

Sonoma County Sheriff's Office
Detention Division

COVID-19
Communicable Disease
Implementation Overview



Sheriff Eddie Engram
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Sonoma County Sheriff's Office Detention Facilities Communicable Disease Implementation Overview

Purpose:

During the COVID-19 pandemic, the Sonoma County Sheriff's Office has implemented several procedures in coordination with State and Federal Health Officials to prevent, detect and monitor COVID-19 in its facilities.

Levels of Quarantine:

1. The level of quarantine will be determined by the Wellpath medical designee or higher authority in partnership with the Sonoma County Department of Public Health.
2. Isolation and quarantine shall be at the least restrictive level necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to public health.
3. Barring exigent circumstances, no new inmates shall be housed in a designated quarantine area.

Levels of Quarantine and Handling Procedures

I	Individual	Exposed individuals or those who produce a positive COVID-19 test upon arrival	Quarantine of exposed or positive arrestees to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, and in-module meals for the duration of the incubation period.
III	Facility	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility in one facility to include restriction of movement to and from the facility for the duration of the incubation period.

IV	Inter-Facility	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.
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Procedures for Level I:

If an arrestee is COVID-19 positive or has been exposed to COVID-19, they will be placed in isolation to prevent the spread of the disease.

HOUSING: COVID-19 positive or exposed arrestees will be primarily housed in negative airflow cells (BK-1, I-11, I-12, MH-13, MH-14, MH-15 and MH-16). If all negative airflow cells are unavailable, Classification will make the determination where to house COVID-19 positive inmates in conjunction with Custody, medical staff and the Sonoma County Department of Public Health. The Sheriff’s Office will abide by the current quarantine standards from both state and local health authorities. All incoming housed arrestees will be housed in single cells.

HANDLING / RESTRICTIONS:

Staff is required to utilize universal precautions and wear provided personal protective equipment (PPE) to include gloves, eye protection and an N-95 mask any time a COVID-19 positive inmate’s door or food port are opened while an inmate is housed in a negative air-flow cell. If a COVID-19 positive inmate is housed anywhere other than a negative airflow cell, staff will wear the above PPE while in the exposed unit.

If the positive inmate is moved from the cell, Janitorial Staff will disinfect the cell. Module workers will not be used to disinfect cells of positive inmates.

All used PPE will be disposed of in a biohazard bag.

OUT OF CELL ACTIVITY (OCA):

OCA / shower – COVID-19 positive inmates will receive one 30 minute round of out of cell activity per day. Positive inmates are considered “No Mix” until advised otherwise by Classification and medical staff.

Staff is required to wear an N-95, glasses and gloves while the positive inmate is out of their cell. Janitorial staff will clean the dayroom and frequently touched surfaces after each COVID-19 positive inmate runs their OCA.

At any time a positive inmate is out of their cell, they are required to wear a KN-95 respirator.

Once the exposed or positive inmate has completed their quarantine period, they will be reevaluated by Classification have their “orange category”, “medical no mix” or “red category” status removed.

CELL PROPERTY:

No restrictions.

CLOTHING EXCHANGE:

No restrictions. Operational procedures are to continue for clothing exchange. Staff will wear provided PPE to include gloves, eye protection and N-95 mask when handling inmate clothing.

CELL TO CELL CLEAN UP:

No restrictions. Inmates are to clean their assigned cells to the best of their ability. Refer to the Module Cleaning Protocols- COVID-19.

COMMISSARY:

No restrictions. Class code applicable commissary purchased by a COVID-19 positive inmate is to be placed in a bag and delivered to the inmate by the designated person.

MEAL(S) SERVICE:

Exposed or COVID-19 positive inmates will be served their meals in their cell on a regular tray. Proper PPE to include gloves, eye protection and an N-95 mask shall be worn by deputies serving meals. The unit module workers may be used to set up meal service but are unable to assist with serving exposed or positive inmates. Inmate workers must wear a KN95 mask and gloves during set up and must not be on COVID-19 protocol.

SEARCHES:

Searches shall follow standard safety precautions taken during cell searches and appropriate PPE utilized.

MEDICAL / MH ASSESSMENTS:

Standard practices shall be followed. Assessments should be conducted at the cell with a deputy present if possible.

PROGRAMS:

Positive inmates will not be eligible to enroll in programs for the duration of their quarantine.

COURT / MOVEMENT:

Movement of inmates exposed to COVID-19 or who are COVID-19 positive shall be restricted to prevent the spread of COVID-19. These inmates will have an “orange category”, “red category” or “universal precaution no mix” status on their profile.

For these inmates, Custody staff will consult with medical staff and the on-duty supervisor, Courts, the District Attorney, and Public Defender to facilitate safe transportation to and from any scheduled court appearance as necessary. Prior to any movement of positive inmate being transferred from a quarantined module, the module deputy will advise the floor sergeant and Central Control to request

a security movement lockdown. Responding staff will be notified to ensure anyone in the affected areas dons the proper PPE.

Inmates who have cleared their quarantine period and no longer have an “orange category”, “red category” or “universal precaution no mix” status on their profile may be transferred throughout the facility without a security movement lockdown.

VISITING:

Positive inmates are able to receive professional visits only for the duration of their quarantine. Janitorial staff must disinfect all visiting booths and dayrooms used by isolation inmates.

If at any time a Deputy witnesses an inmate on quarantine conducting a visit without the appropriate face covering, the Deputy will order the individual to wear their face covering. If the inmate does not comply with the Deputy’s order to wear their face covering, the Deputy may terminate the visit.

Procedures for Level II:

In the event an ill individual is identified in a module, module quarantine procedures shall be initiated.

HOUSING:

Once a unit is placed on quarantine, medical staff will initiate COVID-19 testing in the unit. Classification, Custody and medical staff will create housing assignments for inmates in the quarantined unit. Inmates will be housed with other inmates who have similar medical statuses. Once an inmate’s medical code changes, Classification will reassess the inmate’s housing to ensure they are moved to a similar medical status group.

HANDLING / RESTRICTIONS:

Staff is required to utilize universal precautions and wear provided personal protective equipment (PPE) to include gloves, eye protection and an N-95 mask any time any time they are in a quarantined unit.

If an exposed or positive inmate is moved from a cell, Janitorial Staff will disinfect the cell. Module workers will not be used to disinfect cells of positive or exposed inmates.

All used PPE will be disposed of in a biohazard bag.

OUT OF CELL ACTIVITY (OCA):

OCA / shower – Inmates will be divided into out of cell activity (OCA) groups of inmates with similar medical statuses by Classification. OCA groups will be evaluated on a case by case basis by medical staff and Classification. Each group will receive continuous 30-minute rounds of OCA.

Janitorial staff or contracted cleaners will clean the dayroom and frequently touched surfaces

after each COVID-19 positive group runs OCA.

At any time an inmate is out of their cell, they are required to wear a KN-95 respirator.

Once the exposed or positive inmate has completed their quarantine period, they will be reevaluated by Classification have their “medical no mix” or “red category” status removed. Classification will regularly review inmates’ medical statuses to ensure they have OCA with other individuals who have similar medical statuses.

CELL PROPERTY:

No restrictions

CLOTHING EXCHANGE:

No restrictions. Operational procedures are to continue for clothing exchange. Staff will wear provided PPE to include gloves, eye protection and N-95 mask when handling inmate clothing.

