

VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT- HOME ORDER

COVID-19 COUNTY VARIANCE ATTESTATION FORM FOR
YUBA COUNTY and SUTTER COUNTY



Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as

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well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to set up a time with our technical assistance team.

County Name: Yuba County and Sutter County

County Contact: Dr. Phuong Luu, Bi-County Health Officer for Yuba and Sutter Counties

Public Phone Number: 530-749-6379

PREAMBLE:

This is a joint attestation submission for Yuba County and Sutter County. Since January 2020, both counties share a health officer, Dr. Phuong Luu. In addition, since March 10, 2020, a joint Bi-County Department Operations Center has been established to address the COVID-19 response in the Bi-County region collectively.

Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order. It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

Readiness Criteria

To establish readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

As of May 8th, 2020, we have a total of 0.30 new COVID-19 cases per 10,000 residents in Sutter County, and 0.51 new COVID-19 cases per 10,000 residents in Yuba County.

- No COVID-19 death in the past 14 days prior to attestation submission date.

In the last 14 days, the Yuba-Sutter Bi-county region has had zero deaths from COVID-19.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
 - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

Both Yuba County and Sutter County have put together a COVID-19 toolkit and set of Frequently Asked Questions (FAQs) in order to educate and inform various governmental agencies in regards to the process for safe return to work. Both counties have instituted daily symptoms screen and temperatures check for all county employees and a universal face covering policy for all who enter county property (See Appendices A and B).

Through the Bi-County Department Operations Center (DOC) and Emergency Operations Center (EOC), guidance to all businesses and employers has been distributed as they are available such as guidance for healthcare personnel, first responders, social services workers, agricultural workers, etc. Each business sector can contact the EOC's Joint Information Center (JIC) if there was a need for PPE supplies procurement in the event that they cannot process the supplies purchase from their usual vendors.

- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

In regards to essential personnel who are not county employees, such as healthcare personnel and first responders, their respective organizations have ready access to the Medical Health Operational Area Coordinators (MHOACs) of both Yuba County and Sutter County to request necessary supplies through the Bi-County Joint Department Operations Center (DOC). Attached is the Letter of Support from Adventist Health Rideout affirming their possession of sufficient Personal Protective Equipment (PPE) for their personnel (see Appendix C)

As to the County's essential workforce, the County has acquired sufficient PPE for their personnel including face masks and where appropriate gloves, surgical masks and N-95 masks.

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The County has provided thermometers to each County Department to assist in screening employees each day as they report for work. The County has provided hand sanitation stations located throughout each department of the County offices at locations easily accessible to the workforce.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state’s most current testing criteria (available on CDPH website). The county must attest to:
 - Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county’s average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

Our region’s COVID-19 testing capacity is high, with maximum capacity for tests per day in non-hospitalized settings of 471 tests per day or 2.6 tests per 1000 residents given an approximate population of 177,000 residents in the Yuba-Sutter region.

Site	Address(es)	Maximum COVID-19 capacity per day
OptumServe:	1425 Veterans Memorial Circle, Yuba City, CA 95993	132
Ampla:	100 Sutter Street, Yuba City, CA 95991 931 Market Street, Yuba City, CA 95991 334 Samuel Street, Yuba City, CA 95991 4941 Olivehurst Ave, Olivehurst, CA 95961	200
Peachtree:	724 5th St, Marysville, CA 95901	50
Harmony Health:	1908 North Beale Road, Suite E Marysville, CA 95901	25
Sutter:	444 Plumas Street, Yuba City, CA 95991	64
Total:		471

The Yuba Sutter Bi-county region has used the recommended guidelines for determining whether an individual should be tested for COVID 19. As a result, given the low number of positive cases in the Yuba Sutter Bi-county region actual testing has been required in only 2,223 cases since the beginning of this event. In the past week, the Yuba-Sutter Bi-County region has tested on average 59 residents per day for a calculated rate of 0.6 tests per 1000 residents. However, the low number belies our full testing capacity and has been driven mostly in the past several weeks due to low demand for COVID-19 testing across all Yuba-Sutter healthcare facilities.

- Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

The Yuba-Sutter Bi-County region conducted a drivetime analysis (Appendix D: Drivetime map) that showed that 88% of Yuba County residents and 99% of Sutter County residents are within

30 minutes drivetime of a COVID-19 testing site. Moreover, 99% of Yuba County residents and 100% of Sutter County residents are within 60 minutes drivetime of a testing site.

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OptumServe:	1425 Veterans Memorial Circle, Yuba City, CA 95993	132
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Total:		471

- Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
 - Sufficient contact tracing. For counties that have 1 case, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county’s contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

Given our low case count, we currently have 8 contact tracers and 3 contact investigators working daily. We have already trained an additional 16 tracers and 3 contact investigators, allowing us to be able to quickly ramp up to 24 contact tracers and 6 contact investigators within a matter of hours for a total of 30 contact tracers and investigators. With 30 contact staff we would be at 17 staff per 100,000 given the Yuba-Sutter region’s estimated population of 177,000. If necessary, the Yuba-Sutter Bi-County region can increase to an additional 10-15 contact tracers by mobilization of the remainder of both counties’ public health nurses and the Sutter County epidemiologist.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county’s plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

The Yuba-Sutter region has the capacity to house 213 people, or 30% of our January 2019 Point-in-Time count of 721 persons who meet the US Department of Housing and Urban Development’s (HUD) definition of homeless.

We had not had a positive case in a homeless individual. For homeless individuals who are suspected of COVID-19, there are mechanisms for them to be transported to get timely medical evaluation including testing. Moreover, these homeless individuals are quickly given a hotel room wherein they can safely quarantine until test results are available.

There are six trailers already set up at the Yuba-Sutter Fairgrounds to house homeless individuals who test positive for COVID-19.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:

- County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Adventist-Rideout (AHRO) is our sole hospital in the Yuba-Sutter region. Since the beginning of this response, the Bi-County staff and Adventist-Rideout staff have worked hand-in-hand to address surge capacity planning. AHRO has the capacity to nearly double the number of their licensed beds from 221 to 443 beds in the event of a surge. The attached letter of support from Adventist-Rideout reiterates their readiness for surge capacity (see Appendix C)

In addition, the Counties have contracted with a local school district to utilize specifically identified school facilities to address surge capacity which increases the surge capacity of the counties by an additional 100 beds (50 beds per low-acuity alternate care site). Necessary supplies have been ordered and are available for these alternate sites if needed.

Sutter North Surgical Center, located in Sutter County, has also submitted to us a letter attesting that they are prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non-COVID-19 patients. Moreover, they have adequate PPEs for their employees and clinicians (see Appendix H).

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

Adventist-Rideout (AHRO) monitors closely their workforce and has a robust staffing surge plan in place. In addition, in close collaboration with Sutter, Ampla, Peach Tree and Harmony Health, AHRO's chief medical officer will be directing the staff from those four other organizations to join in the medical staffing in the event of a surge.

Furthermore, on a daily basis, AHRO participates in California Department of Public Health's hospital census which inquires about hospital census, staffing census, and PPE 15-day supplies.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
 - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs.

The Yuba-Sutter Bi-County Health Officer conducts a weekly check-in call with all residential care facilities in the bi-county region. All five skilled nursing facilities (SNFs) in the Yuba-Sutter region have reported no issues with PPEs in regards to maintaining the 14-day supply. On a daily basis, these SNFs are polled by Region III Regional Disaster Medical Health Services (RDMHS), which then circulates the results to the Region III public health officers and Medical Health Operational Area Coordinators (MHOACs). On a daily basis, these listings are carefully reviewed by the Bi-County Health Officer and Yuba County and Sutter County's MHOACs. None of the five in the Yuba-Sutter region has listed staffing or PPEs supply issues in the past two weeks. In addition, each of the five SNFs will be receiving a 14-day augmented supply of PPEs from FEMA stocks.

The list of the five SNFs and their contacts are included as Appendix E.

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

Given our low COVID-19 case counts, relatively sparse population, and ongoing dire economic, health and social consequences for multiple business and community sectors, we feel that it is appropriate that all sectors in stage 2 open immediately with appropriate modifications aside from in-person schooling (See Appendix F – COVID-19 Business Protocol). In-person schooling (K-12) are both high risk in regards to contact intensity and high-risk in the number of contacts, therefore, it is not prudent at this time to include in-person schooling in the initial re-opening of Yuba-Sutter (see Appendix G – Johns Hopkins Center for Health Security Guidance).

The approach of all sectors listed in stage 2 to open immediately with the exception of in-person schooling is consistent across the Sierra-Sacramento Valley region including the approach for Amador, Butte, Nevada, Placer, and Sacramento counties.

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan for how the county will inform the state of emerging concerns and how it will implement early containment measures.

ADAPTED MITIGATION MEASURES NEEDED WHEN ONE OR MORE CRITERIA IN AT LEAST 2 OF 3 COLUMNS (CATEGORIES) ARE MET. (Modified from the San Luis Obispo County Steps to Adapt and Reopen Together: The SLO County START Guide).

These criteria will be assessed on a weekly basis by the Bi-County Health Officer and Bi-County Public Health team.

Epidemiology	Healthcare	Public health
<ul style="list-style-type: none"> ✓ Doubling time of cases less than 5 days ✓ More than 3 unlinked chains (clusters) of transmission in a 14-day period ✓ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days from a mass gathering or long-term care facility) ✓ Increasing number of new health care worker infections averaged over a 7-day period 	<ul style="list-style-type: none"> ✓ Inability to scale up to 30% the number of ICU patients from current census ✓ Cannot longer screen large numbers of symptomatic patients safely, including staffing ✓ Do not have baseline capacity in general health services, including through expansion of telemedicine for COVID-19 and usual care ✓ Less than 14-day supply of PPE for healthcare personnel 	<ul style="list-style-type: none"> ✓ Cannot elicit contacts for 20% or more of cases ✓ 10% or more of non-household symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset ✓ No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise)

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

Given our low COVID-19 case counts, relatively sparse population, and ongoing dire economic, health and social consequences for multiple business and community sectors, we feel that it is appropriate that all sectors in stage 2 open immediately with appropriate modifications aside from in-person schooling (See Appendix F – COVID-19 Business Protocol). In-person schooling (K-12) are both high risk in regards to contact intensity and high-risk in the number of contacts, therefore, it is not prudent at this time to include in-person schooling in the initial re-opening of Yuba-Sutter (see Appendix G – Johns Hopkins Center for Health Security Guidance).

The approach of all sectors listed in stage 2 to open immediately with the exception of in-person schooling is consistent across the Sierra-Sacramento Valley region including the approach for Amador, Butte, Nevada, Placer, and Sacramento counties.

COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

The COVID-19 situation continues to rapidly change. Therefore, the following responses may change and

evolve as necessary to manage the COVID-19 situation over time.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?

Our region's COVID-19 testing capacity is high, with maximum capacity for tests per day in non-hospitalized settings of 471 tests per day or 2.6 tests per 1000 residents with estimated population of 177,000 in the Yuba-Sutter region.

- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?

The Yuba-Sutter Bi-County region has had 3 positive results out of 377 reported tests in the last 7 days, for an average percentage of positive tests of 0.8%.

The number of cases reported per day has been stable since 4/9/2020 at an average of one new case every two days; previously from March 24 to April 9, we were averaging 2 new cases per day.

- Have specimen collection locations been identified that ensure access for all residents?

The Yuba-Sutter Bi-County region conducted a drivetime analysis (Appendix D: Drivetime map) that showed that 88% of Yuba County residents and 99% of Sutter County residents are within 30 minutes drivetime of a COVID-19 testing site. Moreover, 99% of Yuba County residents and 100% of Sutter County residents are within 60 minutes drivetime of a testing site. For the OptumServe site in particular, neither insurance status nor documentation status are barriers for testing.

- Have contracts/relationships been established with specimen processing labs?

Each of our COVID-19 testing site has established relationship with either Quest or LabCorp to submit their specimens.

- Is there a plan for community surveillance?

Yes. We are planning on instituting a self-report of COVID-19 related symptoms similar to the one that has been implemented in Eagle County, Colorado. Source:

<https://datastudio.google.com/u/0/reporting/1ddb1kq5h6QjTk77HltHKnho8GHnkv85e/page/plblB>

Contact Tracing

- How many staff are currently trained and available to do contact tracing?

Given our low case count, we currently have 8 contact tracers and 3 contact investigators.

- Are these staff reflective of community racial, ethnic and linguistic diversity?

The Yuba-Sutter Bi-County contact tracing staff are reflective of our community. In particular, we have staff who speaks Spanish, Punjabi, and Hmong – the three most common non-English languages in the Yuba-Sutter region.

- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold

increase in COVID-19 cases, presuming that each case has ten close contacts?

We have already trained an additional 16 tracers and 3 contact investigators, allowing us to be able to quickly ramp up to 24 contact tracers and 6 contact investigators within a matter of hours for a total of 30 contact tracers and investigators, exceeding the recommended 15 staff per 100,000. If necessary, the Yuba-Sutter Bi-County region can increase to an additional 10-15 contact tracers. This has been successfully done in response to a COVID-19 outbreak in an industrial facility with large numbers of contacts.

- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

For each positive confirmed case, we inquire regarding the need for food, laundry and shelter. Fortunately, no individual has needed housing services to isolate but in the case that a patient does report that, they would be provided housing at one of the trailers placed in the Yuba-Sutter Fairgrounds.

Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?

Licensed Congregate Care Facilities for Sutter County:

Skilled Nursing Facilities - 4

Assisted Living – 10

Adult Residential Facility – 11

Intermediate Care Facility, Developmentally Disabled Nursing– 5

Adult Day Program - 4

Independent Living – 6

Home Health + Hospice- 3

Licensed Congregate Care Facilities for Yuba County:

Adult Residential Facility - 17

Adult Day Care - 5

Assisted Living - 4

Independent Living/Senior Living – 2

Home Health + Hospice – 1

- How many correctional facilities, of what size, are in the county?

Sutter County Jail total capacity is 394 with 123 current inmates

Yuba County Jail total capacity is 422 with 250 inmates

Juvenile Hall total capacity is 119 with 16 current detainees (includes Juvenile Hall, Camp Singer and the Special Housing Unit)

- How many homelessness shelters are in the county and what is their capacity?

The homeless shelters in the Yuba-Sutter Bi-County community and their capacity are:

Casa de Esperanza - 42 beds

The Salvation Army Depot - 65 beds

Twin Cities Rescue Mission - 40 beds

Better Way - 40 beds

14 Forward - 40 beds

- What is the COVID-19 case rate at each of these facilities?

Currently we have no cases in these facilities.

- Do facilities have the ability to safely isolate COVID-19 positive individuals?

Yes. For each shelter and correctional facilities, the Bi-County Department Operations Center and Bi-County Health Officer has provided guidance in order for each facility to safely isolate COVID-19 positive patients. The congregant care facilities work through the California Department of Social Services for guidance regarding isolation of positive COVID-19 patients.

- Do facilities have the ability to safely quarantine individuals who have been exposed?

Yes. For each shelter and correctional facilities setting the Bi-County Department Operations Center and Bi-County Health Officer has provided guidance in order for each facility to safely quarantine individuals exposed to COVID-19. The congregant care facilities work through the California Department of Social Services for guidance regarding quarantine of suspected COVID-19 patients.

- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?

The Yuba-Sutter Bi-County region is expecting a total of 400 test swabs combined that will be able to quickly test all exposed individuals even in the largest congregant setting, which would be in the correctional facilities. In addition, capacity at OptumServe has not been met and we can avail of testing through the OptumServe testing site currently located in Yuba City.

- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?

The Yuba-Sutter Bi-County Health Officer conducts a weekly check-in call with all residential care facilities in the bi-county region. All five skilled nursing facilities (SNFs) in the Yuba-Sutter region have reported no issues with PPEs in regards to maintaining the 14-day supply. On a daily basis, these SNFs are polled by Region III Regional Disaster Medical Health Services (RDMHS), which then circulates the results to the Region III health officers and Medical Health Operational Area Coordinators (MHOACs). On a daily basis, these listings are carefully reviewed by the Bi-County Health Officer and Yuba County and Sutter County's MHOACs. None of the five in the Yuba-Sutter region has listed staffing or PPEs supply issues in the past two weeks. In addition, each of the five SNFs will be receiving a 14-day augmented supply of PPEs from FEMA stocks.

The list of the five SNFs and their contacts are included as Appendix E.

- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

The majority of the Yuba-Sutter skilled nursing facilities (SNFs) are part of larger long-term care corporations and have access to their staffing. In addition, the Yuba County and Sutter County Medical Health Operational Area Coordinators (MHOACs) are in continual discussion with the SNFs to ensure adequate staffing, and if corporate staffing is not available, the MHOACs can assist with fulfilling staffing needs through the resource request process as outlined in the California Emergency Operations Manual.

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?

On a daily basis, Adventist-Rideout Hospital participates in California Department of Public Health's hospital census which inquires about hospital census, staffing census, and PPE 15-day supplies.

- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?

In the past few weeks, Adventist-Rideout has moved away from relying on the Yuba County MHOAC for PPE needs.

- Are hospitals testing all patients prior to admission to the hospital?

Adventist-Rideout tests hospitalized patients who qualify based on clinical criteria.

- Do hospitals have a plan for tracking and addressing occupational exposure?

Adventist-Rideout (AHRO) has a robust infection control program that monitors aggressively for all possible and confirmed COVID-19 exposures in their healthcare setting. We work very closely with the Infection Control team to ensure smooth communication between the Bi-County Department Operations Center (DOC) and AHRO.

Essential Workers

- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?

Multiple guidance are posted on BePreparedYuba.org and BePreparedSutter.org. In addition, we lean on the various governmental agencies to reach out to their colleagues in the various essential sectors to provide guidance from CDC, OSHA, etc.

- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?

To date, essential service sectors such as healthcare facilities and first responders can request necessary supplies through the Bi-County Department Operations Center.

- Is there a testing plan for essential workers who are sick or symptomatic?

All symptomatic workers, regardless of whether they are essential or not, can register to be tested through the OptumServe testing site in Yuba City.

- Is there a plan for supportive quarantine/isolation for essential workers?

Fortunately, all exposed healthcare personnel and first responders thus far have been able to safely return to their homes. The Bi-County Department Operations Center (DOC) has provided information to all applicable healthcare facilities and EMS providers the hotel vouchers information and how to avail of available hotel housing.

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?

The Bi-County Health Officer has engaged with the agriculture commissioners of both counties to ensure that necessary COVID-19 materials and guidance are being provided to farmers and migrant workers in the Bi-County region.

- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

The Yuba-Sutter Bi-County region is predominantly agriculture and manufacturing. Where feasible, telework continues to be encouraged.

Community Engagement

- Has the county engage with its cities?

County leaders hold briefings via conference call with all four Mayors, Vice Mayors and City Managers, School Superintendents, and first responder leaders three times a week since mid-March. Both Yuba and Sutter Counties formed a Compliance Working Group (CWG), which first met on March 24, 2020 and has been meeting at least weekly since then. The CWG is comprised of the city managers and police chiefs of all four cities in the two counties, as well as both county's Sheriffs, Community Development Directors, Environmental Health Directors, Public Information Officers, and the Yuba Sutter Bi-County Health Officer. Members of the private sector have also been part of our working committees.

- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?

With the well-established Compliance Working Group in place, it will be the group that will facilitate stakeholder involvement in formulating and implementing the variance plan.

- Have virtual community forums been held to solicit input into the variance plan?

Prior to the Yuba-Sutter Bi-County Health Officer issuing her Order dated May 4, 2020, which established a risk-based approach to determining business operations, the Bi-County Health Officer solicited recommendations from the Compliance Working Group (CWG). In order to provide well rounded recommendations, the CWG created three teams to focus in three distinct areas: work, gather, and recreate. The three teams were composed of both city and county representatives as well as the private sector operators for the respective areas. For example, in the work group, business owners were included from multiple sectors. In the recreate group, operators of recreation focused businesses were engaged such as campgrounds and casinos. The gather group included leaders of local faith-based organizations. The three teams brought forward recommendations that included the COVID-19 Operations Protocol, which was incorporated into the May 4, 2020 Order.

- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

CDPH COVID-19 VARIANCE ATTESTATION FORM

Yes. Materials created by the county's public information officers are available in English, Spanish, Punjabi and Hmong.

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?

All neighboring counties to the Yuba-Sutter region including Amador, Butte, Colusa, El Dorado, Nevada, Sierra, Yolo, Placer, and Sacramento are experiencing decreasing case rates.

- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?

The neighboring counties of Amador, Butte, Colusa, Nevada, Placer, Sierra, Sacramento and Yolo are all planning on submitting attestations to accelerate through Stage 2. Three times a week, the Sierra-Sacramento Valley health officers meet remotely to report out case counts, hospitalizations, deaths related to COVID-19 and any notable developments. This process will continue to be integral to ensuring timely communication in the Sierra-Sacramento Valley region and uniformity in the local public health approach as much as possible.

- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Currently, the Yuba-Sutter region is testing at 0.6 tests per 1000 residents due to low demand. However, our maximum capacity is four times that at 2.6 tests per 1000 residents.

Moreover, our ability to triple the number of contact tracers from the current 11 contact tracing staff to 40-45 staff members place us well in regards to necessary response of timely identification of positive COVID-19 patients and their close contacts to break the chain of transmission and mitigate spread.

CDPH COVID-19 VARIANCE ATTESTATION FORM

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov

Phuong Luu
I, Phuong Luu, hereby attest that I am duly authorized to sign and act on behalf of Yuba & Sutter Counties. I certify that Yuba & Sutter Counties has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Yuba & Sutter Counties, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name Phuong Luu, MD, MHS, FACP
Signature [Handwritten Signature]
Position/Title Bi-County Health Officer for Yuba & Sutter County
Date 5/12/2020



County of Yuba Board of Supervisors

District One ~ Andy Vasquez
District Two ~ Mike Leahy
District Three ~ Doug Lofton
District Four ~ Gary Bradford
District Five ~ Randy Fletcher

May 12, 2020

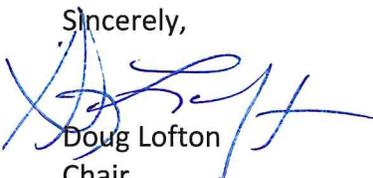
To: California Department of Public Health
From: Yuba County Board of Supervisors

It is with great pleasure that the Yuba County Board of Supervisors collectively supports Dr. Phuong Luu's, Bi-county Public Health Officer, recommendation to accelerate our community fully into Phase 2 of COVID-19 recovery. While the initial action of immediately halting our daily lives, state and local economies was necessary to mitigate a devastating impact on our community, based on a scientific risk-stratified approach, it is time to safely reopen the Yuba Sutter area. As the elected voices of our region, we collaboratively concur that extensive measures are in place to significantly reduce transmission of COVID-19, manage a surge in cases if it were to occur, and swiftly re-implement stringent orders if necessary.

The Yuba-Sutter area covers over 1,250 square miles with a joint population of 175,600 residents, remaining true to our rural roots. Our economy is deeply vested in small businesses, many of which have been excluded from the essential service requirements set forth. For the totality of our community's health by reducing the taxation of other health services, like mental and behavioral health, children's services, and substance abuse programs, we adamantly stand by the need to safely reopen our community. Our residents are resilient and ready to work.

Therefore, the Yuba County Board of Supervisors expresses their support of Dr. Phuong Luu's revised attestation and a transition into the next phase of safely reopening the Yuba Sutter area.

Sincerely,



Doug Lofton
Chair

Yuba County Board of Supervisors



BOARD OF SUPERVISORS COUNTY OF SUTTER

1160 Civic Center Blvd.
Yuba City, CA 95993

(530) 822-7106
FAX: (530) 822-7103

May 12, 2020

Dr. Sonia Y. Angell
California Department of Public Health Director
State Health Officer
PO Box 997377, MS 0500
Sacramento, CA 95899-7377

It is with great pleasure that the Sutter County Board of Supervisors collectively supports Dr. Phuong Luu's Bi-county Public Health Officer recommendation to accelerate our community fully into Phase 2 of COVID-19 recovery. While the initial action of immediately halting our daily lives and state and local economies was necessary to mitigate a devastating impact on our community, based on a scientific risk-stratified approach, it is time to safely reopen the Yuba-Sutter area. As the elected voices of our region, we collaboratively concur that extensive measures are in place to significantly reduce transmission of COVID-19, manage a surge in cases if it were to occur, and swiftly re-implement stringent orders if necessary.

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Therefore, the Sutter County Board of Supervisors expresses their support of Dr. Phuong Luu's revised attestation and a transition into the next phase of safely reopening the Yuba-Sutter area.

Sincerely,

A handwritten signature in blue ink that reads "Ron Sullenger".

Ron Sullenger, Chairman
Sutter County Board of Supervisors

Members of the Board
Ron Sullenger District 1
Dan Flores District 2
Mike Ziegenmeyer District 3
Jim Whiteaker District 4
Mat Conant District 5

County Administrative Officer
Steven M. Smith
Clerk of the Board
Donna M. Johnston

California Department of Public Health
May 7, 2020

Re: Letter of Support of Variance to Stage 2

To Whom it May Concern:

This letter is in support of advancing through Stage 2 of the Pandemic Roadmap for Sutter and Yuba County. As the only hospital in the two-county region that provides emergency and critical care services, re-opening our counties is a matter we do not take lightly, recognizing the risk it may pose to our community members and the burden it may impose on our hospital and healthcare workers.

In support of advancing to Stage 2, we note that the total number of positive cases in the Yuba and Sutter Counties combined to date is 50 and that it has been several weeks since we have had a positive case admitted to the hospital. As the pandemic spread in the country and in California, we mobilized a preparedness plan that would accommodate a surge and protect patients and staff from exposure through appropriate personal protective equipment (PPE), universal masking, social distancing, restricting visitors, and limiting access to the hospital for non-urgent care.

We believe that these factors along with the early social distancing in our community worked together to keep the case rate and hospitalization rates low. As an organization that strives to follow evidence-based practices and guidelines, we support the evidence-based approach our public health officer, Dr. Luu, is taking that permits re-opening those businesses with a risk of transmission that is low or medium as determined by the intensity of contact and the number of contacts. With this kind of rationale, combined with the social distancing and other safety measures imposed on the businesses to open, we are supportive of advancing through Stage 2. We have reviewed our current capacity, surge plan, safety precautions, and availability of PPE inventory and believe that we have the readiness and capacity to support our communities accordingly. We know this will be done carefully through a continuing collaboration between county public health, our health system, and our business community.

We remain in close contact with Dr. Luu and will keep her apprised of any hospitalizations related to COVID-19. We recognize that COVID-19 hospitalizations will be used as one of the indicators of whether the phased re-opening is working.

Please let us know if you have any questions or would like any further clarification.

Respectfully,


Richard L. Rawson, President
Adventist Health and Rideout



May 8, 2020

Phuong Luu, MD, MHS, FACP
Public Health Officer, Sutter & Yuba Counties

Sutter County:
1445 Veteran's Memorial Circle
Yuba City, CA 95993

Yuba County:
5730 Packard Avenue, Suite 100
Marysville, CA 95901

Dr. Luu,

In response to your request, Sutter Health's integrated health delivery system:

- Is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non COVID-19 patients, as outlined in the surge plan submitted to the State of California, and
- Has adequate PPE to protect our employees and clinicians.

Sincerely,

A handwritten signature in black ink that reads "Stephen H. Lockhart". The signature is fluid and cursive, with a long horizontal stroke at the end.

Stephen H. Lockhart, MD, PhD
Chief Medical Officer, Sutter Health

County of Sutter

GUIDANCE FOR COVID-19 (Novel coronavirus)

Updated: April 29, 2020



THIS DOCUMENT PROVIDES GUIDANCE SUTTER TO COUNTY EMPLOYEES FOR POTENTIAL EMPLOYMENT ISSUES RELATED TO COVID-19 (NOVEL CORONAVIRUS).

I. CORONAVIRUS (COVID-19)

i *Coronavirus (COVID-19) is a new virus that causes respiratory illness in people and is spread from person-to-person.*

While the risk of contracting COVID-19 remains low in Sutter and Yuba Counties, it is important for people to be aware of how the virus spreads and the symptoms. COVID 19 is commonly spread from an infected person to others through:

- The air by coughing and sneezing
- Face to face contact for a prolonged period of time
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes

For most people, human coronaviruses such as COVID-19 cause mild to moderate respiratory illnesses and the symptoms are very similar to flu. These include:

- Fever (100.4° or higher)
- Chills
- Repeated shaking with chills
- Sore throat
- Cough
- Shortness of breath
- Muscle pain (combined with other symptoms)
- Headache (combined with other symptoms)
- New loss of taste or smell

People who have been diagnosed with COVID-19 have reported symptoms that may appear in as few as 2 days or as long as 14 days after exposure to the virus. However, it is possible for carriers of the Coronavirus to be asymptomatic.

Currently, there are no vaccines available to prevent COVID-19 infections. Most people with illness not requiring hospitalization, are able to recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, a small percentage of cases develop pneumonia requiring medical care and may require hospitalization.

If you have been exposed to an individual with confirmed COVID-19 or you have symptoms, please contact your Primary Care Physician for further direction. If you do not have a Primary Care Physician, you may contact the Sutter County Health and Wellness Clinic at (530) 763-4625.

2. Staying Healthy

i *The health and safety of our employees remains our primary concern and we encourage everyone to protect themselves and those around them.*

Dr. Luu, the Bi-County Health Officer, recommends that all employees continue to do the following to protect themselves from flu, colds and other transmittable illnesses:

- Continue to practice good hand hygiene by washing hands often with soap and water, especially before eating
- Avoid touching your face, especially your eyes, nose, and mouth
- Cover your mouth/nose with a tissue or sleeve when coughing or sneezing
- Avoid contact with people who are sick
- Stay home while you are sick and avoid close contact with others.
- If you have a fever, do not return to work for at least 72 hours after the fever has subsided (without the use of fever reducing medication).
- Practice good health habits: get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- Maintain social distance of 6 or more feet from others.
- Wear a face covering when you may come into contact with other people outside of your residence.

N95 masks are not recommended outside a healthcare setting. Surgical masks should be reserved for healthcare workers. Face coverings should be worn in the workplace, but employees who are sick should stay at home rather than come to work wearing a face covering.

Events or gatherings of more than 10 people are not permitted under the current state and county orders. Work in an office of more than 10 people can occur provided that there is sufficient social distancing.

3. Department Operations Center

i *Yuba and Sutter County Public Health Departments joined forces and opened a bi-county public health Department Operations Center (DOC).*

- Public messaging from the DOC is updated daily and available on the www.BePreparedSutter.org website.
- A public information hotline is available at (530) 749-7700.

4. Workplace Safety and Security Measures



The County's top priority is ensuring the health and safety of our employees as we work to resume County operations.

- All employees reporting to an onsite work location must go through a health screening before proceeding to their work area each day. Health screenings are performed on work time. In some departments, health screenings are performed by the employee on themselves using the instructions provided at the health screening station for their worksite. If there is a line at the screening station, employees should maintain a minimum of six feet from the next person and wear their face covering.
- If an employee must visit another department (for example, to make a deposit), they may do so. However, they should wear a face covering and only go to the department after they have first come to their own worksite for their health screening and should maintain social distance and handwashing/sanitizing procedures. They may be asked by the department they're visiting to demonstrate that they have had a health screening.
- Any time an employee is in an area where they may come into contact with other employees, they must wear a face covering. When in a private office, cubicle, or workstation where 6 feet of distance can continuously be maintained, face coverings are not required.
- Social distancing is a key to preventing the spread of COVID-19, and strict social distancing protocols must be maintained in the workplace. Employees should not congregate in common areas such as a workroom or kitchen. In some cases, the department head may have to close off a common area to ensure that employees aren't congregating. Use of common equipment such as a copier or printer, or presence in a common work area such as a file room should be staggered to ensure that employees are maintaining social distancing.
- Commonly touched items such as copiers, printers, door handles, light switches and fixtures should be wiped down with disinfecting wipes at the end of each day at a minimum and, depending on use in the office, more frequently throughout the day.
- Unless absolutely necessary, two or more employees should not ride in a single vehicle at the same time. Exceptions may be requested, and will be considered by the department head based on the needs of the position. If approved, all occupants should wear face coverings and maintain as much distance as is safe and practical. Items that are touched, such as steering wheels and door handles should be wiped down with disinfecting wipes after each use.

5. Support for Employees



The County is dedicated to keeping our community safe during this time, and we want to make sure our employees know we are here to support you.

