless the reservation is for at least the minimum time period required for quarantine and the persons identified in the reservation will quarantine in the hotel or lodging entity until after that time period has expired.

4. This order shall take effect on December 5, 2020 at 1259pm PST.

5. For Regions where the adult ICU bed capacity falls below 15% after the effective date of this order, the Terms of this Order shall take effect 24 hours after that assessment.

6. The Terms of this Order shall remain in place for at least three weeks from the date the order takes effect in a Region and shall continue until CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%. Four-week adult ICU bed capacity projections will be made approximately twice a week, unless CDPH determines that public health conditions merit an alternate projection schedule. If after three weeks from the effective date of the Terms of this Order in a Region, CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%, the Terms of this Order shall no longer apply to the Region

7. After the termination of the Terms of this Order in a Region, each county within the Region will be assigned to a tier based on the Blueprint for a Safer Economy as set out in my August 28, 2020 Order, and the County is subject to the restrictions of the Blueprint appropriate to that tier.

8. I will continue to monitor the epidemiological data and will modify this Regional Stay-at-Home Order as required by the evolving public health conditions. If I determine that it is necessary to change the Terms of this Order, or otherwise modify the Regional Stay-at-Home Order, these modifications will be posted at covid19.ca.gov.

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

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

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

State of California—Health and Human Services Agency
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    c. Worship and political expression are permitted outdoors, consistent with existing guidance for those activities.

    d. Critical infrastructure sectors may operate and must continue to modify operations pursuant to the applicable sector guidance.

    e. Guidance related to schools remain in effect and unchanged. Accordingly, when this Order takes effect in a Region, schools that have previously reopened for in-person instruction may remain open, and schools may continue to bring students back for in-person instruction under the Elementary School Waiver Process or Cohorting Guidance.

    f. In order to reduce congestion and the resulting increase in risk of transmission of COVID-19 in critical infrastructure retailers, all retailers may operate indoors at no more than 20% capacity and must follow the guidance for retailers. All access to retail must be strictly metered to ensure compliance with the limit on capacity. The sale of food, beverages, and alcohol for in-store consumption is prohibited.

    g. To promote and protect the physical and mental well-being of people in California, outdoor recreation facilities may continue to operate. Those facilities may not sell food or drink for on-site consumption. Overnight stays at

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i. Terms (a) and (b) of this section do not apply to persons experiencing homelessness.

3. Except as otherwise required by law, no hotel or lodging entity in California shall accept or honor out of state reservations for non-essential travel, unless the reservation is for at least the minimum time period required for quarantine and the persons identified in the reservation will quarantine in the hotel or lodging entity until after that time period has expired.

4. This order shall take effect on December 5, 2020 at 1259pm PST.

5. For Regions where the adult ICU bed capacity falls below 15% after the effective date of this order, the Terms of this Order shall take effect 24 hours after that assessment.

6. The Terms of this Order shall remain in place for at least three weeks from the date the order takes effect in a Region and shall continue until CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%. Four-week adult ICU bed capacity projections will be made approximately twice a week, unless CDPH determines that public health conditions merit an alternate projection schedule. If after three weeks from the effective date of the Terms of this Order in a Region, CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%, the Terms of this Order shall no longer apply to the Region

7. After the termination of the Terms of this Order in a Region, each county within the Region will be assigned to a tier based on the Blueprint for a Safer Economy as set out in my August 28, 2020 Order, and the County is subject to the restrictions of the Blueprint appropriate to that tier.

8. I will continue to monitor the epidemiological data and will modify this Regional Stay-at-Home Order as required by the evolving public health conditions. If I determine that it is necessary to change the Terms of this Order, or otherwise modify the Regional Stay-at-Home Order, these modifications will be posted at covid19.ca.gov.

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

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

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

GAVIN NEWSOM
Governor

December 6, 2020

TO: All Californians

SUBJECT: Supplement to Regional Stay At Home Order

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

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

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

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

Page Last Updated : December 7, 2020

CONTRA COSTA HEALTH SERVICES

Press Release

Contra Costa Responds Quickly to Climbing COVID-19 Cases

Wednesday, November 4, 2020

CONTACT

CCHS Media Line,
925-608-5463

RELATED

- Novel Coronavirus (COVID-19) Latest Local Information

With data from the past week showing a marked increase in COVID-19 cases and hospitalizations in Contra Costa County, health officials are taking steps to protect the community with modest changes to local health orders.