CELL TO CELL CLEAN UP:

No restrictions. Inmates are to clean their assigned cells to the best of their ability.

COMMISSARY:

No restrictions. Class code applicable commissary purchased by a COVID-19 positive inmate is to be placed in a bag and delivered to the inmate by the designated person.

MEAL(S) SERVICE:

Exposed or COVID-19 positive inmates will be served their meals in their cell on a regular tray. Proper PPE to include gloves, eye protection and an N-95 mask shall be worn by deputies serving meals. The unit module workers may be used to set up meal service but are unable to assist with serving exposed or positive inmates. Inmate workers must wear a KN95 mask and gloves during set up and must not be on COVID-19 protocol.

SEARCHES:

Searches shall follow standard safety precautions taken during cell searches and appropriate PPE utilized.

MEDICAL / MH ASSESSMENTS:

Standard practices shall be followed. Assessments should be conducted at the cell with a deputy present if possible.

PROGRAMS:

Positive inmates will not be eligible to enroll in programs for the duration of their quarantine.

COURT / MOVEMENT:

Movement of inmates exposed to COVID-19 or who are COVID-19 positive shall be restricted to prevent the spread of COVID-19. These inmates will have an “orange category”, “red category” or “universal precaution no mix” status on their profile.

For these inmates, Custody staff will consult with medical staff and the on duty supervisor, Courts,

District Attorney, and Public Defender to facilitate safe transportation to and from any scheduled court appearance as necessary. Prior to any movement of positive or exposed inmates being transferred from a quarantined module, the module deputy will advise the floor sergeant and Central Control to request a security movement lockdown. Responding staff will also be notified to ensure anyone in the affected areas dons the proper PPE.

Inmates who have cleared their quarantine period and no longer have an “orange category”, “red category” or “universal precaution no mix” status on their profile may be transferred throughout the facility without a security movement lockdown.

VISITING:

An inmate in isolation is able to receive professional visits only for the duration of their quarantine. Janitorial staff must disinfect all visiting booths and dayrooms used by isolation inmates.

Inmates who have cleared their quarantine period are allowed to have both personal and professional visits.

If OCA is being run while an inmate is in a visit, all inmates must have the same medical status.

Example: A “red category” status inmate may not run OCA while an “orange category” inmate is in the visiting booth.

If at any time a Deputy witnesses an inmate conducting a visit without the appropriate face covering, the Deputy will order the individual to wear their face covering. If the inmate does not comply with the Deputy’s order to wear their face covering, the Deputy may terminate the visit.

If an exposed or COVID-19 positive inmate has a visit, the visiting booth will be cleaned by janitorial at the conclusion of the visit. The visiting booth and dayroom will remain offline for other medical status groups until janitorial is able to disinfect any surface the inmate may have touched.

Procedures for Level III and IV:

Procedures for Level III and IV are the same as Level II. Refer to Level II procedures.

Jail-Based Competency (JBCT):

HOUSING: R-Module, “D” Dayroom, cells R39-50.

OCA / SHOWER:

OCA / shower- Inmates housed in the exposed housing areas will be provided *one* 30 minute round of out of cell activity per person daily. Out of cell activity durations are subject to change depending on the module occupancy. Quarantined inmates will be considered “No Mix” until advised otherwise by Classification and medical staff.

Inmates housed in cells R39-50 will be provided one 30 minute round of out of cell activity per person daily. Out of cell activity durations are subject to change depending on the module

occupancy. Quarantined inmates will be considered “No Mix” until advised otherwise by Classification and medical staff.

All quarantine procedures specified above in Procedures for Level II apply for inmates enrolled and housed in the Jail-Based Competency Treatment (JBCT) program housing area. Barring exigent circumstances, no new inmates shall be housed in a designated quarantine area. For Daily Operations refer to Mental Health Program Director (707) 565-2186.

Intake/Release Procedures

Incoming Arrestee/Court Remand

The Main Adult Detention Facility has implemented several measures to prevent the introduction of COVID-19 into its facilities. All incoming arrestees will complete a rapid antigen test for COVID-19 upon entry to the facility.

Prior to contacting the arrestee, the Booking Deputy is required to don personnel protective equipment (PPE) to include eye protection, gloves and an N-95 mask. All new arrival inmates, regardless of their vaccination status, will be asked the Sonoma County Sheriff’s Office COVID-19 Intake Questionnaire and be provided a KN-95 respirator by Correctional Staff. Medical Staff will then perform a temperature screening and rapid test before the arrestee is brought into the facility. This should occur in the vehicular sally port for incoming arrestees and the court handoff sally port for remands. Staff may accept the inmate into the facility while waiting for the rapid test results if the arrestee answers “no” to exposure or symptom questions. If possible, the inmate will be separated from other inmates until staff receive the results of the rapid test.

If the inmate’s rapid test comes back positive for COVID-19, medical staff will notify custody and the inmate will immediately be placed into a respiratory isolation cell. If no respiratory isolation cells are available, the inmate’s temporary housing will be determined by medical staff and the booking sergeant. If the infected inmate is placed in a regular cell, all staff must wear proper PPE to include gloves, eye protection and an N-95 respirator while in the booking area. Arrestees in main Booking areas shall be issued a KN-95 mask and instructed to wear the mask while in Booking.

If the arrestee/remand answers, “yes” to any questions on the COVID-19 Screening Form, staff will initiate the following procedures:

1. Immediately notify Booking Sergeant.
2. All staff in the area will initiate universal precautions and don appropriate PPE.
3. All booking paperwork and a pat search will occur in the vehicular or hand-off sally port.
4. A security movement lockdown will be initiated for the area the inmate will be transferred through.

If an inmate refuses to submit to a rapid antigen test upon arrival to the jail, they will be separated from other inmates and placed in a side cell. Staff should attempt to gain the inmate’s

compliance to complete the rapid test while the inmate is in booking.

All new arrival inmates must complete the entire booking process, which includes a medical and mental health evaluation. The Booking Detention Specialist will notate in the inmate's file if a rapid antigen test was completed. Classification staff will conduct an interview and advise the inmate that they will be housed in a pre-test reception unit, classified as a "No-Mix". On their 10th day in custody, Medical Staff will administer a rapid antigen COVID-19 test prior to the inmate being transferred out of the reception unit.

Janitorial will clean any cells or areas that a COVID-19 or exposed arrestee may have had contact with.

If the inmate answers "no" to all COVID-19 screening questions, the arrestee may be brought into the facility and placed in booking housing accordingly.

Staff are required to wear a surgical mask or higher while working in the Booking area.

Commitment Procedure:

In the case a defendant has a commitment turn in date ordered by the courts; correctional deputies and medical staff in the lobby using the COVID-19 Intake Questionnaire will screen all defendants. All PPE and movement procedures listed above for incoming arrestees shall apply.

Intake Face Masks-Arrestee

1. Arrestees are not required to wear a mask unless they are COVID-19 positive or have answered "yes" to the COVID-19 screening questions.
 - a. These arrestees are required to wear a KN-95 respirator any time they are out of their holding cell.
2. KN-95 respirators will be available to all arrestees.
3. If a COVID-19 positive inmate is housed in Booking in any cell other than BK-1, KN-95 respirators will be distributed to arrestees in the main Booking areas and arrestees will be required to wear their respirators in the common Booking areas (Book wait or while being interviewed/fingerprinted out of cell).