- Please call your supervisor or manager if you aren't feeling well and stay home if you are sick. Employees should remain at home until they are asymptomatic (i.e., showing no signs of fever, coughing or shortness of breath).
- If you have a fever, do not return to work for at least 72 hours after the fever has subsided (without the use of fever reducing medication).
- Any employees who are ill and need medical attention should first call their medical provider who can provide specific guidance.
- Online medical services are available through Kaiser, and through Livehealth Online at www.livehealthonline.com for Anthem Blue Cross members
 - Receive immediate doctor visits through live video
 - Private, secure and convenient online visits
 - Your choice of U.S. board-certified doctors
 - Subject to medical plan deductibles, office copays and coinsurance
- Employees experiencing the effects of the Coronavirus outbreak are encouraged to use the County's Employee Assistance Program (EAP) HBA for support. To contact HBA call: 1-800-937-7770 or complete a Request for Services Form on the website and fax it to HBA. The phone is answered 24 hours per day, 7 days per week. All faxed requests for services are completely confidential and are responded to on the first business day after their transmittal.
- Employees who believe they may have contracted COVID-19 during the course and scope of employment, may file a claim for Worker's Compensation. Claims will be reviewed on a case-by-case basis depending on the employee's occupation, job duties, and how, when and where the virus was contracted.

6. Leave from Work

i *The County has established the following guidelines for employees who experience absences from work, whether voluntary or involuntary, due to COVID-19.*

- a. Employees who report to work with symptoms of acute respiratory illness (fever, cough, shortness of breath) will be directed to stay home and not come to work until they are free of fever and other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees will be allowed to use any available leave balances to cover the period of the absence.
- b. Employees who have recently traveled to a high-risk area identified by the CDC will be directed to stay home for a minimum period of 14 calendar days, unless a health care provider indicates that the employee may return earlier.

- c. An employee who is sick or who has a sick family member, may stay home or go home without risk of disciplinary action.
- d. Employees who must stay home in the event of school closures or unavailability of childcare, may use available leave balances, including sick leave, and/or emergency paid sick leave and emergency family and medical leave, if applicable, to cover the absence.
- f. Employees may use available leave balances to cover the period of any absence from work or may choose to take the approved time off without pay. Employees who exhaust their leave balances and federal leave entitlements, if applicable, and who continue to be unable to return to work, shall be allowed to borrow up to 80 hours from their sick leave bank. Any borrowed sick leave hours are considered a loan from the County and shall be repaid through an employee's future sick leave accruals and/or from his or her final paycheck upon separation of employment. The ability for employees to borrow from his or her sick leave bank shall end upon action taken by the Board of Supervisors to declare the end of the emergency.
- g. Employees using their own leave balances or requesting leave without pay will not be required to provide a doctor's note to verify the need for leave.
- h. Employees who are well but who have a sick family member at home with Coronavirus should notify their supervisor or manager so that co-workers can be notified of potential exposure. You will not be personally identified in any communications to employees. Information regarding medical conditions will be kept strictly confidential and employees will not suffer retaliation for reporting that they are ill or if they need to be absent from work.

7. Families First Coronavirus Response Act (FFCRA)

i *The FFCRA is a federal leave entitlement that requires public agencies to provide 1) 80 hours of emergency paid sick leave (reduced for part-time employees) for immediate use for six COVID-19 related reasons; and 2) up to 12 weeks of paid FMLA leave for employees who need to be off work due to school closures or where childcare is not available.*

- a. The Act provides that certain employees may be excluded from the new paid sick leave and/or expanded family and medical leave. These employees include "health care providers" and "emergency responders." In order to ensure continuity of service, the following departments and classifications will be exempt:
 - 1) Health and Human Services department employees
 - 2) Probation department employees
 - 3) Sheriff's department employees
 - 4) Fire department employees
 - 5) Emergency Operations Manager
 - 6) Building Maintenance and Custodian classifications
 - 7) Road Maintenance classifications

All other employees are entitled to the Act's benefits. Please note that the County may designate additional departments and/or classifications as exempt depending on operational needs and requirements to provide continued service to the public.

- b. An employee is eligible to receive 80 hours of Emergency Paid Sick Leave (EPSL) when he or she is unable to work, including working from home, because:
 - 1) The employee is subject to a quarantine or isolation order related to COVID-19 (this does not include "shelter in place" orders);
 - 2) The employee has been advised by a health care provider to self-quarantine related to COVID-19;
 - 3) The employee is experiencing symptoms of COVID-19 **and is seeking a medical diagnosis**;
 - 4) The employee is caring for an individual subject to a quarantine or isolation order, or who has been advised by a health care provider to self-quarantine;
 - 5) The employee is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 reasons; or
 - 6) The employee is experiencing any other substantially-similar condition as specified by the U.S. Department of Health and Human Services (none have been identified to date).
- c. Emergency Paid Sick Leave may or may not be paid at an employee's regular rate of pay. For EPSL reasons 1-3 above, the employee receives their regular rate of pay; however, the pay cannot exceed \$511 per day and \$5,110 in total. For EPSL reasons 4-6 above, an employee receives 2/3 of their regular rate of pay; however, the pay cannot exceed \$200 per day and \$2,000 in total. Employees may use their other available paid leaves with EPSL so they receive their full pay.
- d. If an employee is unable to work or work from home due to a need for leave to care for a son or daughter under 18 years of age if the school or place of care has been closed or the childcare provider is unavailable, an employee is eligible for 12 weeks of paid emergency family and medical leave. The first 10 days of an employee's absence is unpaid; however eligible employees may substitute EPSL for the first 10 days. After the first 10 days, an employee is paid 2/3 of his or her regular rate of pay up to a maximum of \$200 per day and \$10,000 in total for the number of hours the employee would have been regularly scheduled to work. An employee may choose to use any available leave balances to make up a full pay check.
- e. The County has developed an [Emergency Paid Sick Leave or Emergency FMLA Request](#) form for eligible employees' use when requesting to be off work. An employee needing leave for a qualifying reason should complete the EPSL Request Form and submit it to his or her supervisor. The Form should also be simultaneously emailed directly to payroll@co.sutter.ca.us and Marlis Alexander in Human Resources at malexander@co.sutter.ca.us.

8. Employee Benefits

i *Employees who continue to be unable to return to work after exhausting their leave balances, sick leave advance and their federal leave entitlements, if applicable, and who are off work on an unpaid leave of absence may be eligible for other salary replacement programs.*

- a. If an employee is unable to work due to exposure or a confirmed diagnosis of COVID-19 (certified by a medical professional), he or she can file a Disability Insurance claim with the State of California Employment Development Department (EDD).
- b. If an employee is unable to work because he or she is caring for an ill or quarantined family member with COVID-19 (certified by a medical professional), he or she can file a Paid Family Leave claim.
- c. If an employee's child's school is closed, and an employee is in an unpaid status due to having to miss work to care for his or her child(ren), he or she may be eligible for Unemployment Insurance Benefits.
- d. In most cases, the Governor's Executive Order N-25-20 waives the one-week waiting period required by EDD.
- e. For more information about eligibility for salary replacement programs through the State of California Employment Development Department, go to https://edd.ca.gov/about_edd/coronavirus-2019.htm

9. Disaster Service Workers

i **CALIFORNIA GOVERNMENT CODE SECTION 3100**
*3100. It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible of public and private agencies and individual citizens. **In furtherance of the exercise of the police power of the state in protection of its citizens and resources, all public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law.***

On March 10, 2020, the County Public Health Officer, Dr. Phoung Luu, and the Sutter County Board of Supervisors declared a local health emergency for the County. This action was taken to ensure the County will have access to resources to respond to the public health threat. This also means that County employees may be called to serve the County as Disaster Service Workers.

All County employees are designated under California Government Code Section 3100 as Disaster Service Workers (DSW). This means that any time the Board of Supervisors declares a local emergency, employees may be required to return to work or remain at work for a disaster or emergency-related assignment. As Disaster Service Workers, employees may be deployed to different work sites than usual or be asked to perform work duties or tasks that are different from their regular work responsibilities. No one will be assigned duties they are not qualified or trained to perform.

- Make sure that your department has your current contact information and emergency contact information, particularly your home address and cell phone numbers which will be used to communicate with you in the event of an emergency response.
- The easiest way to update this information is to go to the SCNet - Employee Online Portal: <https://finapp.i.suttercounty.org/Finance/edge/Login/Login.aspx?ReturnUrl=/Finance/edge/Default.aspx>
Click on the “Home Address” button, then “Emergency Info” button.

The County does not have any immediate plans to deploy Disaster Service Workers; however, the County relies on our employees to step up in the time of need should their assistance be required.

10. Maintaining a Respectful Workplace

i **A person’s risk for COVID-19 depends on travel history and exposure to infected individuals, not on race, ethnicity, or culture.** Residents of Sutter County remain at low risk of infection from COVID-19. As a reminder, County employees must continue to treat colleagues and members of the public with courtesy and respect. Discrimination of any kind is a violation of the County's Discriminatory Workplace Harassment Policy and will not be tolerated.

Scenario 1: Employee calls stating that they are concerned about returning to work because they have a vulnerable family member.

1. Ask the employee if they are required to care for the family member
 - a. Yes, providing care
 - i. Contact Tiffany Manuel* in Human Resources to determine if employee qualifies for protected leave to care for family member
 1. Work Status: Employee does not return to work. Use employee’s personal leave accruals pending approval of FMLA/CFRA designated leave or pending further information from HR.
 - b. No, not providing care but concerned about exposing vulnerable family member
 - i. Notify employee of safety protocols being observed in the work environment
 - ii. Provide employee information regarding safety protocols employees can use at home to protect a vulnerable family member (CDC resources).
 - iii. If at any time employee states that they are required to care for family member, STOP and go back to steps outlined under 1 (a).
 1. Work Status: Employee returns to work as planned unless employee has been approved by the department head to use their personal vacation (or CTO) accruals.

Scenario 2: Employee calls and states that they are nervous about returning to work for personal reasons.

1. Ask the employee if they believe they are in the COVID-19 pandemic definition of “vulnerable population”, as defined by the CDC.
 - a. CDC Definitions of Vulnerable Individual:
 - i. Elderly individuals.
 - ii. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.
 - b. Yes, employee believes they are in vulnerable population:
 - i. Contact Tiffany Manuel* in Human Resources so that we can engage with the employee to determine if employee can be granted an accommodation or if they qualify for protected leave.
 1. Work Status: Employee remains off work using personal leave accruals pending return to work agreement with special accommodations or further information from HR regarding designation of protected leave.
 - c. No, employee is not in the vulnerable population as defined by CDC (definition located under Scenario 2, 1(a)).
 - i. Educate employee on the safety protocols being observed in work environment
 1. Facial coverings, employee/public symptoms check and screening, social distancing
 - ii. Discuss concerns with employee
 1. If at any time, employee indicates they have a medical issue, STOP and go to Scenario 2, 1(b)(i)

2. Work Status: Employee returns to work as planned unless approved by the department head to use personal vacation or CTO accruals.

Scenario 3: Employee calls and states that they are unable to return to work because they don't have childcare.

1. Ensure that employee is aware of resources available through First 5 Yuba (flyer advertising resource sent out all county email indicating that First 5 can assist employees with qualifying for free childcare and other resources that may be of assistance).
2. Notify employee that you will be contacting Tiffany Manuel* in Human Resources to determine if employee is eligible for any type of protected leave (for example, Families First Coronavirus Response Act (FFCRA) expanded FMLA, emergency sick leave or traditional FMLA) and provide employee with Tiffany's contact information so that they can follow up.
 - a. Work Status: Employee has stated they are unable to work, so they will use personal accrued leave temporarily until more information is obtained from Human Resources regarding employee's eligibility for protected leave of any type.

Scenario 4: Employee calls and states that they have a personal medical issue and that they need an accommodation to enable them to return to work.

1. Notify employee that you will be contacting Tiffany Manuel in Human Resources in order to work with the employee on their request for an accommodation.
 - a. Contact Tiffany Manuel* in Human Resources and notify Tiffany of what employee has requested and work with Tiffany on engaging in an interactive process with the employee and department.
 - i. Work Status: Return to work as planned with accommodation or allow employee to use personal leave balances temporarily while interactive process is ongoing and accommodation options are being determined.

***Human Resources Contact Information:**

Main Line (530) 749-7860

Tiffany Manuel (530) 749-7871 or via email at tmanuel@co.yuba.ca.us



To: Yuba and Sutter Human Resources

Date: April 21st, 2020

From: Yuba Sutter Bi-County Public Health Officer, Dr. Phuong Luu

As the COVID-19 pandemic continues, we must learn to adjust our business operations and daily lives for the health and wellbeing of our entire community. Below you will find useful guidelines as we move forward in reintroducing our work force across all county campuses. Additionally, our bi-county Public Information Officers are developing employee focused educational materials for you to use in the workplace. For more information on the national guidelines for *Opening up America Again* visit <https://www.whitehouse.gov/openingamerica/#criteria>.

As we plan for the phased "opening back up" of county services, please keep the following individual and business guidance for Phase 1 in mind.

PHASE 1:

INDIVIDUALS:

- All [vulnerable individuals](#) should continue to stay at home. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
- All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)
- MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

EMPLOYERS:

- Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.
- If possible, RETURN TO WORK IN PHASES.
- Close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols.
- Minimize NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

- Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION.

Practicing these guidelines will require special consideration from leadership, while remaining flexible during this rapidly changing climate. Measures like reducing a room's fire capacity to 50%, promoting personal responsibility among all staff, and frequent check ins to assess PPE levels are some ways to proactively manage the return of our work force.

Your collaboration and leadership are greatly appreciated during these extraordinary times.

Phuong Luu, MD, MHS, FACP
Bi-County Health Officer
Yuba County and Sutter County



MEMORANDUM

TO: Department Heads/Designees; County Management Team; Human Resources Staff

FROM: Jill Abel, Human Resources Director

DATE: April 16, 2020

SUBJECT: Information on COVID-19 Leaves and Timekeeping

On March 18, 2020, the President signed into law the Families First Coronavirus Response Act (FFCRA). The Act requires certain employers to provide an expanded paid family medical leave (FMLA) entitlement and emergency sick leave benefit to certain employees for reasons specific to COVID-19. Over the past couple of weeks, the Department of Labor (DOL) has released additional clarifications and HR has been closely monitoring and gathering information as they've released it.

The County is required to offer our employees the benefits within the Act; however, exemptions are allowed for broadly defined "health care providers" and "emergency responders". In order to ensure continuity of services, the following departments and classifications will be exempt from the expanded FMLA entitlement and reasons (1), (5), and (6) of the emergency sick leave benefit:

- Health and Human Services department employees
- Probation department employees
- Sheriff's department employees
- Emergency Operations Director, Deputy Director and Planner classifications
- Building Maintenance/Custodian/Supervisor/Manager/Director classifications
- Public Works Maintenance Workers/Sr./Supervising/Superintendent classifications

All other eligible employees are entitled to all of the Act's benefits. The Act does define "health care provider" and "emergency responder" very broadly. If needed, the County may apply exemptions to additional departments and/or specified classifications as determined by operational needs and requirements to continue to provide public service.

This memo is to provide general information for management on the FFCRA. This Act is extremely detailed and we have done our best to summarize it. We expect that over the next several weeks new information on this Act will become available. We will continue to monitor the situation and will keep you informed as needed.

Emergency Sick Leave Under the FFCRA – General Information

- Emergency sick leave is effective 4/1/2020 through 12/31/2020.
- It is immediately available to certain employees regardless of how long they've been employed with the County.
- All eligible employees will receive an additional emergency sick leave "bucket" of 80 hours* (except when hours are pro-rated for employees who don't work full-time).
- If the eligible employee is unable to work or telework, emergency sick leave applies to the following reasons:
 - (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
 - (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - (4) The employee is caring for an individual who is subject to an order as described in the first bullet or has been advised as described in the second bullet.
 - (5) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.
 - (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
- Employees of the Sheriff's, Probation and Health and Human Services departments; Emergency Operations Director, Deputy Director and Planner classifications; Building Maintenance Technicians, Building and Grounds Supervisor, Custodians, Custodian Supervisor, Facilities Manager, Director of Administrative Services classifications; and Public Works Maintenance Workers/Sr./Supervising/Superintendent classifications are not eligible to use emergency sick leave for reasons (1), (5) and (6). Additionally, elected officials are not eligible employees.
- Emergency sick leave is paid at the employee's regular rate of pay, but is capped for reasons (1), (2), and (3) at \$511 daily and \$5,110 aggregate. For reasons (4), (5), and (6) emergency sick leave is paid at 2/3 the employee's regular rate and capped \$200 daily, \$2000 aggregate.
- *Part-time employees with a regular work schedule, including extra help and reserve employees, will be allowed a number of emergency sick leave hours equal to the number of hours they work, on average, over a 2-week period. For example, a part-time employee who regularly works 20 hours a week, is entitled to 40 hours of emergency sick leave to be used over a 2-week period. For Extra Help and Reserve employees where the work schedule is variable HR will provide the analysis under the FFCRA to determine the number of emergency sick leave hours the part-time employee is eligible for.
- Emergency sick leave does not carry over from 1 year to the next; it expires on 12/31/2020 and is not subject to sick leave payout provisions in the County's labor agreements and/or rules.
- Emergency sick leave will be applied before any other preexisting leave accrual for qualifying COVID-19 related absences. However, the employee can elect to not use it.
- The County cannot require the employee to use existing leave concurrently with emergency sick leave, but if the employee elects, the employee may use preexisting leave accruals to supplement the amount he or she receives from emergency sick leave, up to the employee's normal earnings.
- If an eligible employee is off work due to reasons (2), (3), or (4), the "classic" FMLA/CFRA requirements still apply. Departments must notify HR when an employee will be off work for a workweek or more so we can send the applicable legal notices and communicate benefits with employees.
- Departments should still be asking employees for doctor's notes as needed, but some flexibility may be required.

