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BOARD OF SUPERVISORS

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**ORDER OF THE HEALTH OFFICER
OF THE COUNTY OF MENDOCINO COUNTY
REQUIRING ALL INDIVIDUALS ENTERING MEDICAL FACILITIES AND CERTAIN
CONGREGATE CARE/LIVING FACILITIES TO TAKE CERTAIN PREVENTATIVE
MEASURES INCLUDING MEDICAL-GRADE MASKING (OR WHERE APPLICABLE,
FACIAL COVERINGS) AND SYMPTOMS SCREENING TO PROTECT RESIDENTS
FROM THE SPREAD OF COVID-19; AND
REQUIRING EMS PROVIDERS AND FIRST RESPONDERS TO DAILY SYMPTOM
SCREEN AND WEAR MEDICAL-GRADE MASKS WHILE RESPONDING TO CALLS
OR ON PATROL**

DATE OF ORDER: May 8, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120275, et seq.)

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF MENDOCINO (“HEALTH OFFICER”) ORDERS:

1. This Order shall become effective at 12:00 p.m. on Monday, May 11, 2020, and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer or the State Health Officer.
2. **This order** does not replace any existing standards or guidance on when Personal Protective Equipment, (PPE) i.e., N95 Respirator, should be used, and does not replace the Order requiring facial coverings by all persons effective Friday, May 1, 2020. For purposes of this guidance, “facial coverings” means any fabric or cloth that covers the nose and mouth, such as bandana, a scarf, a neck gaiter, or a homemade cover and “medical-grade masking” means surgical masks or N95 respirators. As further explained in this guidance, the recommendation for medical-grade masking is not intended to apply to patients, residents, or people accompanying the same in congregate care facilities (such as hospitals, clinics, skilled nursing facilities and other facilities identified in Appendix A).
3. This Order is issued in accordance with, and incorporates by reference: the March 4, 2020 Proclamation of a Local Emergency by the Director of Emergency

Services of the County of Mendocino, ratified by the Mendocino County Board of Supervisors on March 10, 2020; the March 4, 2020 Declaration of Local Health Emergency Regarding the Novel Coronavirus 2019 (COVID-19) issued by the Health Officer and ratified by the Mendocino County Board of Supervisors on March 10, 2020; the declaration of a state of emergency by California Governor Gavin Newsom on March 4, 2020; the March 19, 2020 Governor's Executive Order regarding Shelter in Place; and the March 13, 2020 Presidential Declaration of a National Emergency; the April 24, 2020 Health Officer Order on Face Coverings; and the May 8, 2020 Health Officer Extending the Shelter in Place Order.

4. The Mendocino County Health Officer has determined that there is an increased risk of the Coronavirus 2019 Disease ("COVID-19") among persons living or working in licensed healthcare facilities, residential care facilities, shelters, group homes and other congregate living facilities. Social distancing alone in these facilities is not assured to be effective due to the concentration of individuals and the nature of the services provided. To help slow the spread of COVID-19 and protect vulnerable individuals and critical workers, and prevent the healthcare system in the County of Mendocino from being overwhelmed, it is necessary for the Health Officer to direct the implementation of additional preventative measures.
5. This Order is issued based on scientific evidence and best practices as currently known and available to prevent the spread of the virus that causes "COVID-19" to the residents and workers in congregate living facilities. The age, condition, and health of a significant majority of adult residents living in certain congregate settings and care facilities place those residents at particularly high risk of experiencing serious health complications from COVID-19, including death.
6. COVID-19 can easily spread between people who are in close contact with one another. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public and critical health care workers and first responders at significant risk.
7. Because COVID-19 is spread through respiratory droplets that are produced when an infected person coughs, sneezes or talks, covering the nose and mouth of an infected person can slow or prevent the spread of the virus.
8. This Order is based on substantial guidance from the Centers for Disease Control and Prevention ("CDC"), the California Department of Public Health and other public health officials throughout the United States and around the world about the symptoms that may be related to COVID-19.

9. This Order is issued in light of the existence of cases of COVID-19 in Mendocino County.
10. This Order is necessary because COVID-19 is highly contagious and has a propensity to spread person to person and by attaching to surfaces or remaining in the air, resulting in property loss or damage.