Releases

Inmates who have tested positive for COVID-19 will have a status code of "red category", "orange category" or "medical no mix UP". These inmates require a security movement lockdown to be transported throughout the facility. Staff will follow the below steps for releasing these inmates.

1. Notify the floor sergeant and request a security movement lockdown for the affected areas.
2. Staff completing the release will don the appropriate PPE to include gloves, glasses, and an N-95 respirator.
3. Once the releasing deputy is notified that the areas are clear, they will transport the inmate through the facility.
4. Inmates under these categories will be released through the emergency exit doors located in first floor visiting. Once the inmate exits the facility, the security movement lockdown may be lifted.
5. Areas that need to be disinfected will be kept offline.

6. Janitorial staff will be contacted to disinfect all areas.
7. All PPE will be disposed in biohazard containers.

Masks Upon Release

All Sonoma County Sheriff's Office inmates may be issued KN-95 respirators upon request as an additional level of protection to prevent the spread of COVID-19 while in our custody.

DNA & Book, Print, Release (BPR) Procedures

Following are the procedures related to COVID-19 screening that are in effect at the Sonoma County Main Adult Detention Facility and the North County Detention Facility for individuals required to report to the lobby to submit their fingerprints and/or DNA.

All individuals entering the lobby to submit fingerprints and/or DNA will be by appointment only. There will be no more than one individual scheduled per hour.

Staff will utilize a surgical mask and gloves when collecting an individual's fingerprints and/or DNA.

Procedure:

1. When an individual has a scheduled time to report to the lobby to comply with the BPR and/or DNA collection, they must adhere to all of Sonoma County Sheriff's Office Detention Division protocols related to COVID-19.
2. The individual is to self-assess prior to entering the lobby.
3. Once the individual has entered the lobby, the lobby clerk will direct the individual to wash their hands or to apply provided hand sanitizer.
4. The individual will complete a self-evaluation to include a self-temperature check as well as review of medical screening questions.
5. The following will be confirmed by the lobby clerk:
 - a. Temperature is lower than 100.4 degrees Fahrenheit.
 - b. Medical screening questions have been reviewed with no "yes" answers
6. If the individual answers "yes" to any of the medical screening questions or has a temperature of 100.4 degrees Fahrenheit or greater, the individual will be asked to leave immediately and will be provided a letter stating the reason for denial.
7. Once the individual has been cleared to remain in the lobby, the lobby clerk will proceed with operational procedures related to receiving the individuals' DNA and/or fingerprints.
8. Detention Specialists will disinfect all equipment after each individual.

Lobby Procedure

Purpose:

The Sonoma County Sheriff's Office Detention Division has developed protocols for public access to both the Main Adult Detention Facility and the North County Detention Facility lobbies. These protocols

are in place to prevent community spread of COVID-19. All protocols adhere to any executive orders from the Governor or Public Health Officer. All protocols are subject to change based on the status of the COVID-19 pandemic.

Procedures:

- At any time a visitor is to enter the lobby, they must adhere to all current CDC and department guidelines that are subject to change due to the facility's outbreak status.
- When a visitor is requesting to enter the facility to attend a non- contact or contact visit, they will be required answer the COVID-19 symptom screening questions and take their own temperature. Lobby staff will verify that the visitor's temperature is 100.4 degrees Fahrenheit or lower. Visitors who are symptomatic will be asked to leave the lobby and return when they are no longer symptomatic.

Disinfecting Procedures

Cleaning and Disinfecting Surfaces:

Enhanced janitorial services (ABM) will clean and disinfect the lobby daily to include common areas such as the public bathroom, counter tops, door handles, payment portals, telephones, and furniture.

Module Cleaning Procedures

Refer to the following procedures when cleaning the pre-test, exposed and quarantined modules.

PURPOSE:

The Sonoma County Sheriff's Office Detention Facilities shall institute COVID-19 cleaning procedures in coordination with the State and Federal health officials and guidance from the Center for Disease Control and Prevention, with purpose of preventing the spread of the disease.

HANDLING:

Janitorial staff, or designated cleaning professionals, will clean and disinfect common areas to include the dayroom, telephones, counter tops, and door handles a minimum of once during day shift and once during swing shift. The cleaning times shall be documented on the Module Cleaning/Disinfecting Sign-off Sheet and/or documented in the activity log. It is the module deputy's responsibility to coordinate with janitorial staff to ensure common areas are being cleaned and disinfected.

OUT OF CELL ACTIVITY:

Module deputies will make every effort to allow out of cell activity consecutively for COVID-19 protocol inmates in efforts to allow effective cleaning and disinfecting procedures to the exposed areas. Cleaning and disinfecting protocols shall be completed frequently, however, it is not necessary to clean and disinfect in between each individual inmate's out of cell activity time if they are monitored under the COVID-19 protocol. Janitorial staff, or designated cleaning professionals, will clean and disinfect common areas to include the dayroom, telephones, counter

tops, and door handles once all inmates who are monitored under the COVID-19 protocol have completed their allotted out of cell activity.

It is the module deputy's responsibility to ensure that janitorial or designated cleaning professionals have cleaned and disinfected the exposed areas prior to allowing inmates who are *not* monitored under the COVID-19 protocol out of their cells.

*****There is no mandatory downtime or delay that should impede the cleaning or disinfecting process. Once inmates monitored under the COVID-19 protocol have completed their out of cell activity, janitorial or the designated cleaning professionals can immediately begin to clean and disinfect.*****

MODULE WORKERS:

At no point will module workers be utilized to clean areas that inmates who are monitored under the COVID-19 protocols have come in contact with.

NORTH COUNTY DETENTION FACILITY:

If a unit is quarantined at the North County Detention Facility, janitorial staff, or designated cleaning professionals, will clean and disinfect common areas to include the dayroom, telephones, counter tops and door handles a minimum of once daily.

Inmates will be provided cleaning supplies and will be responsible for frequently cleaning and disinfecting their bunks, and other common areas in the unit, to the best of their ability. The module deputy shall ensure that all cleaning supplies used throughout the day are disinfected using the electrostatic sprayer.

Booking Cleaning Procedures

Refer to the following procedures when cleaning the booking area.

PURPOSE:

The Sonoma County Sheriff's Office Detention Facilities shall institute COVID-19 cleaning procedures in coordination with the State and Federal health officials and guidance from the Center for Disease Control and Prevention, with purpose of preventing the spread of the disease.

HANDLING:

Inmate booking workers may be used to disinfect common areas in booking to include chairs, phones and restrooms for areas not housing COVID-19 positive arrestees. All surfaces will be wiped down a minimum of once per day shift and once per swing shift. The cleaning times shall be documented on the Booking Cleaning/Disinfecting Sign-off Sheet in the Booking Sergeant's Office.

Janitorial staff, or designated cleaning professionals, will clean and disinfect cells or surfaces COVID-19 positive or protocol inmates may have touched. The cleaning times shall be documented on the Booking Cleaning/Disinfecting Sign-off Sheet in the Booking Sergeant's Office. Cleaning and disinfecting include disinfecting cells, telephones, counter tops and door

handles once any inmate or arrestee, who is monitored under the COVID-19 protocol, has been removed and transferred to another housing location, or released.