- Emergency sick leave can be coordinated with disability insurance or paid family leave benefits based on current labor agreements and County rules. The employee cannot receive more than 80 hours of emergency sick leave, and in no instance, shall the combination of emergency sick leave, disability insurance, or paid family leave payments exceed one hundred (100) percent of the employee's monthly salary. Employees should contact Joelyne in the Auditor's office at ext. 7816 for coordination questions.
- If an employee is absent for a reason unrelated to COVID-19, standard practices, procedures and policies are still in effect.
- As a reminder, HR must be immediately notified if an employee will require a workweek or more off work due to illness or injury, whether it's related to COVID-19 or not.
- Per the paid administrative leave orders, employees who are unavailable to work are not eligible for paid admin leave and their leave accruals need to be applied. Leave accruals must be applied consistent with the employees expected schedule; specifically, the schedule at the time the leave is being taken.

Expanded Paid Family & Medical Leave (FMLA) Under the FFCRA – General Information

- Expanded FMLA is effective 4/1/2020 through 12/31/2020.
- As amended, the expanded FMLA adds a new qualifying reason for leave:
 - To care for a son/daughter under 18 years old if the school or place of care (compensated child care) has been closed due to COVID-19.
- The expanded FMLA qualifying reason is available to eligible employees in addition to existing FMLA entitlements. However, eligible employees are still only entitled to a total of 12 workweeks of FMLA. Please note, the County is required to take into consideration the State's California Family Rights Act (CFRA). At this time, CFRA will not run concurrent with the expanded FMLA reason.
- The County will require the employee to provide verification of school closure, name of children being cared for, name of school or childcare provider that is closed and possibly other forms of verification.
- Leave reasons specific to the expanded FMLA (school/childcare closure) are available to eligible employees who have worked for the County for at least 30 calendar days. For example, if an employee wants to take leave on 4/10/2020, he/she must have been employed with the County since 3/11/2020.
- If any employee is requesting FMLA leave that is not related to a school/childcare closure, they still need to meet the existing FMLA eligibility requirements.
- Elected officials; employees of the Sheriff's, Probation and Health and Human Services departments; Emergency Operations Director, Deputy Director and Planner classifications; Building Maintenance/Custodian/Supervisor/Manager/Director classifications; and Public Works Maintenance Workers/Sr./Supervising/Superintendent classifications are not eligible employees for expanded FMLA. However, where these employees are eligible for existing "classic" FMLA/CFRA entitlements they would continue to be eligible.
- If FMLA time off is related to school or place of care closure:
 - FMLA is unpaid for the initial 2 workweeks. However, the employee may elect to use emergency paid sick leave during the initial 2 workweeks, paid at 2/3 regular rate of pay up to the daily cap of \$200/\$2000 aggregate. Additionally, the employee may choose to coordinate emergency sick leave with existing leave accruals up to their normal earnings.
 - Emergency sick leave is capped at 80 hours regardless of the number of hours in an employee's workweek.
 - After the initial 2 workweeks, the County will pay an employee at 2/3 the regular rate of pay not to exceed a daily cap of \$200/\$10,000 aggregate.
 - The employee may elect to coordinate existing leave accruals (vacation, CTO) with the 2/3 pay up to their normal earnings.
 - The use of existing sick leave accruals is not applicable after the initial 2 workweeks of leave.

- If the employee chooses to not use their vacation, the County’s existing irrevocable choice limitations apply as outlined in labor agreements and County Rules.
- If an eligible employee has already exhausted their existing 12 workweek FMLA entitlement within the prior 12 months, they are not eligible for expanded FMLA. They are still eligible for emergency sick leave.
- If an eligible employee used a portion of their 12 workweeks of FMLA, they may use the remaining balance for any qualifying reason, including the expanded FMLA related to school/daycare closure (if not exempt from expanded FMLA).

General Questions and Answers:

What do I do if my employee is ill, injured, or requesting time off due to childcare/school closure?

- If your employee is sick, send them home. Notify HR immediately so we can communicate with the employee regarding possible benefits/leave entitlements. If needed, departments can use the attached “*Notice of Directive to Employee to Not Return to Work*”.
- If your employee is injured, and the injury is work related, report the injury to Company Nurse following standard processes. As normal, HR will work with the department contacts and the injured employee.
- If your employee has a non-industrial injury and they are requesting an accommodation or time off work, determine if you can temporarily accommodate the restrictions by offering a modified work assignment. Forward a copy of the doctor’s note to HR with any applicable information. If you are unable to offer a modified work assignment or the employee is requesting a leave of absence, notify HR immediately so we can communicate with the employee regarding possible leave entitlements and engage in an interactive process.
- If your employee is requesting time off work due to childcare/school closure, immediately communicate with HR so we can discuss their possible eligibility for leave entitlement. HR will always work with the departments to determine if we can offer something other than leave. As a reminder, certain employees are exempt from expanded FMLA. If your employee is exempt, you are still welcome to work with HR on possible solutions. However, essential employees are required to work.
- In each of these cases, HR will work with department contacts, payroll, and the employee and communicate what benefits are applicable.

How should my employee fill out their timesheet?

- Employees should fill out their timesheet as they normally would following any guidance that has already been given. If the division/department has an expectation that employees are available Monday through Friday 7 hours a day and Saturdays 5 hours, they will use 7 hours of leave accrual each weekday and 5 hours of leave accrual on Saturday. You continuously apply leave accruals and FMLA even if the employee is not reporting to the normal worksite on a regular basis. If they are unavailable per the administrative leave orders, paid admin leave stops.
- If the employee is using emergency sick leave they will need to indicate the number of hours of emergency sick leave on their timesheet using the code “C-19”. If departments have the capability to modify their timesheet columns, they can do so creating a column specific for emergency sick leave. For departments that don’t have the ability to modify the timesheet, the employee can use a written code.

For example:

Timesheet- Jane Doe	Hrs. Wkd.	Sick Leave Hrs.	Vacation Hrs.	Holiday Hrs.	FH Hrs.	FMLA Hrs.
Sun. 4/5/2020						
Mon. 4/6/2020		7, C-19				7
Tues. 4/7/2020		7, C-19				7
Wed. 4/8/2020		7, C-19				7
Thur. 4/9/2020		7, C-19				7
Fri. 4/10/2020		7, C-19				7
Sat. 4/11/2020		5, C-19				5

This is just an example and can be modified. Additionally, HR will communicate with department contacts, payroll, and the employee regarding who is eligible for emergency sick leave and how many hours should be applied. **Emergency sick leave should not be indicated on a timesheet if HR has not been involved.**

How should I direct my staff who prepare payroll to complete the pay and hour sheets?

- An employee who has been approved for emergency sick leave or expanded FMLA will be instructed to designate hours used for leave as “C-19” when completing their timesheet for each day they are using FFCRA.
- The Auditor form has been updated to include COVID-19 in the dropdown that indicates what type of designation is being utilized. Please use the updated form to indicate the proper designation for your employees so that it matches the timesheet. The Auditor form will be turned in as usual with the Pay and Hour sheets.

How do I know if my employee can return to work?

- If you have a doctor’s note from your employee, use the return date that is on the doctor’s note. HR recommends departments reach out to their employee at least a couple of days before their expected return to work date to confirm they will return and to notify them of any work assignment/reporting procedure changes. If your employee expresses some uncertainty about returning, or is still sick, request another doctor’s note. Notify HR immediately of the status.
 - If the employee is unable to get a doctor’s note, please be flexible. Contact HR.
 - Departments can use the attached “*Employee Certification to Return to Work*”, if needed.
 - If departments are unsure if they should allow their employee to return to work and need guidance from Public Health specific to COVID-19, they can call the Yuba Sutter EOC Call Center at 530-749-7700 for advice, and should also consult the attached guidance.

What if my employee tells me their spouse was told to go home by their employer because their coworker tested positive for COVID-19 and now their spouse is quarantined?

- Contact the Yuba Sutter EOC Call Center at 530-749-7700 for advice; and
- Contact HR. If the employee is sent home, we need to assess if the employee is eligible for any benefits.

What benefits may be available to employees who are unable to work?

- Expanded FMLA, depending on their classification and which department they work in.
- FMLA/CFRA/PDL
- Disability Insurance
- Paid Family Leave
- Emergency Sick Leave
- Existing leave accruals
- ADA/FEHA Reasonable Accommodation
- Temporary modified work assignment
- Approved leave without pay
- Unemployment Insurance

My employee is requesting personal time off, such as a vacation day, not related to COVID-19. What do I do?

- Requests for time off for personal reasons should be treated as normal request for leave (vacation, comp-time, etc.). Approval of the request is subject to the operational needs of the department.
- Departments are encouraged to do what they can to work with employees. Pay attention to signs of burnout. We want to prevent work related injuries.

My employee seems to be having a difficult time dealing with things. I am concerned for them. What do I do?

- It is important for Supervisors or Managers to meet individually with the employee in a private space (while observing social distancing and Dr. Luu's Stay at Home Order) or by private phone call. Explain to the employee your observations and concerns. Ask them if there is anything they need and do your best to accommodate. Be supportive and empathetic.
- Employees who work for the Sheriff's department, Probation department, and the District Attorney's office are also encouraged to use Peer Support and Critical Incident Stress Management (CISM).
- If needed, call HR so we can help assess the situation.

I had an extra help employee who stopped working last month, but I need them to work again. Are they eligible for FFCRA?

- If, prior to the FFCRA's effective date (4/1/2020), an employee was sent home and the County stopped paying him/her because there was no work for the employee to do, the employee will not get emergency sick leave or expanded family and medical leave. The employee may be eligible for unemployment insurance benefits. For example, an extra help employee was told prior to 4/1/2020 that their assignment/project would be put on hold and their working hours were reduced to zero. They are still employed with the County, just not scheduled to work. This extra help employee is not eligible for FFCRA. If after 4/1/2020, you determine you require the assistance of this same extra help employee and schedule them to work, they may become eligible for FFCRA. Eligibility is dependent on which department the employee works for or their classification and if they meet FFCRA eligibility requirements.

If you have any questions about FFCRA, you can reach out to Tiffany Manuel at ext. 7871, tmanuel@co.yuba.ca.us; or call the HR mainline at 530-749-7860, HR@co.yuba.ca.us

Attachments to the email: Employee Certification to Return to Work; Notice of Directive to Employee to Not Return to Work; Procedure-employee positive for COVID-19; Procedure-employee quarantined possible COVID-19;



**COUNTY OF YUBA
POLICY MANUAL**

POLICY NO.: HROS-4.28 PAGE 1 OF 6

ORIGINATION DATE: APRIL 20, 2020

Title:

Emergency Telework Policy

Approved By:

County Administrator on April 20, 2020

Purpose:

The County of Yuba ("County") has developed this Emergency Telework Policy to ensure essential County functions continue to be performed at an Alternate Worksite during the disruption of normal operations. The County will implement this Policy in keeping with the mission of the County and the respective Department. This Policy is an emergency policy and the County Administrator has the sole discretion to terminate the Policy at any time.

Procedure:

The County Administrator shall designate and authorize specific times during which this Emergency Telework Policy shall apply.

The administration of this Emergency Telework Policy within each department is under the authority of the department head or designee. The Department Head or designee shall notify Human Resources and the County Administrator of the employees working under this policy. The County Administrator and Human Resources shall have general oversight responsibility regarding the implementation of this policy.

All County employees must have an approved Emergency Telework Agreement ("Agreement") in writing under this Policy before teleworking. See Attachment A for the form of the Agreement. An Agreement is subject to the terms and conditions set forth in this Policy.

Eligibility Criteria

Telework is not suitable for all employees and/or positions. The Department Head or designee has the discretion to determine the employees and positions who may telework on an emergency basis utilizing criteria that include, but are not limited to:

1. The operational needs of the employee's department and the County;
2. The potential for disruption to County or departmental functions;
3. The ability of the employee to perform his/her specific job duties from a location separate from his/her County worksite ("Alternate Worksite") without diminishing the quantity and quality of the work performed;

4. The degree of face-to-face interaction with other County employees and the public that the employee's position requires;
5. The portability of the employee's work;
6. The ability to create a functional, reliable, safe, and secure Alternate Worksite;
7. The risk factors associated with performing the employee's job duties from an Alternate Worksite;
8. The ability to measure the employee's work performance while the employee is working from an Alternate Worksite;
9. The employee's supervisory responsibilities, if any;
10. The employee's need for supervision; and
11. Other considerations deemed necessary and appropriate by the employee's immediate supervisor/manager, Department Head, and Human Resources.

Notwithstanding the foregoing, an employee working under a Performance Improvement Plan will not be eligible for Telework absent the prior approval of the Human Resources Director after consultation with the Department Head or designee.

Telework Assignment

1. Any Agreement is only valid for the time period specified in the Agreement unless the Department Head or designee approves an extension in writing. The Department Head or designee may, in his/her discretion, decide to terminate the Agreement earlier than the date designated in the agreement or extension. The termination or failure to extend an Agreement will not be viewed as punitive in nature, and is considered a management prerogative. Therefore the decision to terminate or not extend and Agreement is not subject to the grievance procedures or other appeal.
2. Teleworking will be approved on a case-by-case basis consistent with the determinations made utilizing eligibility criteria listed above. The Agreement is temporary and subject to the discretion of management. The approval of Telework does not create any vested right to continue Teleworking.
3. Employees shall work on a full-time basis, according to the Work Schedule. Employees are required to maintain an accurate record of all hours worked at the Alternate Worksite and make that record available to his/her supervisor

upon request. Employees shall record all non-productive work time on his/her timesheet.

4. Non-exempt employees who are eligible to receive overtime shall be assigned a work schedule in the Agreement, including rest and meal breaks (“Work Schedule”). Any deviation from the Work Schedule must be approved in advance, in writing, by Department Head or designee. Non-exempt employees must take meal and rest breaks while teleworking, just as they would if they were reporting to work at their County worksite. Non-exempt employees may not telework outside their normal work hours without prior written authorization from Department Head or designee. A non-exempt employee who fails to secure written authorization before teleworking outside his/her normal work hours may result in disciplinary action in accordance with the appropriate Memoranda of Understanding or County policy for working unauthorized overtime.
5. Teleworking employees are required to be accessible in the same manner as if they are working at their County worksite during the established teleworking Work Schedule. Employees must be accessible via telephone, email, and/or network access to their supervisor and other County employees while teleworking, as if working at their County worksite. Employees shall check their County related business phone messages and emails on a consistent basis, as if working at their County worksite.
6. While teleworking, employees shall adhere to the following:
 - a. Be available to the department via telephone and/or email during all Agreement designated work hours.
 - b. Have the Alternate Worksite be quiet and free of distractions, with reliable and secure internet and/or wireless access.
 - c. Ensure that the Alternate Worksite comply as closely as is reasonably practical to the Ergonomic Guidelines attached hereto.
 - d. All periods of employee’s unavailability must be approved in advance in accordance with department policy and documented on the appropriate leave of absence slip.
 - e. Ensure dependent care will not interfere with work responsibilities.
 - f. Notify their supervisor promptly when unable to reasonably perform work assignments because of equipment failure or other unforeseen circumstance.