RESIDENTS/PATIENTS NOT COVERED BY THIS GUIDANCE:

11. The preventative measures recommended by this guidance are not intended to apply to patients or existing or new residents of congregate care facilities (such as hospitals, clinics, skilled nursing facilities, and other facilities identified in Appendix A), but only to those persons entering such facilities who are not patients, or existing or new residents. However, each facility is encouraged to consider whether the use of facial coverings would be of benefit for their residents, provided it is safe for the residents and in accordance with the Health Officer's order regarding facial coverings for the general public effective May 1, 2020.

SCREENINGS:

12. Self-Evaluation and Prohibition of Entry. Immediately prior to entering a facility in Mendocino County described in Attachment A or Attachment B, all individuals, whether staff or authorized visitor, shall self-evaluate for mild to moderate symptoms related to COVID-19, or other respiratory illness and not enter if they have any of those symptoms. The symptoms to consider in this self-evaluation are flu-like symptoms and include sore throat, coughing, shortness of breath, subjective fever (or a temperature of 100.0F/ 37.8C or greater), or sudden loss of sense of smell and/or taste. In accordance with the Health Officer's Shelter-in-Place Orders, sick individuals must stay home and especially not enter these facilities in Attachment A or B, unless they need to seek medical care. This screening requirement does not apply to EMS providers or other First Responders who enter a facility in the course of their duties.

MEDICAL-GRADE MASKING:

13. Medical facility and congregate living operators (pursuant to Attachment A and B) or their designees and employers of first responders shall consider medical-grade masking requirements in the context of CDC and CDPH guidance as to Optimizing the Supply and Use of PPE during contingency and crisis stages, found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> and <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx>

14. Medical-Grade Masking Patient Care Facilities. Each staff member or authorized visitor of a facility listed in Attachment A shall cover his or her nose and mouth with a medical-grade isolation or surgical mask at all times while in the facility. To preserve limited medical-grade mask supplies, the Facility or Agency Operator or designee may exempt certain staff members from this requirement who work in areas with no contact with patients or patient care staff, such as in a separate room, or behind an isolation plexiglass or window. Additionally, if a facility so chooses it may also exempt from medical-grade masking, those persons who accompany or visit patients or residents. All those who are exempt should wear fabric or cloth facial covering in accordance with the Health Officer's Facial Covering Order and any covering should be changed when it gets soiled and launder the covering after each shift before use.
15. Facial Covering Non-Patient Care Congregate Settings. Each staff member or authorized visitor of a facility listed in Attachment B shall cover his or her nose and mouth with a facial covering made from fabric or cloth in accordance with the Health Officer's Facial Covering Order. If medical-grade masks are available, those may be used in lieu of a cloth or fabric facial covering. If a cloth covering is used, it should be changed if soiled and laundered after each shift before reuse.

OTHER PREVENTATIVE MEASURES APPLICABLE TO PATIENT CARE FACILITIES:

16. Physical Distancing. Residential group activities and communal dining shall be discontinued at facilities listed in Attachment A and Attachment B, except for group homes for minors. Staff members of and visitors to a facility should practice physical distancing by remaining at least six feet apart from other persons unless caring for a resident. This includes while on breaks or at meals. It may be appropriate for facilities to stagger break and meal times for staff to accommodate this recommendation. The facility operator should direct staff members to provide instruction to residents about physical distancing. All residents of a facility should practice physical distancing by remaining at least 6 feet apart from other persons when out of their rooms.
17. Multiple Facilities. Facilities listed in Attachment A should avoid by any means possible utilizing employees or staff who have worked at another facility within the past 14 days. If this is not feasible, the facility operator should keep a daily log that shows, for each employee, all of the facilities where the employee has worked in the past 14 days. The log shall be produced immediately upon demand by any authorized representative of the Health Officer.

18. Multiple Facilities Protective Measures. If an individual works at or provides services for more than one facility listed in Attachment A, the individual must change into clean clothing and disinfect shoes (e.g., by changing shoes, ensuring shoe coverings are changed or by using a cleaning solution) prior to starting a shift at a second facility. The facility or agency must identify those individuals who work at or provide services for more than one facility and make available a shower and changing area that can be accessed before the individual enters any common area where staff and patients congregate. A staff locker room with a shower can meet this obligation, if staff can pass through the facility quickly without contacting other individuals on the way to the locker room.