It is the booking deputy's responsibility to ensure that janitorial or designated cleaning professionals have cleaned and disinfected the exposed areas prior to allowing any other person into the exposed area.

*****There is no mandatory downtime or delay that should impede the cleaning or disinfecting process. Once inmates or arrestees monitored under the COVID-19 protocol have been transferred out of their assigned housing in booking, janitorial or the designated cleaning professionals can immediately begin to clean and disinfect.*****

INMATE WORKERS:

While assigned to work in the booking area, inmate workers will be provided the appropriate PPE when necessary. At no point will inmate workers be utilized to clean areas that inmates or arrestees who are monitored under the COVID-19 protocols have come into contact with, to include the sally port and cells. Inmate workers will be used to conduct frequent cleaning on high contact surfaces throughout the booking area to include the staff restrooms, dress in showers and the pedestrian sally port. Booking deputies are responsible for supervising inmates.

Facility Cleaning Procedures

In addition to regular janitorial services, enhanced and frequent cleaning protocols have been implemented throughout the facility. Refer to the following procedures when cleaning all areas of the facility.

PURPOSE:

The Sonoma County Sheriff's Office Detention Facilities shall institute COVID-19 cleaning procedures in coordination with the State and Federal health officials and guidance from the Center for Disease Control and Prevention, with purpose of preventing the spread of the disease.

HANDLING:

Janitorial Staff is responsible for cleaning and disinfecting high contact surfaces a minimum of once on day shift and once on swing shift. This includes, but is not limited to, door handles, intercom call stations, counter tops (record's release window) and elevators.

Janitorial Staff will sign a cleaning log once on days and once on swings.

Shared Equipment Cleaning

To prevent the spread of COVID-19, Clorox wipes, bleach and disinfecting spray will be auto-stocked in all staff working areas. Frequently shared equipment, including but not limited to,

keys, phones, keyboards, and desktops will be disinfected at least once per shift. Staff members will be required to clean shared equipment prior to passing equipment to another employee.

Facility issued shared equipment such as cell removal gear will be cleaned by the last staff member to use the equipment. Disinfectant spray provided by the department will be auto stocked in these areas for shared equipment to be cleaned after each use.

Vaccinations

As of November 2021, the Sonoma County Sheriff's Office Detention Division has implemented an inmate vaccination clinic program. Vaccines are available and offered to inmates on a weekly basis, based on the available supply amount. Wellpath will conduct the administration of vaccinations. The vaccination clinics are typically held within the inmate housing module and will rotate weekly through the modules. All inmates are given the opportunity to participate in the vaccination clinic and may decline the offer. Vaccination education workers will be available the week prior to address any questions had by inmates. Depending on availability, inmates will be offered the Moderna or Pfizer vaccinations. Inmates may also submit a sick-call slip to medical staff if they wish to receive a vaccination at any time.

Employees are required to receive the COVID-19 vaccine and a booster dose within five months of the last dose of their initial vaccine. Employees have 14 days after their eligibility date to receive the vaccine. Employees may be exempt from the vaccine upon applying and receiving a medical or religious accommodation.

Staff Surveillance Testing

As of September 2022, the Sonoma County Sheriff's Office Detention Division will no longer be offering surveillance testing.

Antigen tests will be available to employees who have had a workplace close contact, have symptoms, a surveillance program in place or when a facility is in outbreak. Employees may get these tests through the Administrative Lieutenant.

Staff Screening

All staff will self-assess using the COVID-19 Staff Evaluation Guidelines prior to entering each facility for any reason. Staff is no longer required to take their own temperature, but is required to sign the tracing log. The MADF log for correctional deputies is located at the first-floor staff entrance and the NCDF log is located next to the sergeant's office in the 400 building. The MADF log for civilian and contract staff is located next to jail stores.

If at any time an employee has a fever of 100.4 degrees or higher, or experiences any COVID-19 symptoms, they will be directed to contact their supervisor before entry into any facility.

Reception Units

To prevent COVID-19 entry into the facility, the Sonoma County Sheriff's Office has implemented reception modules for incoming arrestees to be housed during their initial incubation period.

All incoming arrestees will receive a rapid antigen COVID-19 test in Booking by medical staff. If the inmate tests negative and is being kept in custody, they will be housed in a "pre-test" reception unit.

On the 6th day of the inmate's incubation period, medical staff will perform a rapid COVID-19 test on the inmate. If the rapid test is negative, medical will alert Classification who will determine the inmate's new housing.

Inmates in both pre and post-test units will be able to receive non-contact professional and personal visits.

Inmate KN-95 Respirators

Purpose:

To provide all Sonoma County Sheriff's Office inmates an additional level of protection to prevent the spread of COVID-19.

Procedure:

Face coverings will be issued to every Sonoma County Sheriff's Office inmate. It is not mandatory that inmates wear the covering unless the facility is deemed to be in an outbreak status, community spread is classified as "medium" or "high" or at the discretion of Command Staff. Face coverings are not to be shared.

1. Designated staff will remove the metal nose piece and distribute KN-95 respirators to each inmate. This is mandatory for all inmates to receive KN-95 respirators.
2. Upon being housed, the inmate will receive a minimum of two KN-95 respirators during the dress in process in booking.
3. Inmates are to adhere to guidelines by always wearing a KN-95 respirator when out of their cell while the facility is in outbreak status.
4. The inmate is responsible for their own KN-95 respirators.
5. If at any time a KN-95 respirator has been left unattended, the respirator will be considered contaminated, and staff will dispose of the respirator per policy.
6. If an inmate misplaces their KN-95 respirator, all efforts will be made to locate the respirator. If the inmate and Correctional Deputy are unable to locate the respirator, a new respirator will be issued to the inmate at the earliest convenience. The Correctional Deputy will make an entry into the inmate's management notes.
7. Inmates are not to share KN-95 respirators. Inmates who share a cell with another inmate are to be extra cautious with keeping track of their own respirators.
8. If an inmate destroys, alters, tampers with, or uses the respirator for anything other than its intended purpose, follow department policies and Inmate Rules of Conduct and Discipline, and remove the object from the inmate's possession.

9. If an inmate refuses to wear the KN-95 respirators while out of their cell or off their bunk while directed to in an outbreak status, this will result in a rule violation and the inmate will remain in their cell or on their bunk until they follow face-covering guidelines.
10. If medical or custody staff requires an inmate to utilize any other type of respirator or protective gear other than a face covering, protocols will be adhered to.
11. While inmates are housed in a safety cell or sobering cell, they will NOT be issued a face covering or respirator. Once the inmate has been removed from the safety or sobering cell, they will immediately receive a KN-95 respirator if the facility is in outbreak status.
12. When an inmate is released from custody, they may keep their respirators upon release.

Outbreak Status

As of 10/19/2022, the Center for Disease Control and the California Department of Public Health updated their masking recommendations for correctional facilities. Masking is considered optional if the community level spread for COVID-19 is deemed low per CDC and CDPH guidelines. The facility may continue to make masking optional if there are no current outbreaks within the facility. The facility will continue to require all staff working in clinical areas (Mental Health Module, I Module, Dental Suite), isolation areas (Booking), quarantine areas or any area a COVID-19 positive inmate is located to wear a surgical mask or higher. If the community level is deemed “high” or medium, an outbreak is identified in the facility, or at the recommendation of Command Staff, masking requirements shall be implemented.