Contra Costa entered the orange tier of California's Blueprint for a Safer Economy on Oct. 27, triggering an expansion of community reopening activities in the county. But since that date, the average daily number of new cases in the county has grown substantially higher.

If the trend continues, the county is at risk of moving backward into the more-restrictive red tier of the state's reopening plan as soon as next week. In the meantime, Contra Costa has amended its health orders to rein in some of the riskier indoor activities permitted under the orange tier in hopes of preventing outbreaks and keeping the county out of the red.

Contra Costa County's health officer issued new orders today limiting the number of spectators allowed at professional and collegiate sporting events, while also reimposing restrictions on other high-risk activities.

The health order on sporting events limits the number of spectators at pro or college games to 25 people from no more than three different

households. This is consistent with the County's guidance on private social gatherings, said Dr. Chris Farnitano, the County's health officer.

The health officer also issued another order restoring stricter limitations on high-risk activities, such as prolonged indoor gatherings and gatherings involving eating and drinking where masks must be removed. Wearing face coverings when around others from outside your household is one of the most effective ways people can stop the spread of COVID, Dr. Farnitano said.

Under the new order, select high-risk activities must be modified:

- Outdoor bars prohibited (except where allowed under restaurant guidance with drinks as part of a meal)
- Indoor dining allowed at a maximum of 25% occupancy or 100 people, whichever is fewer (down from 50% occupancy and 200 people)
- Indoor movie theaters can operate at a maximum 25% of occupancy or 100 people, whichever is fewer (down from 50% occupancy or 200 people)
- Religious services indoors allowed at a maximum 25% occupancy or 100 people, whichever is fewer (down from 50% occupancy or 200 people)
- Cardrooms and satellite wagering sites can't operate indoors (they previously could operate indoors at 25% capacity)

"We believe these measures are necessary to reduce the spread of COVID in our community," Dr. Farnitano said.

The state allows counties to impose stricter standards so local health departments can respond to circumstances in their communities. The order in Contra Costa will go into effect Friday, Nov. 6. Over the past months, the Bay Area counties have made the decisions they've felt best around opening or not opening businesses and activities. San Francisco pulled back on their timeline for opening last week. Alameda and Santa Clara have all taken a slower

pace than the state tier system allows. All three of these counties are essentially operating at red tier level restrictions even though they are in orange or yellow tiers.

Contra Costa County is still in the orange tier, but case rates are increasing again into the more restrictive red-tier level. The most recent data show an adjusted rate of 4.9 daily cases per 100,000 people in Contra Costa – above the orange-tier benchmark of fewer than 4 per 100,000 people.

If those numbers hold for another week or increase, Contra Costa will move back into the more restrictive red tier.

In addition, there were 40 people hospitalized on Nov. 2 due to COVID in local hospitals, compared to a low point of 17 in mid-October.

For now, other activities not cited in the new order will still be allowed under orange-tier criteria, including indoor swimming pools and indoor family entertainment centers can continue "naturally distanced" activities, such as bowling alleys, escape rooms and climbing-wall gyms, at 25% occupancy.

For more information, visit cchealth.org/coronavirus (/coronavirus/).

# # #

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

Julie Enea

Subject: FW: Open Letter to Board of Supervisors - is it real?

From: Elizabeth Gschwind
Sent: Tuesday, December 15, 2020 9:48 AM
To: Julie Enea
Subject: Open Letter to Board of Supervisors - is it real?

Hi Julie,

My in-laws live in Rossmoor and my father-in-law was recently treated for a bacterial infection at John Muir Medical Center. This open letter was supposedly sent to the Board of supervisors, but I can't find it posted online anywhere.

Are you able to confirm its validity?

Thank you in advance,

Elizabeth Gschwind
Ventura, CA

Dr Farnitano and Contra Costa County supervisors,

We are writing to you with deep concern regarding more lockdown measures for our county. We feel the science is clear that more lockdowns lead to much more non covid morbidity and mortality as supported by the CDC.