5. Employees authorized to perform work at an Alternate Worksite must meet the same standards of performance and professionalism expected of County employees in terms of job responsibilities, work product, timeliness of assignments, and contact with other County employees and the public.
6. Employees may receive approval to use personal computer equipment or be provided with County issued equipment at the discretion of the Department Head or designee.
7. Use of County issued equipment is limited to authorized persons for purposes relating to County business.
8. Employees may receive a virtual private network (“VPN”) account, as approved by the Department Head.
9. The County shall not be responsible for costs associated with the use of computer and/or cellular equipment, including energy, data or maintenance costs, network costs, home maintenance, home workspace furniture, ergonomic equipment, liability for third party claims, or any other incidental costs (e.g., utilities associated with the employee’s teleworking).
10. Employees must take reasonable precautions to ensure their devices (e.g., computers, laptops, tablets, smart phones, etc.) are secure before connecting remotely to the County’s network and must close or secure all connections to County desktop or system resources (e.g., remote desktop, VPN connections, etc.) when not conducting work for the County. Employees must maintain adequate firewall and security protection on all such devices used to conduct County work from the Alternate Worksite.
11. Employees shall ensure that all official County documents are retained and maintained according to the normal operating procedures in the same manner as if working at a County worksite.
12. Employees shall exercise the same precautions to safeguard electronic and paper information, protect confidentiality, and adhere to the County’s records retention policies, especially as it pertains to the Public Records Act. Employees must safeguard all sensitive and confidential information (both on paper and in electronic form) relating to County work they access from the Alternate Worksite or transport from their County worksite to the Alternate Worksite. Employees shall ensure that they are familiar with applicable laws, rules, regulations, policies and procedures specific to their individual department that address the privacy and security of County records and shall adhere to such requirements at all times while teleworking.

13. Employees must also take reasonable precautions to prevent third parties from accessing or handling sensitive and confidential information they access from the Alternate Worksite or transport from their County worksite to the Alternate Worksite. Employees must return all records, documents, and correspondence to the County at the termination of the Agreement or upon request by their supervisor, manager, Department Head or Human Resources.
14. Workers' Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by Workers' Compensation law. Employees must report any such work-related injuries to their supervisor immediately. The County shall not be responsible for injuries or property damage unrelated to such work activities, including injuries to third persons when said injuries occur at the Alternate Worksite.
15. Any breach of the teleworking agreement by the employee may result in termination of the Agreement and/or disciplinary action, up to and including termination of employment.
16. This policy shall not be implemented or applied in a manner that discriminates or retaliates against an employee on the basis of protected class or for engaging in protected activity.

Ergonomics @ home

Working from home may have you working from your favorite lounge chair or a home office. No matter what your workstation looks like, it's important to practice good ergonomics. Here are some helpful tips that will help you work ergonomically correct while at home.

#1) Set up your workspace — Review Diagram A and ensure your workstation is set up as ergonomically correct as possible.

- Adjust monitor height so your neck is neutral.
 - If needed, use a book or two to raise your monitor.
- Adjust monitor brightness/night light.
- Practice good posture, use adequate back support.
- Feet should be flat on the floor
 - If needed, use a footrest, foot stool, box, anything that will allow you to have your feet flat on a surface.
- Elbows and knees should be bent at 90° angle.
- Adequate lighting.
- Neck, wrists and hands should be in a neutral position
 - Review Diagram B for examples of wrist positioning.



Diagram A



Diagram B

- When using a lap top (Diagram C), raise the laptop so the monitor is eye level and use an external keyboard and mouse.

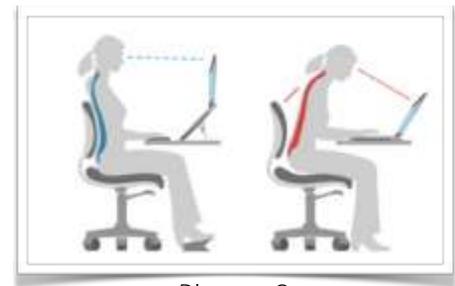


Diagram C

#2) Stretch — take frequent stretch breaks to help reduce musculoskeletal injuries. Regular stretching reduces fatigue, improves circulation, posture and muscle coordination. Reference Diagram D for stretching examples.

- Avoid/reduce repetitive motion. If there is one particular part of your body that is bothering you, make adjustments. Don't keep forcing the same motion. Do some stretches for that problem area. Find a position that is comfortable.
- Try to change your posture/positioning twice an hour.
- Incorporate standing throughout the day; briefly about every 20 min.
 - Stand while reading a document or taking a phone call.
 - If possible raise your workspace to allow you to stand while working on your computer. Keeping in mind that your neck and wrists are neutral and your elbows are bent at 90°.

#3) Move — Working for long periods of time in a static position causes body fatigue. Get in the habit of walking.

- Walk before you begin your work shift.
- Use your morning and afternoon break to take a 10 minute walk.
- Walk before or after you eat dinner.
- Set up a step challenge with coworkers who are working from home.

Ergonomics @ home

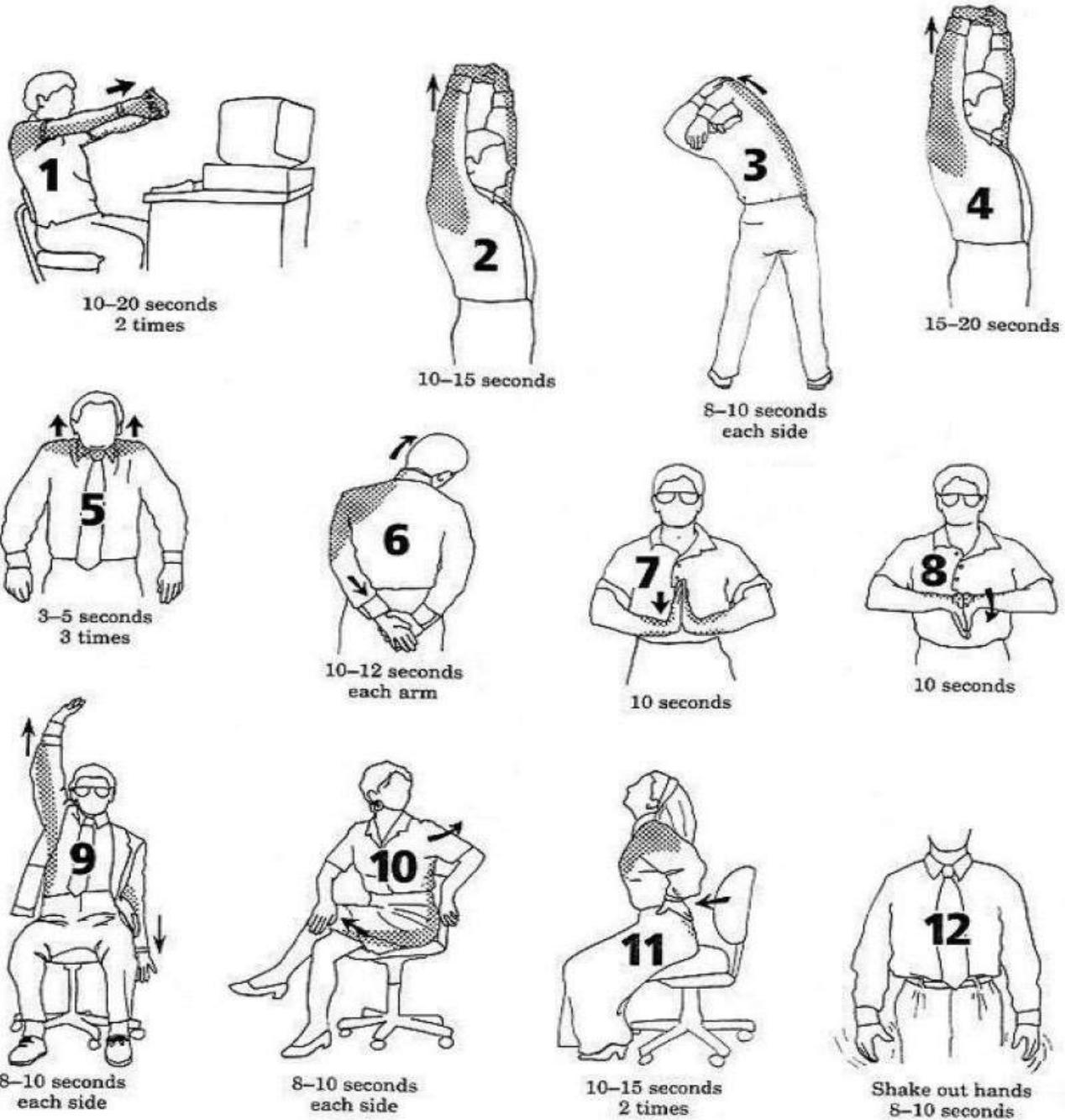


Diagram D

For more ergo tips, ergo questions, or ergo suggestions please email ergo@co.yuba.ca.us or call Tiffany Manuel at 530-749-7871.

[PRINT ON AGENCY LETTERHEAD]

EMERGENCY TELEWORKING AGREEMENT (Attachment A)

Employee Acknowledgement:

I, the undersigned employee (“Employee”), have read the Emergency Teleworking Policy and the Emergency Teleworking Agreement (“Agreement”) in their entirety and I agree to abide by the terms and conditions they contain. I understand and agree that the Agreement is temporary and contingent upon the approval of the Department Head or designee. Approval does not imply entitlement to a permanently modified position or a continued telework arrangement.

I understand and agree that the Agreement is voluntary and may be terminated by the County at any time. I further understand that the County may, at any time, change any or all of the conditions under which approval to participate in the Agreement is granted, with or without notice.

I agree to and understand my duties, obligations and responsibilities. I also understand it is my responsibility to provide adequate advance notification to my supervisor if I am unable to keep any of the agreed upon commitments and/or deliverables. If I fail to do so, I understand this Agreement may be immediately terminated and/or discipline may be imposed.

The Agreement is valid from _____ to _____. I understand this agreement expires on _____ and may not continue unless the County approves a new Agreement or extension in writing. The County may rescind this Agreement at any time.

Regularly Assigned Place of Employment: The days and hours the County expects the Employee to be physically present at the County Worksite are the following:

Day	Morning		Lunch	Afternoon		Total Hours
	Start	End		Start	End	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Alternate Worksite: The location and address of the Alternate Worksite is:

Street	County
Zip Code	State

The phone number to reach Employee at the Alternate Worksite while working under this Agreement is:

_____.

Alternate phone number (voluntary): _____.

The days and hours (“Work Schedule”) the County authorizes the Employee to be physically present at the Alternate Worksite are the following:

Day	Morning		Lunch	Afternoon		Total Hours
	Start	End		Start	End	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

The Employee agrees to report work-related injuries to the Employee’s supervisor at the earliest reasonable opportunity. The Employee agrees to hold the County harmless for injury to third parties at the Alternate Worksite.

I hereby affirm by my signature that I have read this Emergency Teleworking Agreement and the Emergency Telework Policy, and understand and agree to all of its provisions.

Employee Name and Title

Employee Signature and Date

Department Head or designee Name and Title

Department Head or designee Signature and Date

Human Resources Name and Title

Human Resources Signature and Date

Submit the completed and executed Agreement to _____.

Sutter County Return to Work Frequently Asked Questions (FAQs)

1. Do all employees have to report back to the workplace?
 - a. Each department should have a plan for bringing employees back to work, either at the workplace or at home through telework. Where there is not enough work for all employees due to public visits being eliminated, court operations reduced, or some other circumstance that affects workload, the department can work directly with the CAO's office to determine whether alternate work assignments are available for staff. If no other options are available, the CAO will consider allowing additional paid administrative leave on a case by case basis. Anyone receiving paid administrative leave should be ready to report to work upon request. If they cannot return due to child care issues related to COVID-19 impacted school or childcare closure, they should use available leave balances (which may include Families First Coronavirus Recovery Act [FFCRA] leaves – detailed below) to remain off work.

2. How can we accommodate employees who fall into one of the “vulnerable groups” such as over age 65 and/or with a chronic underlying medical condition?
 - a. Employees with known pre-existing conditions, including underlying health conditions or compromised immune systems, may request a reasonable accommodation that will allow them to telecommute as opposed to returning to work. The County is required to engage in the interactive process with employees who request reasonable accommodations and we must accommodate the request if doing so would not create and undue hardship for the department's operations. Please contact Human Resources for assistance with the ADA process.

3. When will paid administrative leave stop?
 - a. Unless the exception in #1 applies, paid administrative leave for employees due to office closure will cease when their department returns employees to full-time status. This does not mean that the department will be open for public facing functions.

4. Are the employees who are returning to work still eligible to earn up to 80 hours of Emergency Vacation Leave as outlined in Section 35.1.7 of the *Rules Governing Employee Compensation, Benefits and Working Conditions*?
 - a. This section allows departments to provide leave when some employees are working even though the office is closed due to an emergency or the work they normally perform has been halted. When the office resumes operations, the employees working are no longer eligible to accrue Emergency Vacation Leave. The County's plan is to return employees to full-time status effective April 27th or May 4th; therefore, the accrual of Emergency Vacation Leave will cease effective April 24, 2020 the last day of the current pay period.

5. How will employees know when and where to report for work?
 - a. Employees will be notified by their department head or their designee of the date of reopening and the location and time that they should report.

6. Can employees still work from home?
 - a. Department heads are encouraged to allow the continuation of telework where productivity and efficiency of department operations can be maintained. Employees telecommuting should continue to complete the “Offsite Work Daily Report.”

7. Can my department expand work from home?
 - a. Where possible and practical, department heads are encouraged to expand telework. Employees should complete the “Offsite Work Program Work Agreement and Work Plan.” The agreement should be signed by the supervisor and the department head prior to the telework beginning.

8. Are additional laptop computers available to expand telework?
 - a. A limited number of laptop computers are available from Information Technology. Department heads can email Ken Sra to determine whether any are available.

9. What if I have an employee doing telework from home, and it’s not working out?
 - a. Supervisors should be monitoring telework and productivity. By doing so, they may be able to address and resolve any issues with working remotely. If they cannot, departments should work with Human Resources to determine the best course of action.

10. Should all employees reporting to a county worksite do a health screening every day?
 - a. All employees reporting to an onsite location must go through a health screening before proceeding to their work area each day. Health screenings are performed on work time. Health screenings are performed by the employee on themselves using the instructions provided at a health screening station set up at each workplace. Larger departments may want to have multiple screening areas to accommodate more than one entry area. If there is a line at the screening station, employees should maintain a minimum of six feet from the next person and wear their face covering.

11. What things do I need at a health screening station?
 - a. All departments should set up a screening station that includes hand sanitizer, disinfecting wipes, an infrared thermometer, instructions on completing a health screening and a log sheet. Each employee should write their name on the log and check that they have completed the screening. (No details about the health screening should be logged, as that would be considered protected health information.) Some departments, especially larger ones, should consider assigning a wristband each day with a color for the specific day for each employee to wear after they have completed their health screening. Supplies, including wristbands, can be obtained from General Services. Employees who have symptoms of COVID-19 should follow the protocols from Dr. Luu.

12. How can I get supplies to reduce the risk of transmission of COVID-19 to my office/worksites?
 - a. Departments should email a purchase requisition for ongoing COVID-19 related supplies (including hand sanitizer, disinfecting wipes or spray, wristbands, etc.) to purchasing@co.sutter.ca.us. Please include "COVID-19" in the email subject line and in the special instructions section on the purchase requisition form. Departments that make purchases in this manner do not need to use a form 213 RR in addition to the requisition. However, if a department wishes to purchase items directly, they should complete a form 213 RR and submit it to Kathy Ferguson prior to the purchase.

13. Can I have more than 10 people at work?
 - a. It depends on the worksite. If it's a large open area and 6 feet of distance can be continuously maintained, then more than 10 people may be in the area. The rule of thumb is half the normal capacity should allow for sufficient social distancing. For example, if a room normally accommodates 30 people, then you should limit the number present to 15. Department heads should exercise their judgment on how many people should be in a location based upon the ability to maintain sufficient distance. If it's a work area with private offices and cubicles that accommodate more than 10 people, more than 10 can be present. In some cases, departments should consider alternating cubicles to allow sufficient distancing. Departments should consider closing common areas where personnel are likely to congregate and interact. Strict social distancing protocols must be maintained.

14. Should my employees be wearing face coverings in the workplace?
 - a. Any time an employee is in an area where they may come into contact with other employees, they should wear a face covering. When in a private office, cubicle, or workstation where 6 feet of distance can continuously be maintained, they do not have to wear a covering. If a hallway is located close to work stations or cubicles, ensure that employees in the hallway are wearing face coverings. If your department needs face coverings, they can get them from General Services.

