



Legislation Details (With Text)

File #: 21-376 **Version:** 1 **Name:**

Type: Report **Status:** Agenda Ready

File created: 4/29/2021 **In control:** BOARD OF SUPERVISORS

On agenda: 5/4/2021 **Final action:**

Title: Approve the County of Lake COVID-19 Public Health Emergency Worksite Protocol

Sponsors: Administrative Office

Indexes:

Code sections:

Attachments: 1. 1. COVID 19 Worksite Protocol 4.6.2021Final, 2. Addendum V CDC Guidelines for Cleaning and Disinfecting Your Facility R 1.16.pdf, 3. ADDENDUM I FAQ's for Managers and Supervisors R 1.17.pdf, 4. Addendum VI Department Self Certification, 5. Addendum II Home Quarantine Instructions for Close Contacts to COVID-19 R 4.6.pdf, 6. Addendum VII Post COVID-19 Immunization Symptom Screener Guidance, 7. Addendum IIIa COVID Protocol Investigative Form and Instructions R01.16.pdf, 8. Addendum VIII CDC Guide to Masks, 9. Addendum IIIb COVID Protocol Exposure Notification Form R01.16.21, 10. ADDENDUM IX CDC Guidelines For When You've Been Fully Vaccinated, 11. Addendum IV OSHA COVID-19 Emergency Temporary Standards Frequently Asked Questions R1.16.pdf

| Date | Ver. | Action By | Action | Result |
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Memorandum

Date: May 4, 2021

To: The Honorable Lake County Board of Supervisors

From: Carol J. Huchingson, County Administrative Officer

Subject: Consideration of the County of Lake COVID-19 Public Health Emergency Worksite Protocol

Executive Summary: (include fiscal and staffing impact narrative):

As your Board recalls, when you first approved the COVID-19 Worksite Protocol on May 19, 2020, you directed that it be reviewed every 30 days. Review has occurred on June 16, 2020, July 14, 2020, July 21, 2020, August 11, 2020, September 15, 2020, October 20, 2020, November 17, 2020, December 1, 2020, January 5, 2021, January 19, 2021, February 9, 2021, March 9, 2021, and on April 6, 2021.

At this time, staff is recommending no change to the protocol. Staff further recommends your Board end the ongoing practice of 30 day reviews directing staff to return with recommended changes on an as-needed basis.

If not budgeted, fill in the blanks below only:

Estimated Cost: _____ Amount Budgeted: _____ Additional Requested: _____ Future Annual Cost: _____

Consistency with Vision 2028 and/or Fiscal Crisis Management Plan (check all that apply):

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Well-being of Residents | <input checked="" type="checkbox"/> Public Safety | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Disaster Recovery | <input checked="" type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Revenue Generation</i> |
| <input type="checkbox"/> Community Collaboration | <input checked="" type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake | <input type="checkbox"/> <i>Cost Savings</i> |

Not applicable

If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:

Which exemption is being requested?
How long has Agreement been in place?
When was purchase last rebid?
Reason for request to waive bid?

Recommended Action:

By motion, cease the 30 day reviews of the protocol and direct staff to return with recommended changes to the protocol on an as-needed basis.