We are confused as to why this is happening as we are often overcapacity in our hospitals and ICUs every winter and we have never done this previously. We also run our ICUs normally at a high rate of occupancy as this is most cost effective.

Here are the issues in a nutshell:

1. Excessive PCR testing is leading to numerous false positive results. The specificity of PCR testing is really unknown but I have seen many authorities claim it is no higher than the low 90% range because of the attempt to be 100% sensitive using cycle threshold standards of 40. (sensitivity is inversely related to specificity)
2. For the sake of illustration, I will assume a 97-98% specificity which is likely far too high. Back in March when the county could only perform 300-400 tests per day, a 98% specificity would only lead to 6-8 false positive tests. Now we have reached up to 8000 tests per day. With a 98% specificity, that would lead to 160 false positive cases a day in our county. With a population of 1.1 million that would put us at 14.5 positive cases per 100,000 population and we would find ourselves in the worst possible tier based solely on false positive tests!!! This is absolutely a fact of epidemiology/science.
3. Again we have normal ICU and hospital winter surges that happen every winter and we never had any county lockdowns. Our county figures on your website show essentially a stable ICU occupancy from July 1st to today. In addition on your website, we only have a minimal surge in hospitalized patients as compared to last year.
4. When you test like this for everyone that comes into your hospital, 'hospital covid patient" numbers will rise simply

because you are capturing more asymptomatic disease in patients who otherwise are visiting the hospital for other reasons.
5. Public policy is being based on these erroneous numbers and assumptions.
6. Public policy with shutdowns (various closures) leads to excessive non covid related deaths. Please see attached CDC article which shows clearly that these excessive deaths are most pronounced in the 25-44 year old age range with numerous weeks during this year that 40-50% excessive deaths are seen in this age group. When you measure in terms of life-years lost as compared to life-years lost with actual covid deaths, it is not even close. We are harming more people in our community who do not have nor are at risk of having significant covid disease with senseless closures of businesses and schools. This is data supported.
7. The CDC and pediatric societies across America have voiced their support of opening all schools. School age children are not significant vectors of the disease.

With this information above, can you answer the following questions:

1. how do you account for these high numbers of false positives with the county tiering system? Do you throw these numbers out so that only true positives are counted?
2. Why did you not intervene with any type of community closure in the past winters when our hospitals were at overcapacity? What is different now?
3. What data do you have that supports closures of businesses like gyms and outdoor dining while keeping other businesses open like walmart? What data do you have that supports that we stay indoors as opposed to outdoors? (all the science that we have reviewed supports a predominantly 99% indoor vehicle of transmission).
4. Why have you gone against the medical experts in not recommending the opening of our schools?
5. What about our county's ICU figures caused you to trigger a closure? As you can see on Contra Costa County website, ICU occupancy has been stable between 75 and 80% since July 1st despite changing covid admissions. Please be specific here. When we run normally at 75% occupancy, why is 85% so terrible? We handle these surges every winter. It is expected.

We look forward to your reply.

Sincerely

Pete Mazolewski, MD, FACS, USAR
Brian Hopkins, MD,
Mike deBoisblanc, MD, FACS, USAR

Julie Enea

Subject: FW: question for 17th meeting

From: Laura Magu
Date: Tuesday, December 15, 2020 at 10:12 AM
To: SupervisorMitchoff
Cc: Jay Lifson
Subject: question for 17th meeting

Dear Supervisor Mitchoff,

I am a restaurant owner in Lafayette. Over the last 8 months, we have all been in uncharted territory, and I can't imagine the struggles you face trying to make the best decisions for Contra Costa County. This latest pre-emptive shut down caught me by surprise. The state set limits, based on thier best (guess?) with the grouping of counties and shut down mandates. Two of those (playgrounds and store capacity) have since been revised. The county made the decision to override what the state felt was a needed plan. The move was done after it was pointed out our area has done better than others.

What SCIENCE was used to make the decision to close outdoor dining? As an employer who has just reduced the hours of my remaining staff by 20%, thus reducing thier pay 20% and laid off 25% of my workforce for a minimum of a month, what do you say to them? These are people who are in the "very low" to "extremely low" median income range. These shut down are hurting families who live pay-check to pack-check. What studies / contract tracing have been done to CONFIRM that outdoor dining needs to be shut down? Our tables are socially distanced, staff & guests are masked, we sanitize between use. I don't know of ONE restaurant that has been the source of an outbreak of guests while outdoor dining.