15. Should my employees be wearing gloves?
 - a. Gloves should only be used for picking up deliveries, handling money, handling mail and other items that have come to the employee. Gloves should be disposed of after each use. Handwashing and hand sanitizing remain the preferred method against spreading the virus. If your department needs gloves, you can order them directly or contact Purchasing (see #12).

16. If my employee must visit another department, can they do that?
 - a. If an employee must visit another department (for example, to make a deposit), they may do so. However, they should wear a face covering and only go to the department after they have first come to their own worksite for their health screening and should maintain social distance and handwashing/sanitizing procedures. They may be asked by the department they're visiting to demonstrate that they have had a health screening.

17. How can I make sure that employees maintain social distancing in the workplace?
- a. Social distancing is a key to preventing the spread of COVID-19. Department heads can stagger shifts to reduce the number of employees in the workplace. Employees should not congregate in common areas such as a workroom or kitchen. In some cases, the department head may have to close off a common area to ensure that employees aren't congregating. Departments can, where possible, make hallways or walkways one way so that employees don't come face to face.
18. What if people must use a common copier, printer, or other equipment or be in a common work area such as a file room?
- a. Use should be staggered to ensure that employees aren't lining up at a machine. Commonly used items such as copiers, printers and door handles should be wiped down with disinfecting wipes at the end of each day and, depending on use in the office, throughout the day. Departments may want to put a large bottle of hand sanitizer in common areas as well. If employees are in a common area together, they should be using a face covering and maintaining 6 feet of distance from others.
19. Can employees share a vehicle?
- a. Unless absolutely necessary, two or more employees should not ride in a single vehicle at the same time. If it is necessary, both should wear face coverings and maintain as much distance as is safe and practical. Items that are touched, such as steering wheels and door handles should be wiped down with disinfecting wipes after each use.
20. If an employee comes to work: a) showing symptoms of COVID-19, b) after travel to known areas with community transmission, and/or c) after known or suspected contact with an affected individual, can I ask the employee to leave work and go home?
- a. Yes. Under the California Occupational Safety and Health Act (Cal-OSHA), the County is required to maintain safe and healthy working conditions for employees. If an employee is sent home from work and has leave balances, you may require the employee to use emergency paid sick leave, if applicable (see #21, #22 and #23 below), or his or her own leave balances. After an employee has exhausted his or her available leave balances, the County must provide paid administrative leave until the employee is able to return to work. **In any instance where an employee is sent home for the above reasons, please contact Human Resources as there is an additional notification that is required to be provided to the employee.**
21. What is the Families First Coronavirus Response Act (FFCRA) and what does it require?
- a. The FFCRA requires public agencies to provide 1) 80 hours of emergency paid sick leave (reduced for part-time employees) for immediate use for six COVID-19 related reasons; and 2) up to 12 weeks of paid FMLA leave for employees who need to be off work due to school closures or where childcare is not available.

22. Are all County employees eligible for emergency paid sick leave and expanded family and medical leave under the President's FFCRA?
- a. No. The Act provides that certain employees may be excluded from the new paid sick leave and/or expanded family and medical leave. These employees include "health care providers" and "emergency responders." These categories of employees are defined very broadly by the Act and include 1) employees who interact with and aid individuals with physical or mental health issues, 2) employees who ensure the welfare and safety of our communities and of our nation, 3) employees who have specialized training relevant to emergency response; and 4) employees who provide essential services relevant to the American people's health and wellbeing. The regulations further identify individuals who work for such facilities employing health care providers and emergency responders and whose work is necessary to maintain the operation of the facility as exempt.
23. When can an employee use Emergency Paid Sick Leave (EPSL)?
- a. An employee is eligible for EPSL when he or she is unable to work, including working from home, because:
 - 1) The employee is subject to a quarantine or isolation order related to COVID-19 (this does not include "shelter in place" orders);
 - 2) The employee has been advised by a health care provider to self-quarantine related to COVID-19;
 - 3) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
 - 4) The employee is caring for an individual subject to a quarantine or isolation order, or who has been advised by a health care provider to self-quarantine;
 - 5) The employee is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 reasons; or
 - 6) The employee is experiencing any other substantially-similar condition as specified by the U.S. Department of Health and Human Services (none have been identified to date).
24. Does the FFCRA provide an eligible employee with 80 hours of EPSL at their regular rate of pay?
- a. It depends on the amount of the employee's regular rate of pay. For EPSL reasons 1-3 above, the employee receives their regular rate of pay; however, the pay cannot exceed \$511 per day and \$5,110 in total. For EPSL reasons 4-6 above, an employee receives 2/3 of their regular rate of pay; however, the pay cannot exceed \$200 per day and \$2,000 in total. Employees may use their other available paid leaves with EPSL so they receive their full pay.

25. How does an employee request EPSL?
- a. The County has developed an [Emergency Paid Sick Leave or Emergency FMLA Request](#) form for employees' use when requesting to be off work. An employee needing leave for a qualifying reason should complete the EPSL Request Form and submit it to his or her supervisor. The Form should also be simultaneously emailed directly to payroll@co.sutter.ca.us and Marlis Alexander in Human Resources at malexander@co.sutter.ca.us.
26. What are the benefits of the Emergency Family and Medical Leave Expansion Act?
- a. If an employee is unable to work or work from home due to a need for leave to care for a son or daughter under 18 years of age if the school or place of care has been closed or the childcare provider is unavailable, an employee is eligible for 12 weeks of paid emergency family and medical leave. The first 10 days of an employee's absence is unpaid; however eligible employees may substitute EPSL for the first 10 days. After the first 10 days, an employee is paid 2/3 of his or her regular rate of pay up to a maximum of \$200 per day and \$10,000 in total for the number of hours the employee would have been regularly scheduled to work. An employee may choose to use any available leave balances to make up a full pay check.
27. Can I require an eligible employee to use his or her own leave balances before providing the Emergency Paid Sick Leave?
- a. No. An eligible employee must use Emergency Paid Sick Leave before being required to use his or her own leave balances.
28. Are all employees still eligible to borrow up to 80 hours of sick leave if they run out of leave balances?
- a. Yes. The Board's action on March 24th continues to apply to all employees.
29. Is there anything else I need to know?
- a. Common sense prevails. If you're unsure of a situation, Human Resources and the CAO's office can assist. We may need to get clarification from Dr. Luu on some issues. Please reach out. If you're asking, someone else probably has the same question.



Feeling Sick?

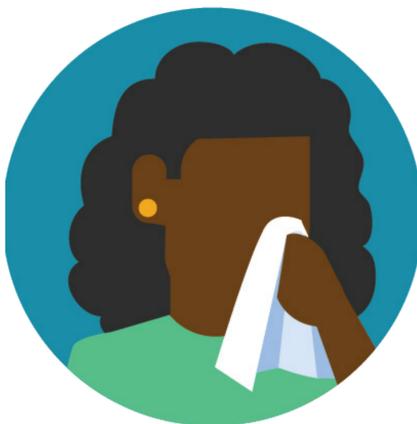
Stay home when you are sick!

If you feel unwell or have the following symptoms
please leave the building and contact your health care provider.
Then follow-up with your supervisor.

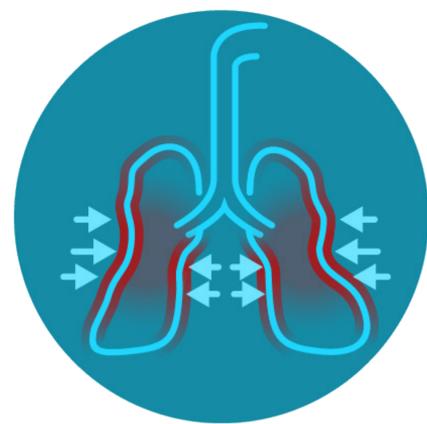
DO NOT ENTER if you have:



FEVER



COUGH



**SHORTNESS OF
BREATH**



[cdc.gov/CORONAVIRUS](https://www.cdc.gov/CORONAVIRUS)

How to Protect Yourself and Others

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Avoid close contact** with people who are sick.
- **Stay at home as much as possible.**
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick.** www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cover your mouth and nose with a cloth face cover when around others



- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public**, for example to the grocery store or to pick up other necessities.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

Facial coverings

An added protection against COVID-19.

DO wear them at work when you cannot maintain 6 feet of distance with another person.

DO wear them walking to/from communal spaces like the restroom or copier.

DO be sure to wash your facial covering after each use in hot water and a hot dryer.

No need to wear them while on a walk with someone else, if at least 6 feet of distance is maintained.

No need to wear them in your office alone.

Take breaks outside, limit space in the breakroom, avoid "water cooler" conversations.

Be sure it covers your nose, mouth and chin.



Use bandanas, neck gaiter, or a T-shirt. Leave surgical masks/n95s to healthcare staff.

Before entering County facilities:

Facial coverings **REQUIRED** upon entry



Symptoms screening upon entry



Social distancing of 6 feet
or more between you and
another person



Most offices open by appointment only. Call
749-7700 for info on County departments.

YUBA & SUTTER COUNTIES

PROXIMITY TO COVID-19 TESTING LOCATIONS

Population

Within 30 Minute Drive of COVID19 Testing

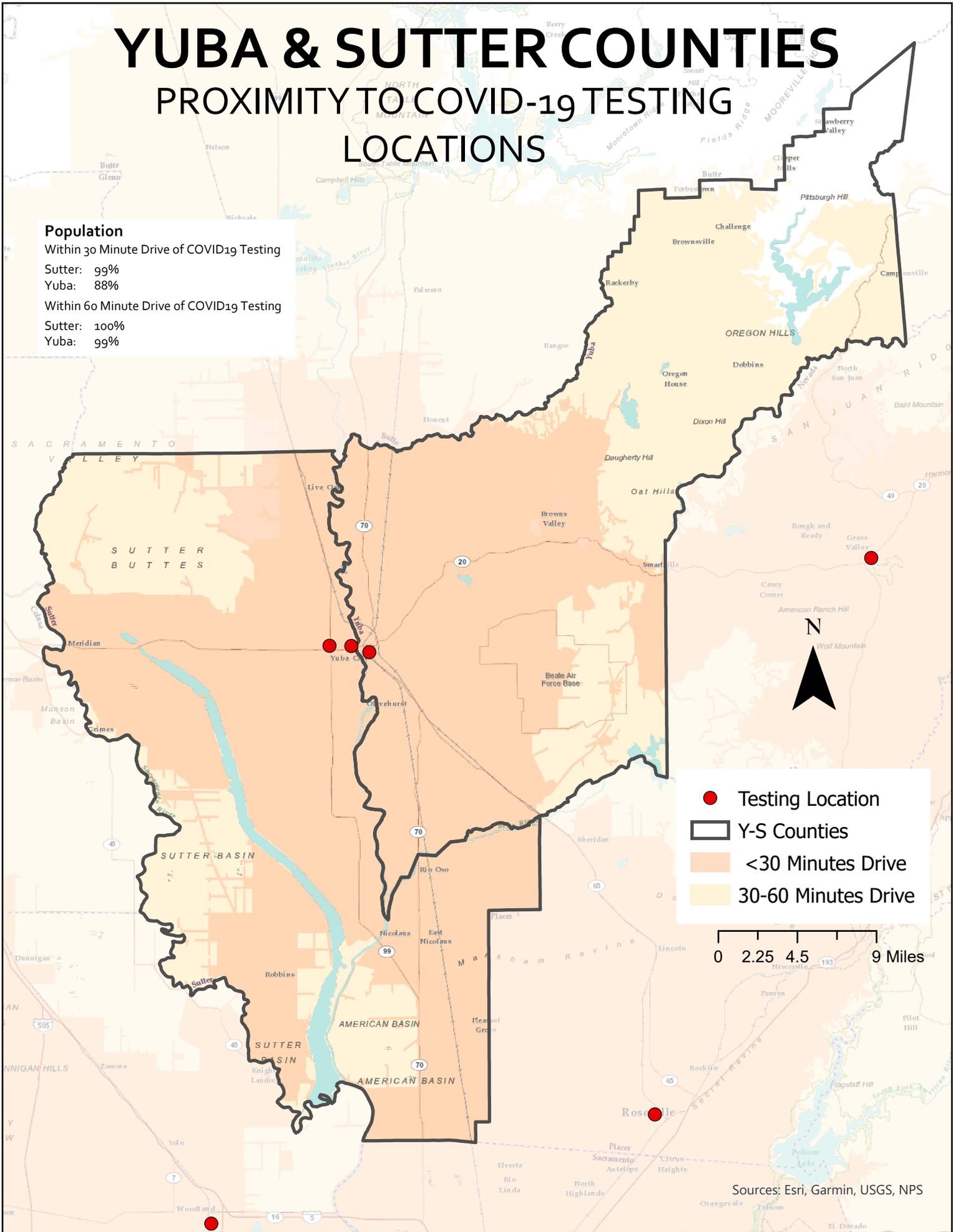
Sutter: 99%

Yuba: 88%

Within 60 Minute Drive of COVID19 Testing

Sutter: 100%

Yuba: 99%



- Testing Location
- Y-S Counties
- <30 Minutes Drive
- 30-60 Minutes Drive

0 2.25 4.5 9 Miles

Sources: Esri, Garmin, USGS, NPS

CCN	Provider	Address	City	County	State	Zip Code
055092	YUBA CITY POST ACUTE	1220 PLUMAS ST	YUBA CITY	Sutter	CA	95991
056346	BRIDGEVIEW POST ACUTE	521 LOREL WAY	YUBA CITY	Sutter	CA	95991
555430	FOUNTAINS, THE	1260 WILLIAMS WAY	YUBA CITY	Sutter	CA	95991
555535	RIVER VALLEY CARE CENTER	9000 LARKIN ROAD	LIVE OAK	Sutter	CA	95953
555682	MARYSVILLE POST-ACUTE	1617 RAMIREZ STREET	MARYSVILLE	Yuba	CA	95901



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for Health Security

Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors

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EXECUTIVE SUMMARY

As the COVID-19 pandemic continues to progress, most jurisdictions have implemented physical distancing measures community-wide. As chains of transmission begin to decline, along with new COVID-19 cases, there will need to be decisions at the state level about how to transition out of strict physical distancing and into a phased reopening.

This document provides an assessment of the risk of SARS-CoV-2 transmission in a variety of organizations and settings that have been closed. We outline steps to reduce potential transmission during the reopening of these organizations and settings, building on the proposed phased approach from the [National Coronavirus Response: A Road Map to Reopening](#). Reopening businesses and other sectors represents one of many steps that will need to be taken to revitalize communities recovering from the pandemic, restore economic activity, and mitigate the unintended public health impact of the distancing measures that were necessary to confront the epidemic of COVID-19. A discussion of larger community-wide considerations for holistically enhancing recovery can be found in the [Appendix](#).

State-level decision makers will need to make choices based on the individual situations experienced in their states, risk levels, and resource assessments. They should make these decisions in consultation with community stakeholder groups. Different parts of the country face varying levels of risk and have different resources available to confront these uncertainties. These decisions will need to be accompanied by clear and transparent communication to gain community engagement around the greatly anticipated reopenings. Individuals, businesses, and communities have a role to play in taking actions to protect themselves and those around them during this time. In this report, we offer a framework for considering risks regarding the likelihood of transmission and potential consequences of those transmissions. This is accompanied by proposed assessments for nonessential businesses, schools and childcare facilities, outdoor spaces, community gathering spaces, transportation, mass gatherings, and interpersonal gatherings. This is followed by proposed action steps for state-level decision makers on how to use risk assessment findings.

INTRODUCTION

Over the past few weeks, most states have implemented strict physical distancing measures in an extraordinary effort to reduce transmission of SARS-CoV-2. These measures are working, and there are now signs of improvement in some communities where the numbers of new cases reported daily have begun to decline. Although no states are ready to lift physical distancing measures, there is immense pressure to get back to business as usual, and these developments have prompted questions around how to reopen in individual states when it becomes safer to do so.

It will be essential for each state to make informed decisions about how to carefully move from a strict physical distancing phase (Phase I) to a staged reopening phase (Phase II) and to communicate that rationale clearly. As important, governors should set appropriate expectations around the risks involved in reopening businesses and other sectors. To be clear, reopening will increase the risk of COVID-19 spread. Therefore, it is important for leaders to know that getting things open again will increase the risks of individuals contracting COVID-19, and there is no way to completely guard against that.