Definitions

Quarantine - refers to the procedure of separating and restricting the movement of persons who were **exposed** to a contagious disease in order to quickly identify those who will or may become sick. The term *quarantine* is distinct from the term *isolation*.

Isolation - refers to the procedure of separating a person who is already sick from others who are not ill in order to prevent the spread of disease.

Outbreak - refers to the community spread of disease throughout several housing units within the facility.

Asymptomatic Inmates - refers to an arrestee who *does not* show signs or symptoms but has either affirmative answers to the intake screening and/or tests positive for COVID-19.

Symptomatic Inmates - refers to inmates displaying symptoms of illness who the Detention healthcare provider will test them for COVID-19.

Commitments – An order by a judge for a defendant to turn themselves in to the Sonoma County Jail on a specified date.

Close contact with of someone with COVID-19- someone who was within six feet of an infected person for a cumulative total of 15 minutes or more with shared airspace over a 24- hour period.

Social Distancing- the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease.

Face Covering Guide

FACE COVERING: Cloth face coverings are not surgical masks or N-95 respirators. A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand, or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels



SURGICAL MASK: Loose-fitting disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. A surgical mask is meant to block large-particle droplets, splashes, sprays, or splatter that may contain viruses or bacteria. NOT intended to be used more than once and are NOT to be shared.



N-95 RESPIRATOR: Respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The edges of the respirator are designed to form a seal around the nose and the mouth. NOT to be shared or reused.



FACE SHIELDS: A mask, typically made of clear plastic that protects the mucous membranes of the eyes, nose, and mouth during patient-care procedures and activities that carry the risk of generating splashes of blood, body fluids, excretions, or secretions. The face shield should cover the forehead, extend below the chin, and wrap around the side of the face.



KN-95 RESPIRATOR: A respiratory protective device that filters out approximately 95 percent of very small particles. KN-95 masks are not approved in U.S. surgical settings and have straps that go around the ears, unlike the N-95 respirators that go over the head.



Forms

COVID-19 Intake Questionnaire

SONOMA COUNTY SHERIFF'S OFFICE COVID-19 INTAKE QUESTIONNAIRE

Arrestee/Inmate's Name: _____ Date: _____

1. Have you been tested for COVID-19? YES NO

Date tested _____

City/County tested _____

Results _____

2. Have you been in contact with anyone with a known or suspected case of COVID-19 virus in the last 14 days? YES NO

If yes:

When? _____

Where? _____

Who? _____

3. Currently or in the last 24 hours, have you had any of the following symptoms? YES NO

- | | |
|---|--------------------------|
| • Fever of 100.4 degrees or higher | • Cough |
| • Difficulty breathing along with shortness of breath | • Sore throat |
| • Congestion along with runny nose | • Nausea or Vomiting |
| • Fatigue | • Muscle or Body Aches |
| • Diarrhea/ stomach cramps | • Headaches |
| | • Chills |
| | • Loss of smell or taste |

For any Arrestee/Inmate answering YES to either of the above questions:

STOP INTAKE IMMEDIATELY

NOTIFY THE SERGEANT AND MEDICAL STAFF AND FOLLOW PROCEDURES RELATED TO COVID-19

Initiating Deputy: _____ **Medical Staff:** _____

**** Once completed, this form is to be filed with the Arrestee/Inmate's intake paperwork****

**SONOMA COUNTY SHERIFF'S OFFICE
DETENTION DIVISION
COVID-19 STAFF EVALUATION GUIDELINES**

1. Since the last time you were screened, have you been in contact with anyone with a known case of COVID-19 virus?
2. Currently or in the last 24 hours, have you had any of the following symptoms?
 - Fever of 100.4 degrees or higher
 - Difficulty Breathing along with shortness of breath
 - Muscle or body aches
 - Congestion along with runny nose
 - Fatigue
 - Diarrhea/ stomach cramps
 - Cough
 - Sore throat
 - Nausea or vomiting
 - Headaches
 - Chills
 - Loss of smell or taste

If the employee indicates that they have not experienced **any** of the above symptoms or had direct contact with a confirmed or presumptive COVID-19 individual since the last time they were screened, the designated screener will take the employee's temperature to confirm it is not above 100.4 degrees Fahrenheit.

- a) If the employee's temperature it is at or above 100.4, the employee should be sent home.
- b) If the employee's temperature is below 100.4, they may enter the facility and start their shift.

If the employee refuses to participate in any part of the screening process, the employee should be sent home.

Please remember to follow CDC guidelines (hand washing, social distancing, cough into elbow) to prevent community spread of COVID-19. Always use PPE when necessary. If at any time during their shift the employee begins experiencing the symptoms listed above, they should notify their supervisor and go home immediately.

- *Avoid close contact with people who are sick.*
- *Stay home when you are sick, except to get medical care.*
- *Cover your coughs and sneezes with a tissue.*
- *Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.*
- *Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and 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. And always wash your hands with soap and water if your hands are visibly dirty.*
- *Wear a mask indoors and when in groups outdoors if social distancing is not possible*

Updated 9.23.21

COVID-19 Visitor Screening Guidelines

Sonoma County Sheriff's Office Detention Division COVID-19 Visitor Screening Guidelines

1. In the last 24 hours, have you been in contact with anyone with a known case of COVID-19 virus? "Someone who was within 6 feet of an infected person for at least 15 minutes..."
2. Have you tested positive for COVID-19 within the past 14 days?
3. In the past 14 days, have you been directed by Public Health or a medical professional to self-monitor, self-isolate or self-quarantine because of concerns about COVID-19 infection?
4. Have you had any of the following symptoms?
 - Fever of 100.4 degrees or higher
 - Difficulty breathing along with shortness of breath
 - Congestion along with runny nose
 - Cough
 - Sore throat
 - Nausea or vomiting
 - Headaches
 - Chills
 - Loss of smell or taste
 - Fatigue
 - Diarrhea/ stomach cramps

If the visitor indicates that they have not experienced **any** of the above symptoms or had direct contact with a confirmed or presumptive COVID-19 individual in the past 24 hours, the visitor will take their temperature. Lobby staff will verify that the visitor's temperature is below 100.4 degrees Fahrenheit.

- c) If the visitor's temperature is at or above 100.4 degrees, the visitor will not be allowed to enter the facility for a visit.
- d) If the visitor's temperature is below 100.4 degrees, they may enter the facility to attend their visit.

Please remember to follow CDC guidelines (hand washing, social distancing, cough into elbow) to prevent community spread of COVID-19.

Face coverings are required at all times while in the facility.

Public Health Orders

July 26, 2021 Masking, Vaccinations and Testing

The July 26, 2021 State Public Health Order requires employees working in high risk facilities to provide proof of vaccination or test weekly for Covid-19 as well as wear a FDA approved surgical mask at all times (N95 mask is permitted also). Please see the information below.

New Requirements for Providing Proof of Vaccination: In accordance with the July 26, 2021 State Public Health Order:

- Employees performing work in facilities designated as high-risk facilities (includes detention facilities), are required to provide proof of vaccination to their employer or test weekly for COVID-19. Employees who have not provided proof of vaccination will be required to test weekly, beginning the week of August 23, 2021, and will continue weekly, until further notice. Employees can provide proof of vaccination at any time, and would no longer need to test weekly.