We are hearing doctors, CDC, psychologists come out against these drastic lockdowns. When I watch county meetings and read the responses from county official such as yourself, I don't see any empathy or scientific based facts that tract the spread to outdoor dining. I see anger and frustration for people not listening and following the rules - however our elected state and other Bay Area city leaders are not following the rules. No county or state official has backed up the reasoning for these lockdowns. It's as if we're supposed to do it because a group of people who are collecting very good salaries, who have not had this impact them financially (and don't believe the supposed risks) just said so, while providing no solid reason?

Specific facts are what people have been asking for. Yet what we get is anger and frustration from you and other elected officials. We don't get an answer. Please answer the question, and if you can't, then open the county back up.

Laura Magu
owner REVE

Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY **4.**

Meeting Date: 12/17/2020

Subject: RECORD OF ACTION FOR NOVEMBER 19, 2020 MEETING

Submitted For: David Twa, County Administrator

Department: County Administrator

Referral No.:

Referral Name:

Presenter: Julie DiMaggio Enea **Contact:** Julie DiMaggio Enea (925) 655-2056

Referral History:

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

Referral Update:

Please see the attached list of attendees and draft Record of Action for the November 19, 2020 meeting.

Recommendation(s)/Next Step(s):

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

Fiscal Impact (if any):

No fiscal impact.

Attachments

ATTENDANCE RECORD_11-19-2020

DRAFT Record of Action for the November 19, 2020 Meeting

Minutes Attachments

No file(s) attached.

RECORD OF ATTENDANCE

COVID 19 AD HOC COMMITTEE

NOVEMBER 19, 2020

Caller 1
Caller 2
Caller 3
Amrita Kaur
Amrita Kaur
Anne O
Call_in_user_1
Cameron (SUPERVISOR ANDERSEN)
CCHS (Christopher Farnitano)
Charissa
Chris Wikler
Colleen Awad
Colleen Awad
Daryn Nabeta
Denise
Gayle Israel
George Carter
Hannah Robbins
Heather Schiffman# Contra Costa GAD
iPhone
Jared Thomsen
Jill Ray
Jim D (Jim Daggs)
JULIE ENEA
Juliet Don
Karen Mitchoff
Kesava
Kim McCarl
lbristol
lchow
Lynn Mackey
Mike McDermott
nicolealphin
Patience Ofodu
Randy Sawyer
Remember (Annie David)
Renald.Mesina
Scott Barmmer
Stella Wotherspoon
Stephen Baiter
Steve M
Supervisor Candace Andersen
Tammie
Tina Sherwin
Tired (Kirsten VanderVorst)
Tom Lawson Plumbers & Steamfitters UA 159
Tom Warne
vramos1
wish i could go 2 french laundry (you cant cancel holidays)
YOUR MEETINGS STINK! (You Are Dictators!)

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR NOVEMBER 19, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present:	Candace Andersen, Chair
	Karen Mitchoff, Vice Chair
Staff Present:	Thomas Warne, M.D., Deputy County Health Officer
	Julie DiMaggio Enea, Senior Deputy County Administrator
Attendees:	Lynn Mackey, County Superintendent of Schools
	See Attendance Record, attached.

1. Introductions

Chair Andersen called the meeting to order at 1:30 p.m., welcomed the attendees, and introduced the Committee members, County Superintendent of Schools Lynn Mackey and Deputy County Health Officer Dr. Tom Warne.

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 Item #3.

3. RECEIVE status report on the September 14th Updated Health Order on Social Distancing, the State's new Blueprint for a Safer Economy and the related new equity provision, and on school re-openings.

Lynn Mackey advised that even though the County has been returned to the purple COVID tier, schools that were in the process of reopening do not have to close. Some private schools are in session and some of our smaller school districts were having students on campus prior to moving to the purple tier, and they can continue to do so by demonstrating that they can meet and maintain all the safety requirements. If they decide to shut down, then they will have to reapply for a waiver, or they will have to wait until the County moves back into the red tier. She offered to field any school-related questions from the public.