EMS PROVIDERS/FIRST RESPONDERS:

19. Emergency Medical Services (“EMS”) and First Responders On Site: If emergency or other medical transport of a patient or resident is required, the facilities listed in Attachment A and Attachment B shall endeavor to move the patient or resident requiring transport to the nearest ambulance-accessible entry way, to the extent consistent with medically appropriate patient care.

20. EMS/First Responder Medical-Grade Masking. Staff and volunteers for EMS providers and any individual who is a “first responder” must wear medical-grade masks while responding to a call or engaging in activities that involve interaction with the public or patients. Employers of first responders shall consider medical-grade masking requirements in the context of CDC and CDPH guidance as to Optimizing the Supply and Use of PPE during contingency and crisis stages, found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> and <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-39.aspx>

Staff and volunteers for EMS providers and any individual who is a “first responder” may wear a fabric or cloth facial covering instead of a medical grade mask when they are engaging in activities that only involve interaction or close proximity to a co-worker, such as riding in a vehicle. “First responders” includes persons who provide 24/7 emergency response, first aid care, or other related assistance either in the course of the person’s occupational duties or as a volunteer, such as peace officers, emergency medical technicians, firefighters, rescue workers, certain social workers, and certain animal control officers.

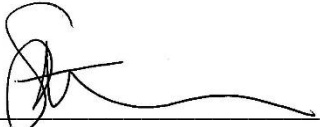
21. EMS/First Responder Self-Evaluation and Screening. Before commencing duty, all staff and volunteers for EMS providers and all first responders as defined in Paragraph 20, shall conduct a self-evaluation screening in accordance with Paragraph 12 at the beginning of each shift. No individual shall be on duty if through self-evaluation the individual identifies he/she has symptoms or a temperature screening of the individual results in a temperature of 100.0 F or 37.8 C or greater, or the person feels like they are running a fever. An EMS

provider or an employer of a “first responder” may require more frequent temperature or symptom checks. Nothing in this Order prevents an EMS provider or an employer of a “first responder” from requiring more frequent temperature or symptom checks.

22. Facial Coverings at Fire and Ambulance Stations. While on duty at a fire or ambulance station, staff and volunteers for EMS providers and any “first responder” as defined in Paragraph 20, need not wear a facial covering while within the footprint of the fire station, provided that: 1) the fire station is closed to the public and no person who is not on duty at the station enters the station; 2) the individuals on duty at the station comply with the Social Distancing and Hygiene Requirements set forth in Health Officer’s Shelter in Place Order dated April 24, 2020; 3) duty boots are disinfected prior to entry or are left outside of the fire station; and 4) a schedule is established and enforced to stagger workouts, meals, computer access, and bathroom use and to sanitize these areas, to minimize interactions and transmission of COVID-19 between individuals on duty. For those stations in which the staggering of such activities is not feasible, the Health Officer recommends the station establish any alternative approach that strictly maintains social distancing to the extent possible.
23. Facilities in Attachment A and B must have a plan for dissemination and notice of this order to their staff and authorized visitors, which may include posting at an appropriate location in the facility.
24. Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes a threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.
25. Copies of this Order shall promptly be: (1) made available at County of Mendocino Executive Office, County Administration Building, 501 Low Gap Road, Ukiah, California 95482 (2) posted on the County website, www.mendocinocounty.org and (3) provided to any member of the public requesting a copy of this Order.
26. If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:

Date: 05/08/2020

Issued by: 

Noemi Doohan M.D. Ph.D.,
Health Officer, County of Mendocino

ATTACHMENT A - PATIENT CARE FACILITIES

Hospitals

Federally Qualified Health Centers

Ambulatory clinics

Medical offices

Dental offices

Skilled Nursing Facilities

Urgent Care Centers

Ambulatory surgical centers

Intermediate care facilities (all license types)

Hospice Facilities

Chronic Dialysis Centers

Community Clinics

ATTACHMENT B –CONGREGATE LIVING SETTINGS

Residential Care Facilities for the Elderly

Social Rehabilitation Facilities

Adult Residential Facilities (ARF) (all license types)

Continuing Care Retirement Facilities (Assisted Living)

Homeless Shelters

Licensed group homes for minors, including runaway and homeless youth shelters

Residential Facilities for the Developmentally Disabled

Residential Facilities for Substance Use Disorder Treatment and Detox

Community Crisis Home

Residential group placements of individuals who are under LPS conservatorship