The majority of models have shown that, in the absence of social distancing, COVID-19 has a reproduction rate of between 2 and 3 (though some models have shown it to be higher). This means that every person with the disease will spread it to 2 to 3 others, on average. To end an epidemic, control measures need to drive that number as far below 1 as possible. A vaccine can do that if and when it becomes available. But in the meantime, social distancing measures, combined with case-based interventions, are the key tools to maintaining the reproduction rate below 1. If the reproduction rate rises above 1, this means that epidemic growth has resumed. If that occurs, it may be necessary to re-initiate large-scale physical distancing. It is important to recognize that states will need to actively manage COVID-19 cases with great vigilance for the entire duration of the pandemic until a safe and effective vaccine is widely available.

The purpose of this document is to assess the risk of SARS-CoV-2 transmission in businesses, schools, and other community spaces considered nonessential by state orders, in order to identify candidates for reopening. This evaluation should be done on the basis of risk for viral transmission in different settings and the ability to implement mitigation measures to reduce risks to employees and customers. Reopening businesses is only one step among many that will need to be considered on the path to recovering from this pandemic. This document is limited to issues of reopening and does not address other important matters related to recovery from this pandemic around the country. At the same time, reopening decisions prompt the larger question of how communities can plan better for other, future decisions ([see Appendix](#)).

PHASES OF REOPENING

This report builds on the epidemic phases described in the [National Coronavirus Response: A Road Map to Reopening](#), published last month. That report outlined 4 phases and identified capacities required in each phase, as well as the triggers needed to progress from one phase to the next.

Phase I consists of community-level physical distancing measures to “slow the spread.” In addition to asking community members to remain at home, state leaders should also use Phase I to increase access to diagnostic testing and increase public health and medical system capacities. These capacities are needed to safely identify and treat all COVID-19 patients and to prepare for a shift from community mitigation (what we are doing now) to case-based interventions (when we try to control spread by focusing testing and resources on individuals with disease who may be infectious and their close contacts).

A shift to Phase II could be considered when the following 4 criteria have been met: (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including having appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct [contact tracing](#) for all new cases and their close contacts, as described in our [National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US](#).

During Phase II, businesses and sectors can begin a process of reopening, with modifications. Rather than asking everyone to stay home, states can limit SARS-CoV-2 transmission through a combination of physical distancing and case-based interventions (testing, contact tracing, and self-isolation for those with active disease or individuals who may have contracted SARS-CoV-2 and are awaiting test results), which in most places may require an expanded workforce and resources.

Phase III looks ahead to a time when an effective therapeutic or vaccine is available, and Phase IV identifies some policy priorities for increasing preparedness for the next public health threat. Details of those phases can be found in that [full report](#).

CONSIDERATIONS FOR STATE-LEVEL DECISION MAKING

There is no one-size-fits-all approach to reopening. Governors will need to assess the epidemiologic situation in consultation with public health and healthcare leaders, along with mayors, local community leaders, and health departments. These discussions should include considerations of available capacities (eg, in the areas of diagnostic testing, personal protective equipment, healthcare and medical resources), careful risk assessments, and a weighing of the risks and benefits sector by sector. Governors will need to decide whether to implement the same reopening policies across the state or if there will be local decisions taken at the county or city levels. They will also need to make plans for the potential reintroduction of physical distancing measures should there be an uptick in cases.

Epidemiologic risk for increasing virus transmission is only one of many factors that should guide decision making at the state level. This document is not intended to be a comprehensive representation of necessary steps for transitioning into new phases of the pandemic. Decisions pertaining to reopening of different sectors can be particularly high consequence, and governors should ideally consult with a multidisciplinary group of stakeholders who have an understanding of the circumstances facing communities and the ability to identify downstream impacts of decisions around reopening sectors in local communities. These stakeholders could include, for example, leaders from chambers of commerce or small business bureaus, faith-based communities, representatives from minority and underserved communities, and organizations that regularly work with vulnerable populations. These diverse perspectives will highlight the practicalities of what reopening will mean for their communities and will uncover opportunities for state and local leaders to provide additional support to those communities during the transition to Phase II, where gradual reopening begins.

Consequential decisions around reopening have the potential to be immensely beneficial but also carry the possibility for unintentional harm. Decisions driven by risk assessments will support protection of the health and safety of the public. The addition of consultations with multidisciplinary stakeholder groups ensures that many voices are heard and that additional programmatic and financial resources can be directed to places where they are most needed.

COMMUNICATION AROUND REOPENING

The most critical component in communication around reopening is to ensure community engagement in both mitigation measures taken to prevent the spread of disease and plans for reopening. This requires substantial effort to coordinate with community and business stakeholders. Communication must address concerns from those stakeholders and should be conducted with an interest in 2-way communication and input from a wide range of voices. Without community engagement as a goal of communication efforts, there is a risk of distrust, spread of misinformation, and lack of compliance. Different states and local communities may weigh differently the competing considerations as to how they stage their reopening, based on local needs, resources, social issues, and risk factors. This underscores the importance of leaving these decisions to state and local officials, and for state and local officials to involve interdisciplinary stakeholder groups in reopening discussions.

There is great anticipation of the possibility of returning to a sense of normalcy and routine activities; therefore, framing and communication of goals and considerations around reopening will be of key importance. The position from which decisions are framed will function to generate support from members of the public. Communities are feeling the costs of lost livelihoods, interrupted schooling for children, and grief from loss of loved ones to the virus. Measured strategies for explaining the factors involved with reopening decision making will be needed.

Communication before and during the period of phased reopening should be transparent about the factors that are being used to make decisions, the decision-making process, and those stakeholders who were part of the decision-making process. Leaders should acknowledge uncertainty where it exists and highlight what measures are being taken to reduce that uncertainty. They should also foreshadow what information may lead to a change in recommendations. A nuanced understanding of the challenges faced by those affected by decisions about reopening and empathy toward these challenges is also critical to ensure members of the community feel their issues have been given consideration.

Communication during reopening should also ensure that individuals know what actions they should take to protect themselves from COVID-19 and what should reasonably be expected from businesses and other community members. This requires a good understanding of their risks and the mitigation measures being put in place by businesses. State and local authorities should regularly update members of the public about what they are doing to keep people safe, changing circumstances, and changes in requirements for businesses.

THE IMPORTANCE OF RISK ASSESSMENT

Risk assessments should be integrated into the decisions around reopening. Risk assessments are formalized processes to evaluate risks and hazards. Assessing the risks of easing social distancing measures and restarting parts of the economy requires a measurement of the **likelihood** of increased transmission and the **consequences** of that transmission. Likelihood in this case means the probability that reopening a business, school, or other organization where people congregate will cause significantly increased transmission. Consequence is the impact that increased transmission could have on individuals or communities if a business, school, or other organization reopens or eases social distancing measures.

In addition, there are mitigation measures that can decrease both the likelihood and consequences of transmission. Although enumeration of those mitigation measures for every type of business is beyond the scope of this report, we briefly describe principles of risk reduction through the hierarchy of controls later in this section. Where possible, we have also linked to a selection of existing guidance throughout the document.

The risks of increased transmission of COVID-19 are balanced against risks to the health and well-being of the public, society, and the economy from measures taken to reduce the spread of the disease. The likelihood and consequence of harms across a range of factors, including but not limited to increased disease transmission, other health impacts, threats to livelihoods, and consequences to regional economies, should be considered together.

Likelihood

There are still many gaps in scientific understanding about the transmission dynamics of SARS-CoV-2. But initial published data suggest that transmission of SARS-CoV-2 occurs primarily through prolonged, close contact. In studies that have monitored people with a known exposure to a confirmed case, household members, those who report frequent contact, and people who have traveled together or shared a meal are found to be at [highest risk](#) of infection. Other studies that attempt to reconstruct transmission chains among confirmed cases have also found that prolonged close contact is the source of most new [infections](#). Some special settings have also been identified. [Superspreading](#) events have been linked to religious services, choir practice, and large family gatherings, among others. Congregate settings like [cruise ships](#), [institutions of incarceration](#), and [long-term care facilities](#) have also been the source of large outbreaks. These findings suggest that settings where close contact is minimal will be lower risk than settings with prolonged close contact.

However, it is important to note that low risk does not mean no risk. Any place where people come together or have contact with shared surfaces could in theory be a transmission opportunity. Exact quantification of the risks of various activities is not possible, so we present here qualitative assessments using expert elicitation and published data as of the date of this report.

Consequences

The primary consequence is the risk of increased transmission of SARS-CoV-2, which could precipitate community spread. Businesses or activities that bring people together in densely populated spaces, those that have employees or customers that travel further and disperse more widely, and those that either employ or have a large number of customers with COVID-19 risk factors, like underlying medical conditions, may create greater personal and societal consequences if they ignite a chain of transmission by reopening.

Mitigation

Mitigation measures are those actions to reduce the negative impacts of situations carrying increased risk through minimizing the severity or scope of impact. The [Centers for Disease Control and Prevention](#) has published extensive guidance on implementation of mitigation measures across multiple levels of society, including individuals, schools, workplaces, faith-based organizations, and congregate living spaces.

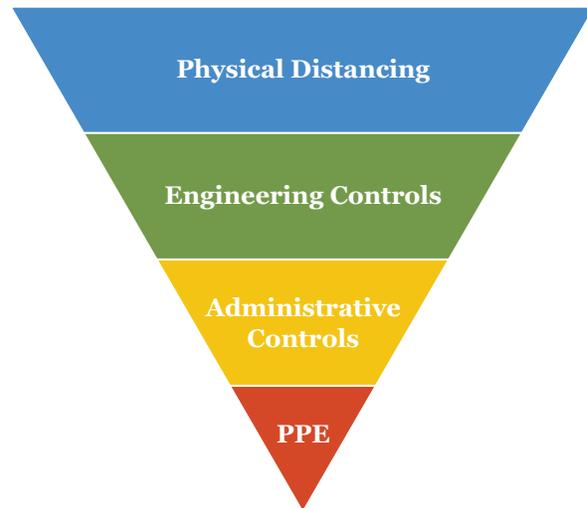
Even if a business or organization is deemed to be high risk because of likelihood or consequences of increased transmission, it is possible to reduce that risk with targeted mitigation steps. However, it should be noted that no mitigation step will reduce the risk completely, and even with multiple mitigation steps in place, some businesses or organizations may be at too high a risk to open until the pandemic is over.

[Hierarchy of controls](#) is a concept used by the National Institute for Occupational Safety and Health (NIOSH) as a framework for identifying controls for potentially harmful workplace hazards. These principles are useful for assessing the effectiveness of controls for COVID-19 and for understanding the range of impacts those measures can have on decreasing the likelihood of transmission. The NIOSH hierarchy of controls structure is adapted below for COVID-19 purposes.

MODIFIED HIERARCHY OF CONTROLS

Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:

- Physical Distancing — wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present.
- Engineering controls — creating physical barriers between people
- Administrative controls — redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication
- PPE — having people wear nonmedical cloth masks



Regardless of business specific considerations, there are measures that can be taken to mitigate the risk of infection to protect individuals:

- Use of nonmedical cloth masks
- Incorporating engineering controls such as physical barriers where possible
- Reconfiguring space to enable people to be located apart (ideally, at least 6 feet)
- Supporting and enabling employees to remain at home if they are unwell or have been in close contact with someone who is sick

ASSESSING RISK FOR ORGANIZATIONS AND SPECIFIC SETTINGS

This section provides high-level risk assessments for the following 7 categories: (1) “nonessential” businesses,* (2) schools and childcare facilities, (3) outdoor spaces, (4) community gathering spaces, (5) transportation, (6) mass gatherings, and (7) interpersonal gatherings. Each of these categories was assessed along 3 dimensions: contact intensity, number of contacts, and the degree to which the activities are considered to be modifiable (through mitigation measures such as enabling people to remain 6 feet apart) to reduce risk. We note that these assessments are qualitative and

* “Nonessential businesses” is a term being used by states to distinguish between businesses that are allowed to remain open because they are critical to societal functioning and those that have been asked to temporarily close.

based on expert judgment. Currently, there are not enough detailed data available to enable quantitative risk stratification. Unfortunately, states will need to make decisions about re-initiating some business activities before there are validated data to know the levels of risk we are assuming in reducing social distancing in various settings.

For purposes of this document, contact intensity was rated as either low, medium, or high. We define contact intensity as a function of contact type (ranging from close to distant) and duration (ranging from brief to prolonged). Low contact intensity activities are interactions that are brief and fairly distant, like walking past someone in a shop. High contact intensity activities involve prolonged close contact, like sharing a dormitory. Medium contact intensity activities fall between these 2 poles, like sharing a meal in seats that are separated by several feet. Of course, inside a business environment, there may be physical spaces and/or activities that range from low to medium to high, and that should be taken into account during the decision-making process. Risk to employees who may have different exposures should also be considered.[†]

We also assess the number of contacts as either low, medium, or high. We define the number of contacts as the approximate number of people in the setting at the same time, on average. A higher number of contacts is presumed to be riskier.

Modification potential (the degree to which mitigation measures can buy down those risks) is a qualitative assessment of the degree to which activities can be modified to reduce risk. The engineering controls framework was used to inform the risk assessments; sectors and businesses that could effectively incorporate physical distancing and engineering controls were considered to have a higher modification potential than those relying on administrative controls or personal protective equipment. Links to a selection of existing guidance on what those mitigation steps could include are also provided.

These risk assessments are primarily oriented around customers, attendees, and members of the public, who would make up the majority of people interacting with a business or other noted setting in this report. However, we acknowledge that risk to employees will likely be greater in many of these organizations and settings, as their duration of exposure and number of interactions will be higher. Special precautions should be taken to protect employees, potentially including restructuring duties to minimize person-to-person contact, changing work flows or operations to diminish risk, providing personal protective equipment for employees (if sufficient supplies make it

[†] This text was added on April 20, 2020, after publication, to clarify the population under consideration for the risk assessments.

feasible to do so outside the healthcare system), and providing enhanced sanitation and hygiene supplies (eg, disinfecting products and alcohol-based hand sanitizer).*

Included in the next section are high-level risk assessments for various sectors. They are not listed in any particular order, and the list is not fully comprehensive. Governors and their teams may want to modify these risk assessments according to local considerations. In the final section, there are proposed principles for incorporating these determinations into policy decisions. Those, too, should be modified to reflect local context.

“Nonessential” Businesses

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Restaurants	Medium	Medium	Medium	National Restaurant Association, FDA
Bars	High	High	Medium	FDA
Salon, spas, and other personal care industries	Medium/high	Low	Medium	TN Cosmetology & Barber Guidelines
Retailers	Low	Medium	Medium	NY state guidance, OSHA
Shopping malls	Low	Medium	Medium	NC state guidance, OSHA
Gyms/fitness studios	Medium	Medium	Medium	CDC Small Business guidance
Theaters, museums, and other indoor leisure spaces	Medium	High	Medium	CA entertainment venue guidance, Americans for the Arts, American Alliance of Museums
Outdoor large venues (concerts, sports)	High	High	Medium	CDC Mass Gathering guidance
Indoor large venues (concerts, sports)	High	High	Low	CDC Mass Gathering guidance

* This text was added on April 20, 2020, after publication, to clarify the population under consideration for the risk assessments.

Schools and Childcare Facilities

Schools and childcare facilities play many important roles in communities. Schools provide necessary education to prepare children for adulthood. Online education from K-12 is not a substitute for in-person learning and socialization in a school setting. Long-term shutdowns will likely lead to education gaps and other consequences for many children. In addition to the critical function of educating children, schools and childcare facilities also enable parents to work outside the home. They also serve as key resources in that they offer meals, safe environments, and other services, particularly to vulnerable families.

Unlike businesses and sectors that primarily serve adults, the consequences of increased transmission are potentially different for settings and activities that primarily serve kids. Children are less vulnerable to severe illness from COVID-19 than adults. A recent [report](#) found that fewer than 2% of cases of COVID-19 in the United States were diagnosed in children, and of those (for whom data were available), between 5.7% and 20% required hospitalization. Most children requiring hospitalization were under 1 year of age. These considerations favor the reopening of schools and childcare facilities.

However, it is still not known what role children play in the transmission of SARS-CoV-2. For other viral illnesses, like influenza, children are drivers of transmission. Early and prolonged school closures have been shown to reduce overall community transmission of influenza. There has been some evidence that COVID-19 produces more [mild illness](#) in children and therefore it may be less likely to be detected than in adults. However, without more conclusive evidence, it is difficult to quantify the role of [children](#) in propagating [COVID-19](#) to other students, their family members, teachers, and school staff. Furthermore, schools and childcare facilities are staffed by adults, some of whom may be at risk of severe illness. These considerations weigh against reopening.

