



Legislation Details (With Text)

File #: 20-1090 **Version:** 1 **Name:**
Type: Action Item **Status:** Agenda Ready
File created: 11/4/2020 **In control:** BOARD OF SUPERVISORS
On agenda: 11/17/2020 **Final action:**
Title: Approve Amendment to the COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work – Worksite Protection Protocol
Sponsors: Administrative Office
Indexes:
Code sections:
Attachments: 1. COVID 19 Return to Work Protocol 111720 recommended, 2. COVID 19 Return to Work Protocol 111720 with track changes

Date	Ver.	Action By	Action	Result
11/17/2020	1	BOARD OF SUPERVISORS	Adopted	Pass

Memorandum

Date: November 17, 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 has occurred on June 16, 2020, July 14, 2020, July 21, 2020, August 11, 2020, September 15, 2020 and on October 20, 2020.

As you know, staff fully expected that the Protocol would be a living document. Based on the questions and concerns arising in County Departments, at this time, staff is recommending and the Public Health Officer has approved the following changes to the protocol:

Sections to be deleted:

Employee Exposure and Testing
Employee Tests Positive (or resides with person who tests positive)

Sections to be added:

Employee Comes to Work Sick or with Symptoms
If an Employee Tests Positive for COVID-19
Employee has had Close Contact with Person who Tests Positive

Staff recommends 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.