Employee Requirements for Compliance:

To provide proof of vaccination, you will need to complete the **COVID-19 Vaccination Verification or Required Testing Form**.

1. If **fully vaccinated**: Provide the completed, signed form and your valid proof of vaccination to your supervisor or manager for verification. The Department will not keep a copy of your vaccination card, or other proof of vaccination. Once the form is completed and signed off by your supervisor or manager, our Payroll Clerk will enter your vaccination data into eP. **NOTE: Proof of vaccination may be provided at any time, however, employees who do not provide proof of vaccination by 8/18/2021 will be required to begin weekly testing as of 8/23/2021.**
2. If you **do not provide proof of vaccination** information, you are required to undergo weekly COVID-19 testing and provide the test results to your supervisor or manager. Complete the form and provide it to your supervisor or manager, along with a completed Consent to Testing form.

Testing Resources: To assist employees with meeting testing requirements, the County has contracted with National Labs to establish employee testing sites. Testing will be available every Monday, Wednesday, Thursday and Friday, from 0630-1500 The Department will automatically receive notice that an employee has completed testing and the results. Employees are not limited to using National Labs and may obtain FDA emergency approved, PCR or antigen testing on their own and provide a copy of the results to your supervisor or manager. Several no-cost sites are listed on [SoCoEmergency.com](https://www.socoemergency.com). There are several no-cost testing options available to employees; the County will not reimburse employees who elect to use fee based testing resources or who purchase their own testing kits.

The State Public Health Order requires all employees working within high risk facilities to wear a FDA approved surgical mask or an approved and fit tested N95 mask as a face covering. Cloth masks, ‘gators’, or any other type of face covering are no longer acceptable due to the State Order. Beginning August 23rd, we will be providing FDA surgical masks to all staff members. If you have questions regarding this process or the requirements, contact any supervisor or manager

Introduction from Original State Public Health Officer Order of August 5, 2021

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection and serious disease. At present, 63% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 18.3 new cases per 100,000 people per day, with case rates increasing nine fold within two months. The Delta variant is highly transmissible and may cause more severe illness. In fact, recent data suggests that viral load is roughly 1,000 times higher in people infected with the Delta variant than those infected with the original coronavirus strain, according to a recent study. The Delta variant is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated persons. Thanks to vaccinations and to measures taken since March 2020, California's health care system is currently able to address the increase in cases and hospitalizations. However, additional statewide facility-directed measures are necessary to protect particularly vulnerable populations, and ensure a sufficient, consistent supply of workers in high-risk health care settings.

Hospitals, skilled nursing facilities (SNFs), and the other health care facility types identified in this order are particularly high-risk settings where COVID-19 outbreaks can have severe consequences for vulnerable populations including hospitalization, severe illness, and death. Further, the settings in this order share several features. There is frequent exposure to staff and highly vulnerable patients, including elderly, chronically ill, critically ill, medically fragile, and disabled patients. In many of these settings, the patients are at high risk of severe COVID-19 disease due to underlying health conditions, advanced age, or both.

Vaccinations have been available in California from December 2020 to the present, and from January 1, 2021, to July 12, 2021, 9,371 confirmed COVID-19 outbreaks and 113,196 outbreak-related cases were reported to CDPH. Increasing numbers of health care workers are among the new positive cases, despite vaccinations being prioritized for this group when vaccines initially became available. Recent outbreaks in health care settings have frequently been traced to unvaccinated staff members.

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. As we respond to the dramatic increase in cases, all health care workers must be vaccinated to reduce the chance of transmission to vulnerable populations.

For these reasons, COVID-19 remains a concern to public health and, in order to prevent its further spread in hospitals, SNFs, and other health care settings, new public health requirements are necessary at this time.

NOW, THEREFORE, I, as State Public Health Officer of the State of California, order:

1. All workers who provide services or work in facilities described in subdivision (a) have their first dose of a one-dose regimen or their second dose of a two-dose regimen by September 30, 2021:

- a. Health Care Facilities:
 - i. General Acute Care Hospitals
 - ii. Skilled Nursing Facilities (including Subacute Facilities)
 - iii. Intermediate Care Facilities
 - iv. Acute Psychiatric Hospitals
 - v. Adult Day Health Care Centers
 - vi. Program of All-Inclusive Care for the Elderly (PACE) and PACE Centers
 - vii. Ambulatory Surgery Centers
 - viii. Chemical Dependency Recovery Hospitals
 - ix. Clinics & Doctor Offices (including behavioral health, surgical)
 - x. Congregate Living Health Facilities
 - xi. Dialysis Centers
 - xii. Hospice Facilities
 - xiii. Pediatric Day Health and Respite Care Facilities
 - xiv. Residential Substance Use Treatment and Mental Health Treatment Facilities

b. Two-dose vaccines include: Pfizer-BioNTech or Moderna or vaccines authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

- i. By the US Food and Drug Administration (FDA), are listed at the [FDA COVID-19 Vaccines webpage](#).
- ii. By the World Health Organization (WHO), are listed at the [WHO COVID-19 Vaccines webpage](#).

c. "Worker" refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes workers serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. Workers include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

2. All workers currently eligible for boosters, who provide services or work in facilities described in subdivision 1(a) must be "fully vaccinated and boosted" for COVID-19 receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A below.

Table A:
California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary Series	When to get the vaccine booster	Which vaccine booster dose to receive
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dose			
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

a. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than March 1, 2022.^[1] Workers who provide proof of COVID-19 infection after completion of their primary series ^[2] may defer booster administration for up to 90 days from date of first positive test or clinical diagnosis, which in some situations, may extend the booster dose requirement beyond March 1st. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose. Workers with a deferral due to a proven COVID-19 infection must be in compliance no later than 15 days after the expiration of their deferral.

3. Workers may be exempt from the vaccination requirements under sections (1) and (2) only upon providing the operator of the facility a declination form, signed by the individual, stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical

condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

4. If an operator of a facility listed above under section (1) deems a worker to have met the requirements of an exemption pursuant to section (3) OR deems a booster-eligible worker to have not yet received their booster dose pursuant to section (2), the worker must meet the following requirements when entering or working in such facility:

a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur at least twice weekly for unvaccinated exempt workers and booster-eligible workers who have not yet received their booster in acute health care and long-term care settings, and at least once weekly for such workers in other health care settings. Facilities must begin testing of all booster-eligible workers who have not yet received their booster by December 27, 2021. CDPH strongly recommends that all workers in Skilled Nursing Facilities (including those that are fully vaccinated and boosted) undergo at least twice weekly screening testing.

b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.

5. Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (3), the operator of the facility then also must maintain records of the worker's testing results pursuant to section (4).

a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.

b. Operators of the facilities subject to the requirement under section (1) must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).

c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (2) above.

d. Testing records pursuant to section (4) must be maintained.

6. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.

7. Facilities covered by this Order are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, use of work time to get vaccinated, and education and outreach on vaccinations, including:

a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and

b. access to online resources providing up to date information on COVID-19 science and research.