Some students are likely to have underlying medical conditions that will prevent them from returning to school safely. Other students who are healthy without underlying conditions may have parents who believe it is unsafe for their children to return to school, either because of concerns about the health of the student or the possibility of bringing infection back to the household and infecting adults. If schools are reopened, decisions will need to be made regarding whether tele-education will need to be provided to those students who do not come back to school, alongside in-person education being provided in school.

In order to better understand the role of children in transmission, studies reconstructing transmission chains are needed, as are studies seeking to correlate viral load to infectiousness. Governors should work with their state public health departments to make this research a priority.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Childcare facilities (daycare, preschools)	High	Medium/High	Low/Medium	CDC, WHO
Schools (elementary, middle, and high)	High	High	Low	CDC, WHO
Contact school sports	High	Medium/High	Low	NCAA, CDC
Noncontact school sports	Low	Medium	High	NCAA, CDC
Summer camps	High	High	Low	American Camp Association, Association of Camp Nursing
Institutions of higher education	High	High	High	CDC, American College Health Association
Residence halls and other overnight programs	High	Medium	Low	NYC guidance for congregate settings and residential buildings

Outdoor Spaces

COVID-19 transmission is more likely in [enclosed spaces](#) than outdoor spaces, based on current epidemiologic understanding. Indoor spaces may have poor ventilation, which may lead to viral particles persisting in the air or recirculating longer than they would outdoors or in enclosed spaces with good ventilation. People also tend to be closer together indoors, and there are more high-touch surfaces that can serve as fomites of disease transmission. Therefore, there is lower risk of disease transmission [outdoors than indoors](#), especially if distance is maintained between individuals while outdoors.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Parks, walking paths/trails, dog parks	Low	Low	Low	Guidance from MD , Guidance from RI , Guidance from Los Angeles, CA
Athletic fields and other outdoor congregate settings	Medium	Medium	Low	Guidance from the National Mall Trust in Washington, DC
Pools	Medium	Low	High	CDC , Guidance from WA
Beaches, piers	Low	High	Medium	Guidance from Orange Beach, AL , Guidance from RI
Playgrounds, skateparks, and other outdoor recreation spaces	Medium	Medium	Medium	Guidance from MD , Guidance from Santa Cruz, CA

Community Gathering Spaces

Community spaces provide important societal benefits and can range from civic centers to places of worship. The risk in these spaces is highly dependent on the size of the population they serve and the size of the space.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Places of worship	High	High	Medium	CDC , FAQ for Faith Leaders from NYC , Guidance from NY state , Risk Assessment from WHO , Decision Tree from WHO
Libraries [§]	Low	Low	Medium	CDC , Guidance from Baltimore County Library
Community centers	Medium	High	Medium	CDC , Guidance from PA , Guidance from Riverside University Health System , Guidance from IL

Transportation

Transit is very important for keeping communities functioning, and limiting mass transit availability disproportionately affects [under-resourced populations](#). Transit should be opened with careful mitigation measures, given that public transportation is a fairly high-risk setting.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Buses	High	High	Medium	CDC , NY state guidance for public transportation
Metros/rail	High	High	Medium	CDC Transit Stations , CDC Transit Workers
Airplanes	High	High	Medium	CDC guidance: baggage claim/ cargo, airport staff, staff interacting with passengers, aircraft technicians
Rideshare/taxis	High	Low	Low	Washington State Guidance for Rideshare/Taxis , Toronto Guidance

[§] Libraries that incorporate social activities or community gatherings into their services should refer to the “community centers” category.

Mass Gatherings

According to the [World Health Organization](#), an event is defined as a mass gathering “if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.” The size of an event that can be considered a mass gathering may depend on the national and local healthcare capacity and the context. For example, if other strains are placed on the health system at the same time, such as an ongoing outbreak, the threshold of the health system would be considerably lower, and, therefore, the size of the event could be considerably smaller and still be defined as a mass gathering.

[Mass gatherings](#) have often been the source of infectious disease outbreaks that spread globally or have contributed to the international spread of disease. While a number of public health measures can be implemented in the planning and operational phases of a mass gathering to significantly reduce the risk of disease spread, during the current pandemic, the high risk for COVID-19 transmission that mass gatherings pose should be recognized. This [high risk of transmission](#) is due to a number of factors, including the high density of individuals often in attendance in confined spaces during mass gatherings, the possibility of further domestic or international spread, and the new formation of clusters as people often travel significant distances to attend a mass gathering.

Mass gathering organizers must comply with national and local guidelines and restrictions. At the current stage in the pandemic, while the White House Coronavirus Task Force has recommended banning gatherings of more than 10 people, [Individual states](#) have varied in the size of gatherings they are banning. As these restrictions lift and organizers begin hosting large events, they should conduct a COVID-19–specific risk assessment to determine the level of risk of transmission the event may pose and identify areas for modification that could reduce or mitigate these risks. The [WHO](#), among others, provides risk assessment and mitigation tools for mass gathering organizers, along with several technical guidance documents.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Sports related mass gatherings: games, tournaments, championships	High	High	Medium	WHO guidance for mass gatherings-Sports Addendum , WHO mass gatherings risk assessment - sports addendum , WHO Interim guidance for all mass gatherings , WHO generic mass gathering decision tree , CDC guidance
Sports related mass gatherings: training	High (sport dependent)	Medium	Medium	WHO Interim guidance for mass gatherings-Sports Addendum , WHO generic mass gatherings risk assessment - sports addendum , WHO Interim guidance for all mass gatherings , WHO generic mass gathering decision tree , CDC guidance
Religious related mass gatherings: large celebrations, festivals, pilgrimages	High	High	Medium	CDC, FAQ for Faith Leaders from NYC , Guidance from NY state , Risk Assessment from WHO , Decision Tree from WHO , WHO considerations for religious mass gatherings
Business-related mass gatherings: trade shows, conferences, conventions, workshops, retreats	High	High	High	WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance
Entertainment-related mass gatherings: large concerts, festivals, carnivals, conventions, shows	High	High	Medium	WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance
Politically related mass gatherings: election rallies, polling centers, parades, speeches/ addresses	High	High	Medium	WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance

Interpersonal Gatherings

Interpersonal gatherings among family and friends, including events such as weddings, birthday parties, and funerals, hold great personal and societal value. Attending these events, however, also holds the risk of disease transmission. An epidemiologic assessment of a large, multifamily cluster of COVID-19 cases found that transmission of the virus likely resulted from attendance at a funeral and birthday party. Factors including interacting closely together in enclosed spaces, hugging or kissing, and sharing food or utensils are all practices that are often common at interpersonal gatherings and can increase the risk of SARS-CoV-2 transmission. Certain cultural practices in funerals that promote physical contact with a deceased individual, when that deceased person was infected with SARS-CoV-2, should also be avoided. Careful consideration should be given to ensure that mitigation measures are implemented to reduce the risk of spread, where possible, while still respecting the cultural value of important events. In particular, the [CDC recommends](#) that organizers should consider the number and density of attendees, the prevalence of people who could be at high risk of severe illness due to underlying factors, the level of local community disease transmission, and the ability to reduce the number of attendees where possible.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Small social gatherings (eg, birthday parties)	High	Medium	High	CDC guidance
Large social gatherings (weddings, funerals with many attendees)	High	High	High	CDC guidance , National Funeral Directors Association guidance

PROPOSED PRINCIPLES FOR ACTION

States should consider initiating the reopening process when (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, including mild cases, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including providing appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct contact tracing for all new cases and their close contacts.

Governors should involve stakeholder groups in the decision-making process in order to better understand the needs, capacities, and challenges of different communities.

Even when reopening actions are under way, those who can continue to telework should continue to do so. This will reduce social interactions overall and will reduce the risk of infection in workplaces where telework is feasible. Businesses should actively support social distancing by implementing telework policies and adopting flexible sick leave policies that encourage workers to stay home when sick or when known exposure to COVID-19 has occurred.

All individuals going back to work should wear nonmedical cloth masks. This will reduce the chance of those people transmitting the virus to their co-workers.

Governors should consider reopening in phases separated by 2 to 3 weeks. After each phase of reopenings, state public health officials should review the numbers of new COVID-19 daily case counts, hospitalizations, and deaths carefully, along with other syndromic surveillance tools. The results of reopening decisions will take 2 to 3 weeks to be reflected in those numbers. If case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of the rising numbers. Possible actions might include changes to case finding and contact tracing, taking specific measures to respond to identified new outbreaks, and, as needed, re-imposition of some or all of the previously relaxed social distancing interventions.

Organizations and activities that are outdoors are less likely to result in transmission than are indoor activities and seem to carry the lowest risk, assuming personal mitigation measures (maintaining 6 feet of separation, wearing nonmedical cloth masks in public) are all maintained.

Businesses and sectors that have low contact intensity, low numbers of contacts, and high ability to modify operations in ways that diminish the potential to spread will be safer to reopen sooner and more fully than those with high contact intensity, high contacts, and the inability to modify or mitigate operations.

While public transportation is normally high contact intensity and high numbers of contacts, modifications should be pursued to make them safer. More spacing between people, with lower ridership, would reduce risks. Without public transportation, many people will not be able to get to work at all.

Schools and childcare facilities pose special challenges. They are very important for the education of children, and many parents will have difficulty going back to work if schools remain out of session. There are many scientific uncertainties that complicate this decision. Children infected with COVID-19 generally experience more mild symptoms than adults, but the rate at which they spread the disease to other children, teachers, school staff, and family members is uncertain. If schools are reopened, most kids will be at low risk of severe infection themselves. However, some kids will have underlying conditions that increase their risks, and some teachers and staff will be at high risk. Their parents may also be at high risk if children do get infected and transmit the disease at home. Some parents may elect to not allow their children back in school, so schools that reopen will need to decide whether to also offer tele-education. States will need their own processes of decision making and community engagement regarding how to make decisions about school reopening on the basis of these uncertainties.

CONCLUSIONS

This document summarizes considerations, risks, and opportunities for governors to weigh when deciding when and how to slowly reopen. These decisions should be made carefully and thoughtfully to limit the risk of disease resurgence. Reopening of businesses is only one step among many that will need to be considered on the path to recovering from this pandemic.

APPENDIX

Planning to Restore Community Vitality in the Pandemic Context: Leadership Considerations and Actions

When can businesses, schools, recreational facilities, and places of worship reopen for normal operations? This is one in a series of major decisions that will reflect and shape how communities adapt to the protracted pandemic and its cascading social and economic effects. As governors urgently consider the proper public health conditions for an economic restart, they can also begin to prepare for a more comprehensive process of community revitalization that will stretch over near, intermediate, and long terms. The demands for social service, mental health, and workforce development needs, for instance, will stretch farther into the future than society's requirements for physical distancing. It is, thus, prudent for states' top executives to be proactive and plan for the future well-being of their residents. Below are some principles and practices that governors can adopt to that end:

Draw lessons from analogous complex threats, characterized by uncertainty, that require measured decision making: A pandemic is not the only scenario in which economic well-being and public health are seemingly at odds and potential tradeoffs require careful weighing. In the case of widespread contamination from radioactive materials, for instance, the standard is not a prescribed numeric clean-up guideline but, rather, a flexible, iterative, and multifaceted decision-making process that involves stakeholders such as citizens' groups and businesses in developing an [exit strategy](#). The [individuals](#) most affected by the decision have input into those societal aims governing the clean-up.

Recognize that the desire to get back to normal as quickly as possible is a common reaction in the catastrophic context, and it is an impulse worth restraining: Governors, mayors, and county executives governing during disasters know the tensions in wanting a swift return to business-as-usual versus aspiring toward greater community [safety](#), [equity](#), and [quality of life](#). The pandemic—which has revealed deficiencies, for instance, in healthcare delivery, the social safety net, and workplace leave policies—represents an opportunity for visionary leadership, goal setting, and transformation. [Pandemic recovery planning](#) can readily learn from best practices in disaster recovery planning.

Initiate a planning process for community revitalization (aka pandemic recovery) that runs in parallel with the public health response: The COVID-19 pandemic is an organic event marked by uncertainty; still, it is certain that the health crisis will eventually end. At the same time, the need to adapt to sudden or long-term shifts in conditions

will not end. And yet, despite its oversized effects, this health crisis is not, in the end, exceptional. [We can benefit](#) from extant, forward-looking, data-driven, coordinating bodies that already enable disaster recovery and other long-range planning efforts (eg, economic development, community development). A [revitalization management organization](#) can integrate with emergency operations center activities and run concurrently to maximize community benefits from short- and long-term recovery duties.

[Consult diverse stakeholders and communicate broadly, to ensure that state residents can partake in decision making that is relevant to community vitality](#): Rebuilding a community over the long term after a complex calamity devolves to thousands of people navigating recovery as nonprofessionals; it is a [collective action problem](#). An organization to make collective action possible knits together key leadership roles and collaboration: an authorizing and approving body, plan leadership via a lead planning agency or official, and a planning task force. A [revitalization plan](#) that reflects shared values can be enabled by specialists in planning, communication, and information and data management and by public and stakeholder involvement.



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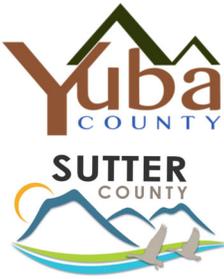
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COVID-19 OPERATIONS PROTOCOL



Business/Organization:

Address:

Business/Organization must implement all applicable measures listed below and be prepared to explain why any measure that is not implemented is inapplicable to the business/organization.

SIGNAGE

- Signage at each entrance of the facility or jobsite to inform all employees and customers that they shall:
 - ⇒ Avoid entering the facility if they have a cough or fever
 - ⇒ maintain a minimum six-foot distance from non-household members
 - ⇒ wear a facial covering
 - ⇒ not shake hands or engage in any unnecessary physical contact

MEASURES TO PROTECT STAFF HEALTH (Check all that apply)

- Everyone who can carry out their work duties from home has been directed to do so
- All staff have been told not to come to work if sick or a member of the household is sick
- Symptom checks are being conducted before staff may enter the work space
- All employee work spaces are separated by at least six feet when practical and if unable to meet the six-foot requirement facility must implement Best Available Practices
- Break rooms, bathrooms, and other common areas are being disinfected regularly, on the following schedule:
 - Break rooms: _____
 - Restrooms: _____
 - Other: _____
- Disinfectant and related supplies to clean surfaces are available to staff.
- Soap and water, or hand sanitizer effective against COVID-19, are available to staff at the following location(s): _____
- Copies of this Protocol have been distributed to all staff.
- Optional—Describe additional measures: _____

MEASURES TO ENSURE PHYSICAL DISTANCING (Check all that apply)

- Limit the number of patrons in the facility at any one time to _____, which allows for patrons and staff to easily maintain at least six-foot distance from one another at all practicable times.
- Post staff at the entrances to ensure that the maximum number of patrons in the facility set forth above is not exceeded.
- Placing signs outside the facility reminding people to be at least six feet apart, including when in line.

COVID-19 OPERATIONS PROTOCOL

- Placing tape or other markings at least six feet apart in patron line areas inside the facility and on sidewalks at public entrances with signs directing patrons to use the markings to maintain distance.
- Provide directional signage for foot traffic to allow safe distancing in narrow aisles and walkways.
- All staff have been instructed to maintain at least six feet distance from patrons and from each other, except staff may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.
- Optional—Describe other measures: _____

MEASURES TO PREVENT UNNECESSARY CONTACT (Check all that apply)

- For food and beverage handling; measures preventing people from self-serving any items including lids for cups, and bulk-item food bins. Reusable items from home not permitted.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly.

Describe: _____

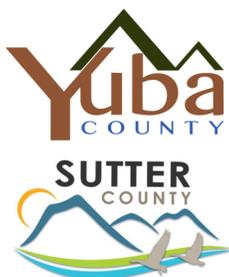
- Optional—Describe other measures to limit contact (e.g. providing senior-only hours):

MEASURES TO INCREASE SANITIZATION (Check all that apply)

- For food and beverage handling; measures preventing people from self-serving any items including lids for cups, and bulk-item food bins. Reusable items from home not permitted.
- Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at high contact areas, and anywhere else inside the facility or immediately outside where people have direct interactions.
- Disinfecting all payment portals, pens, and styluses regularly.
- Disinfecting all high-contact surfaces regularly.
- Additional food handling processes: _____

- Optional—Describe other measures: _____

** Any additional measures not included here should be listed on separate pages, which the business should attach to this document.*



You may contact the following operator of this facility with any questions or comments about this protocol:

Name: _____

Phone number: _____ **Email:** _____