Dr. Warne announced that we are experiencing a very sharp increase in coronavirus infections in the County right now, possibly even a surge. CA and Contra Costa had been seeing improving conditions and decreasing infections up until about a month ago. Surges were initially reported in other parts of the country and then we began seeing it first in southern CA and now in northern CA. It's clear we are entering a period of increased danger.

COVID cases overall have doubled in California over the last 10 days to two weeks. Contra Costa's

case rate started this week was 9.2 and is not at about 11 (that's the average new infections per day per 100,000 population), which is double the rate of the prior week. Case rate is one of the measurements that determines our tier placement.

Our positivity rate is 3.6% this week, up from 1.9% about a month ago. The number of people hospitalized in CCC has increased substantially from about 100 in July, down to 20 and now back up to 55, which is of concern.

We are concerned that people will gamble with their own safety and their family's safety during the holiday season with extensive gatherings. He implored people to consider safe ways to gather, as gatherings increase risk of transmission. He recommends not gathering outside your own household. If you do so, then he recommends following social gathering guidance: outdoors, short duration, wear face coverings, involve no more than three households and 25 people. He suggests Zoom and Skype gatherings in favor of in-person gatherings.

He also reminded everyone that the State is discouraging holiday travel and recommending that out of state travelers quarantine for two weeks upon return to CA.

He described the County's prior progress from the purple to orange tiers and subsequent regression to the purple tier. He said the County began pulling back on reopening plans even before the State reclassified the County's tier, because the negative trajectory had become obvious. The State put what they call the "emergency brake" on the Blueprint, meaning they are going to check the data and adjust restrictions more frequently. The health officers support this action.

The major changes of regressing to the purple tier include: Social gatherings of more than one household must be held outdoors. Worship services, movie theaters, museums, restaurant dining, etc., must again move to outdoors only. Bars must be closed. K-12 schools cannot reopen unless they had already done so or had approval to do so. While this news is harsh, we still have hope with the vaccine trials, which show promise for the near future. Both vaccine trials exceeded expectations.

He encouraged people to be considerate of friends and family members and suggested getting tested prior to any holiday gatherings or travel. While this won't guarantee safety, it can reduce risk of transmission and is a smart added protection for loved ones.

He provided information about where to get tested: 13 community testing sites that are operated either by Contra Costa Health Services or three operated by the State, with very short waits and very quick turnaround for results via test message. Test appointments can be scheduled on line at https://www.coronavirus.cchealth.org/get-tested or calling 844-421-0804. Testing is free; insurance is not required.

Vice Chair Mitchoff interjected that the Governor was expected to announce a curfew from 10:00 p.m. to 5:00 a.m. that will probably take effect over the weekend. She clarified that the Health Officer and Contra Costa Health Services are not responsible for enforcing the curfew, should it be implemented.

Chair Andersen said the expectation is that the curfew will apply to the operation of businesses rather than individuals.

Dr. Warne observed that other states and Los Angeles have implemented curfews in recognition that non-essential activities need to be limited in the interest of public health.

He then reviewed the County's statistics on the Overview Dashboard, https://www.coronavirus.cchealth.org/overview. Outbreaks in skilled nursing facilities, restaurant dining and social gatherings are driving the resurgence of COVID statewide. The recent policy changes have attempted to address these drivers.

Total County cases are about 22,000 with about 20,000 recovered, leaving about 2,000 active cases. He

highlighted case count hotspots throughout the county. He then addressed questions that had been received prior to the meeting.

- *Regarding doubles tennis, the State has been clear that tennis is limited to singles not doubles.*
- *Regarding worship services when weather is not conducive to outdoor services, he suggested favoring those times that the weather is milder and consider alternatives such as video streaming or drive-in services.*
- *Regarding similarity between COVID and seasonal flu, he agreed that both have similar initial presenting symptoms so we rely on diagnostic tests which can distinguish between the two. The flu and coronavirus can happen together.*
- *Regarding restaurants and gyms as virus drivers, we know that the virus is more easily transmitted indoors and in settings where people are singing, talking loudly, or breathing hard. Contact tracing data and studies also suggest that restaurants are among the top four COVID drivers. Next on the list of drivers are fitness centers, cafés and snack bars, hotels/motels and then grocery stores and doctor's offices.*
- *Regarding kids' sports, the State guidance restricts contact sports and indoor group activities in the purple tier.*
- *Regarding school openings, if a school had already started some degree of in-person instruction, they do not have to close again. Schools that had not begun in-person instruction will have to wait.*

