



## Legislation Text

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File #: 20-569, Version: 1

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### Memorandum

**Date:** June 16, 2020

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

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

**Subject:** Consideration of Update to Return to Work 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.

As you know, staff fully expected that the Protocol would be a living document and some issues have arisen leading to proposed revisions for the consideration of your Board.

A “track changes” and a final draft version are attached for your consideration.

A summary of the recommended changes is as follows:

1. The title of the Protocol is recommended to be changed from, “COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work - Worksite **Prevention** Protocol” to, “COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work - Worksite **Protection** Protocol”.
2. The opening remarks are revised to reflect our movement through the stages of disaster.
3. The Employee Self-Screening section has been revised to place emphasis on employee responsibility to conduct self-screening/symptom checks before coming to work, for the safety of fellow employees and the public.
4. The Employee Testing section has been expanded and is now retitled as “Employee Exposure and Testing”. The proposed revisions:

No longer promote the concept that the County will refer an exposed employee for testing, putting any decision for testing in the hands of the employee.

Put further emphasis on employees taking responsibility to follow this protocol for the safety of fellow employees and the public.

Require, in the event an employee believes s/he has been exposed, that s/he self-

isolate for 14 days. The period of self-isolation can end sooner if the employee's health care provider releases him or her to return to work or the employee provides proof of negative test results.

Clarify that if an employee believes s/he was exposed on the job, s/he should complete Workers Compensation forms.

Provide additional details on Public Health's (PH) Verily Test site and explain the role of PH in responding to questions related to COVID-19

**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 changes to the COUNTY OF LAKE COVID-19 PUBLIC HEALTH EMERGENCY Return to Work - Worksite Protection Protocol, authorizing the County Administrative Office or her designee to initiate the meet and confer process with labor groups.