



Legislation Details (With Text)

File #: 21-745 **Version:** 1 **Name:**
Type: Action Item **Status:** Agenda Ready
File created: 8/2/2021 **In control:** BOARD OF SUPERVISORS
On agenda: 8/3/2021 **Final action:**
Title: EXTRA ITEM: (a) Consideration of "extra" agenda item, and, (b) Consideration of Amendment to the County of Lake COVID-19 Public Health Emergency Worksite Protocol
Sponsors: Administrative Office
Indexes:
Code sections:
Attachments: 1. 1. COVID 19 Worksite Protocol 8.3.pdf, 2. Notice to Employees and Public to Wear a Mask - English, 3. Employee Masking Sign - English

Date	Ver.	Action By	Action	Result
8/3/2021	1	BOARD OF SUPERVISORS		

Memorandum

Date: August 3, 2021
To: The Honorable, Chair, Lake County Board of Supervisors
From: Carol J. Huchingson, County Administrative Officer
Subject: EXTRA ITEM: (a) Consideration of "extra" agenda item, and, (b) Consideration of Amendment to the County of Lake COVID-19 Public Health Emergency Worksite Protocol

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

- (a) This item is being submitted as an "extra" agenda item. The justification for this request to consider an item not on the posted agenda is as follows:

This item came to my attention subsequent to the posting of the current agenda and there is a need to take action before the next agenda.

As of 9am on 08/02/21

Both Hospital ICU's are full

Sutter ER is at 18 patients, despite only having 14 ER beds

If the state was still doing tiered colors, with our daily case and testing positivity rate now the highest of any California county, Lake County would currently be in the purple tier. When in purple tier, all persons were masking indoors.

Our Board needs to take immediate steps for the safety of our employees and the public, geared toward

keeping our offices open and needed services in place.

- (b) I am recommending your Board amend the COVID-19 Public Health Emergency Worksite Protocol to require employee use of face coverings in County facilities regardless of vaccination status.

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 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 type="checkbox"/> Disaster Recovery | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Community Collaboration | <input 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:

(a) I request that the Board take action by motion to accept this item for consideration as an “extra” agenda item.

(b) Approve Amendment to the County of Lake COVID-19 Public Health Emergency Worksite Protocol.