



## Legislation Details (With Text)

<b>File #:</b>	20-990	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Report	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	10/9/2020	<b>In control:</b>		BOARD OF SUPERVISORS	
<b>On agenda:</b>	10/20/2020	<b>Final action:</b>			
<b>Title:</b>	Approve amendment to the COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work – Worksite Protection Protocol				
<b>Sponsors:</b>	Administrative Office				
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. COVID 19 Return to Work Protocol 102020 recommended				

Date	Ver.	Action By	Action	Result
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### Memorandum

**Date:** October 20, 2020

**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors

**From:** Carol J. Huchingson, County Administrative Officer

**Subject:** Approve amendment to the COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work - Worksite Protection Protocol

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

As your Board recalls, when you first approved the COVID-19 Return to Work Protocol on May 19, 2020, you directed that it be reviewed every 30 days. Review and revisions have previously occurred on June 16, 2020, July 14, 2020, July 21, 2020, August 11, 2020 and on September 15, 2020.

As you know, staff fully expected that the Protocol would be a living document. Over the past month, your department heads have not reported any issues with application of the Protocol. However our Public Health Department has advised that a minor revision is needed, to be consistent with CDC guidelines. Per the CDC, if an employee tests negative following known exposure, s/he should still quarantine, since symptoms may appear 2 to 14 days after exposure to the virus. So, staff recommends deleting the statement indicating that an employee may return to work in less than 14 days if test results are negative.

I have attached a strike out version to illustrate the proposed change, along with a final version for approval.

I recommend your Board approve amendment to the protocol, with thirty day reviews to continue.

**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 type="checkbox"/> Public Safety                          | <input type="checkbox"/> Infrastructure              | <input type="checkbox"/> Not applicable             |
| <input type="checkbox"/> Economic Development               | <input checked="" type="checkbox"/> Disaster Recovery           | <input checked="" type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Community Collaboration            | <input checked="" type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake                  | <input type="checkbox"/> <i>Revenue Generation</i>  |
|   |   |  | <input type="checkbox"/> <i>Cost Savings</i>        |

**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:**

Approve amendment to the COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY  
Return to Work - Worksite Protection Protocol, subject to ongoing thirty day reviews.