Chair Andersen invited public comment and gave instructions:

- *Mike McDermott asked if we moved back to the Red Tier, how long would it take before churches are once again to meet indoors?Since regular church services were not among the top drivers, what data supports the requirement to hold services outdoors? Dr. Warne responded that the County would have to meet the red tier criteria for at least two weeks before returning to the red tier.He cannot speak for the State, but he does not anticipate an accelerated change to a less restrictive tier.He wasn't aware of local data showing transmission during church services, but there is data from other areas.*
- *Jared Thomsen observed that the place of worship guidance has not been updated by CalOSHA since July 29.He asked if there is current County advice on church services.He asked if there would be advice about caring for facial masks to keep them sanitary.Dr. Warne responded that the State typically updates guidance when significant changes can be made. He suggested following the State's Blueprint tier guidance which, for places of worship,*
- *Tammie said that doubles tennis is being played everywhere and she wants to resume doubles tennis at Heather Farms.She contrasted doubles Ping-Pong, which is permitted, with doubles tennis which is prohibited.She said some older people cannot play singles tennis.Dr. Warne understood that some courts were not following the State guidance.An option is to report such violations.DA Hotline:925-957-8608.*
- *925-348-0412 said that gyms and restaurants haven't been open long enough to be considered super-spreaders.The caller asked if the health officer though the new COVID vaccine should be compulsory.The caller complained that Vice Chair Mitchoff made a comment to the effect "more stick than carrot" regarding the DA's task force to educate merchants about complying with COVID guidance.Dr.*

Warne responded that a couple of months of statewide data supports that restaurants and gyms are key drivers.An outbreak is three or more infections arising from a common setting.He said the guidance is evidence-based.To wit, some activities that were previously closed are now open.He does not anticipate that the COVID-19 will be compulsory.

- *Chair Andersen asked callers to limit their comments to questions of the health officer.*
- *Vice Chair Mitchoff responded that her comment was taken out of context and was in reference to creating a level playing field in which all business operated under the same restrictions, and not creating operating advantages for business that chose not to comply to the detriment of business that follow the rules. The caller may disagree with that position, but she wanted to provide the correct context for the comment.She understood the struggle of small businesses but if businesses do not comply and our case rates worsen, we'll be in danger of even stricter lockdown.*
- *Tina Sherwin said that one of her school's programs has reopened and asked if the rest of the school's programs may reopen.Dr. Warne responded that her school could continue its reopening since it was already in the process of reopening.*
- *Steve M asked for the rationale of permitting schools that reopened in the red tier to continue to operate and open in the purple tier.She asked if CCHS must approve before schools reopen.Dr. Warne cannot speak to the state guidance but suspects that stopping a school reopening that was already in progress would be too disruptive.CCHS is a strong partner to the schools and has collaborated around the reopening guidance over a long period of time.CCHS doesn't necessary review and approve each district's plan.It does review PreK or TK-6th grade waiver requests.*

Chair Andersen invited Lynn Mackey to comment. Lynn said that there is a lot of advocacy occurring at the State level because some of the guidance seems contradictory. Everyone wants to follow the rules. Now that we are back in the purple tier, the waiver process will resume. Schools that will continue reopening will be required to increase testing protocols.

During public comment, staff shared the Governor's news release ordering a curfew beginning on Saturday, November 21 at 10:00 p.m. PST.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/limited-stay-at-home-order.aspx

4. RECEIVE and APPROVE the Record of Action for the October 15, 2020 meeting.

The Committee approved the Record of Action for the October 15, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

5. The next meeting is currently scheduled for December 17, 2020.

Chair Andersen confirmed the next meeting date as listed.

6. Adjourn

Chair Andersen made closing remarks and adjourned the meeting at 2:47 p.m.

For Additional Information Contact:

Julie DiMaggio Enea, Committee Staff
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