8. The July 26 Public Health Order will continue to apply.

9. This Order shall take effect on December 22, 2021, and facilities must be in compliance with the Order by February 1, 2022, with the exception of the deadlines set forth in section 2.a, which facilities must comply with as written.

10. The terms of this Order supersede the August 5, 2021 State Health Officer Health Care Worker Vaccine Requirement Order.

11. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.



Tomás J. Aragón, MD, DrPH

Director and State Public Health Officer

California Department of Public Health

[1] On January 25, 2022, this deadline for booster doses was updated from February 1, 2022, to March 1, 2022. This change was necessary because of challenges caused by the Omicron surge that made it difficult for some to obtain their booster doses by the initial deadline. For instance, impacted persons were unable to get boosted while ill. Further, there are critical staffing shortages in some areas and additional flexibility is needed due to the fact that boosting can cause missed time from work due to side effects related to receiving booster doses.

[2] To provide proof of prior infection, workers must provide documentation of previous diagnosis from a healthcare provider or confirmed laboratory results.

February 7, 2022 Amendment

AMENDMENT NO. 3 TO ORDER OF THE HEALTH OFFICER
OF THE COUNTY OF SONOMA

Nos. C19-32

DATE OF AMENDMENT: March 7, 2022

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 SONOMA (“HEALTH OFFICER”) ORDER:

1. Summary. This Amendment allows employers covered by C19-32 Order to exempt from the testing and face covering requirement those personnel who are fully vaccinated but not yet boosted. Furthermore, this Amendment allows those employers to grant an optional postponement of once weekly testing for personnel with a Confirmed COVID-19 Infection (as defined below) for 90 days from the date of diagnosis/test result; however, all Unvaccinated or Unverified personnel (as defined below) must continue to comply with the face covering requirement.

Nothing in this Amendment prohibits employers covered by the Order to continue to require testing of non-boosted personnel, personnel with a Confirmed COVID-19 Infection, or any personnel who has symptoms consistent with COVID-19. Furthermore, nothing in this Amendment relieves an employer from any legal obligation to test any personnel who is a close contact in the workplace in accordance with Cal/OSHA ETS and/or the Cal/OSHA Aerosol Transmissible Diseases Standards.

2. Basis. Sonoma County has experienced a reduction in the number of COVID-19 cases and hospitalizations since the issuance of the Order. Testing supplies remain low and difficult to obtain, and new CDC public health guidance is shifting away from a public testing strategy to more focus on hospital needs. Therefore, it is appropriate to rescind the testing requirement for non-boosted personnel.

3. Personnel. Section 5 is revised and replaced as follows:

An Employer may exempt the following Personnel from being subject to the COVID-19 Test Requirements set forth in Section 4 of this Order:

- a. Fully Updated Personnel;
- b. Fully Vaccinated Personnel; and,
- c. Personnel with a Confirmed COVID-19 Infection for 90 days from the date of diagnosis/test result.

An Employer may accept any of the documentation allowed for Fully Vaccinated Personnel in Subdivision 5 of [Order of the Health Officer \(C19-26\)](#). For Confirmed COVID-19 Infection, Employer may accept documentation as allowed in Subdivision 5 below. In the absence of knowledge to the contrary, an Employer may accept the documentation presented as valid.

4. COVID-19 Test Requirements. Section 4 is revised and replaced as follows:

Except as set forth in Section 5 of this Order, an Employer shall require all of its Personnel to do the following:

- a. Receive a COVID-19 Test at least once a week; and
- b. Unless test results are sent directly to the Employer by the test provider, Personnel must promptly provide the results of each COVID-19 test to the Employer for Record-Keeping.

Employer may confirm a positive antigen test with a confirmatory nucleic acid amplification test; Employer shall not use another antigen test to confirm a positive antigen test. Employer must exclude from work any Personnel who receives a positive antigen test.

5. Face Covering Requirement. Section 6 is revised and replaced as follows:

The following Personnel must continue to wear FDA-cleared surgical masks or respirators in indoor work settings regardless of whether they have provided documentation of a Confirmed COVID-19 Infection:

- a. Unvaccinated Personnel; and,
- b. Unverified Personnel.

All Employers and Personnel must continue to comply with all applicable state masking requirements, including during outbreaks (Cal/OSHA ETS) and early return-to-work provisions following isolation or quarantine (CDPH).

6. Definitions. For purposes of this Amendment,

“Confirmed COVID-19 Infection” means any of the following:

- a. Dated documentation of previous COVID-19 diagnosis from a licensed healthcare provider;
- b. Dated documentation of confirmatory positive nucleic acid amplification test; or
- c. Positive antigen test supervised by Employer.

“Unvaccinated” for purposes of this Amendment means that the Personnel does not meet the definition for Fully Vaccinated as that term is defined in Order C19-32.

Amendment 3 to Order of the County Health Officer of the County of Sonoma (C19-32) Page 3 of 3

“Unverified” for purposes of this Amendment means that the Personnel has refused or fails to show any documentation allowed for Fully Vaccinated Personnel in Subdivision 5 of [Order of the Health Officer \(C19-26\)](#).

7. Obligation to Follow Stricter Requirements of Orders. Where a conflict exists between these Amendments Nos. (1-3) and Order C19-32 and any state or federal orders related to the COVID-19 pandemic, the most restrictive provision (*i.e.*, the more protective of public health) controls.

8. Copies; Contact Information. Copies of this Amendment shall promptly be: (1) made available at the County Administration Center at 575 Administration Drive, Santa Rosa CA 95403; (2) posted on the County Public Health Department website (<https://sonomacounty.ca.gov/Health/Public-Health/>) and (<https://socoemergency.org/>); and (3) provided to any member of the public requesting a copy of this Order.

IT IS SO ORDERED:

Dr. Sundari R. Mase, MD MPH
Health Officer of the County of Sonoma

**The above vaccinations orders will be applicable for all line and supervising staff who may be assigned to work in isolation or quarantine units.

August 19, 2021 Mandatory Vaccinations

As of August 19th, 2021, the Sonoma County Sheriff's Office Detention Division has adopted the following Public Health Order that was issued by the California Department of Public Health. The health order requires the full vaccination of any staff, contractor or volunteer working within the facility. Information is included below for those who have an authorized medical or religious exemption.

All contractors or volunteers are required to submit a signed attestation form that states any employee entering the facility will be fully vaccinated or provide proof of vaccination upon entry.

I, as State Public Health Officer of the State of California, order:

1. All individuals in section (2) below must have their first dose of a one-dose regimen or their second dose of a two-dose regimen by October 14, 2021:

a. Two-dose vaccines include: Pfizer-BioNTech, Moderna, or a vaccine authorized by the World Health Organization. The one-dose vaccine is: Johnson and Johnson [J&J]/Janssen. All COVID-19 vaccines that are currently authorized for emergency use can be found at the following links:

i. By the US Food and Drug Administration (FDA), are listed at the [FDA COVID-19 Vaccines webpage](#).

ii. By the World Health Organization (WHO), are listed at the [WHO COVID-19 Vaccines webpage](#).

2. The following workers are subject to the requirements of this Order:

a. All paid and unpaid individuals who are regularly assigned to provide health care or health care services to inmates, prisoners, or detainees. This may include nurses, nursing assistants, nurse practitioners, physicians, physician assistants, technicians, therapists, phlebotomists, pharmacists, mental health providers, students and trainees, dietary, and contractual staff not employed by the correctional facility or detention center.

b. All paid and unpaid individuals who are regularly assigned to work within hospitals, skilled nursing facilities, intermediate care facilities, or the equivalent that are integrated into the correctional facility or detention center in areas where health care is provided. This includes workers providing health care to inmates, prisoners, and detainees, as well as persons not directly involved in delivering health care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, janitorial services, laundry, correctional officers, facilities maintenance staff, administrative, inmate workers, and volunteer personnel).

3. Workers in section (2) may be exempt from the vaccination requirements under section (1) only upon providing the operator of the correctional facility or detention center a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on religious beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

4. If an operator of a correctional facility or detention center deems a worker to have met the requirements of an exemption pursuant to section (3), the unvaccinated exempt worker must meet the following requirements when entering or working in such facility:

a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur twice weekly for unvaccinated exempt workers in acute health care and long-term care settings, and once weekly for such workers in other health care settings.

b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering face piece respirator, at all times while in the facility.

5. Consistent with applicable privacy laws and regulations, the operator of the correctional facility or detention center must maintain records of workers' vaccination or exemption status. If the worker is exempt pursuant to section (3), the operator of the correctional facility or detention center then also must maintain records of the workers' testing results pursuant to section (4).

a. The correctional facility or detention center must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.

b. Operators of correctional facility or detention center facilities subject to this Order must maintain records pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards with the following information: (1) full name and date of birth; (2) vaccine manufacturer; and (3) date of vaccine administration (for first dose and, if applicable, second dose).

c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described in section (3) above. Testing records pursuant to section (3) must be maintained.

6. Nothing in this Order limits otherwise applicable requirements related to Personal Protective Equipment, personnel training, and infection control policies and practices.

7. Facilities covered by this Order are encouraged to provide onsite vaccinations, easy access to nearby vaccinations, and education and outreach on vaccinations, including:

a. access to epidemiologists, physicians, and other counselors who can answer questions or concerns related to vaccinations and provide culturally sensitive advice; and

b. access to online resources providing up to date information on COVID-19 science and research.

8. The July 26 Public Health Order will continue to apply.

9. This Order shall take effect on August 19, 2021, and facilities must be in full compliance with the Order by October 14, 2021.

10. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

February 22, 2022 Update Boosters

- Staff and contractors employed with the Sonoma County Sheriff's Office Detention Division may abide by the current Public Health Orders. Staff will be required to be fully vaccinated with either the one-dose Johnson & Johnson vaccine or two-dose Moderna or Pfizer vaccine.
- Eligible staff must fully boosted with either the Moderna or Pfizer vaccine by March 1, 2022.
- Johnson and Johnson vaccines are effective up to one month after dosage. Both two-dose regimens and boosters for Moderna and Pfizer are effective up to five months after dosage per the Sonoma County Department of Health.
- Employees who become eligible for the booster must receive the booster within 15 days of eligibility. Employees are required to complete bi-weekly testing from the time their vaccine expires until the time they receive their booster. Results must be submitted to the Administrative Lieutenant or tests may be done through National Labs.
- Employees who have received a medical or religious exemption must complete a COVID-19 test twice per week. Each test must be 48 hours apart. Results must be submitted to the Administrative Lieutenant or tests may be done through National Labs.

TO:

All Californians

SUBJECT:

Health Care Worker Vaccine Requirement

Updates as of February 22, 2022:

- Allows for workers with completed primary series vaccination and recent infection to defer booster dose by up to 90 days from infection.

September 7, 2021 Inmate Testing on Arrival

ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SONOMA

No. C19-29

DATE OF ORDER: SEPTEMBER 07, 2021

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor and may be 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 SONOMA (“HEALTH OFFICER”) ORDERS:

1. **Summary.** This Order of the Health Officer requires all inmates in detention facilities (including juvenile hall) in Sonoma County to receive a rapid antigen test for the virus that causes Coronavirus Disease 2019 (“COVID-19”), regardless of the individual’s vaccination status, upon entry into the facility.
2. **Effective Date and Time.** This Order takes effect at 12:01 a.m. on October 1, 2021.
3. **Basis for Order.** On July 26, 2021, the California Department of Public Health issued an order requiring employers of high-risk health care and congregate settings to verify the vaccine status of all workers and requires that unvaccinated or unverified workers be required to undergo routine surveillance testing (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Unvaccinated-Workers-In-High-Risk-Settings.aspx>).

The State order does not require testing of inmates in correctional facilities. In Sonoma County, there have been cases arising out of detention facilities, linked to both correctional staff and inmates. The virus is introduced into the facility by both correctional staff and inmates where it can be transmitted to both staff and inmates. Detention facilities are particularly high-risk congregate settings because of close quarters; inmates are exposed to many different staff and volunteers while in jail and may be required to move among different living modules, thereby increasing the possibility of COVID-19 transmission. The inmate population is at a substantial risk of severe illness from COVID-19, even if fully vaccinated, because they may have certain health conditions that make them vulnerable to severe consequences of COVID-19. Sonoma County is also currently experiencing a surge of cases caused by the spread of the COVID-19

Delta variant. This variant is more contagious and causes more severe illness than previous strains. Therefore, this order for testing applies to all inmates, regardless of their vaccination status.

4. **COVID-19 Test Requirements.** All inmates in detention facilities in Sonoma County, including juvenile hall, shall be required to receive a rapid antigen test upon entry into the detention facility.

Correctional staff may confirm a positive antigen test with a confirmatory nucleic acid amplification test if:

- a. The inmate is not exhibiting symptoms consistent with COVID-19; and,
- b. Correctional staff must isolate, according to the isolation protocol of the detention facility, any inmate who receives a positive antigen test until they receive negative results from a confirmatory nucleic acid amplification test.

Correctional staff shall not use another antigen test to confirm a positive antigen test.

If an inmate is exhibiting symptoms consistent with COVID-19 and has a positive antigen test result, then a confirmatory nucleic acid amplification test is not required; the inmate must isolate according to the isolation protocol of the detention facility.

5. **Copies; Contact Information.** Copies of the Order shall promptly be made available (1) at the County Administration Center at 575 Administration Drive in Santa Rosa (2) by posting on the County's website and (3) to any member of the public requesting a copy.

IT IS SO ORDERED:



Dr. Sundari K. Mase, MD MPH
Health Officer of the County of Sonoma

09/07/2021

Date

MADF Isolation/Quarantine Guidance

- **“UP TO DATE”:** Means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible
- **Symptom Criteria:** Asymptomatic or mildly symptomatic with improving symptoms, no new symptoms, no fever or fever reducing medications within last 24 hours
- **Diagnostic Specimen:** Usual an anterior nasal or mid-nasal swab

<p><u>NON-MEDICAL STAFF</u> (Use Cal/OSHA Chart)</p>	<p><u>TESTING Requirements for Early Return to Work from Isolation OR Quarantine</u> (No building entry until cleared by department)</p> <p><i>COVID Positive Regardless of Vaccination Status OR COVID Exposure; Unvaccinated</i></p> <ul style="list-style-type: none"> ● Isolation or Quarantine can end after day 5 if: <ul style="list-style-type: none"> ○ Individual is symptom free (lack of taste/smell OK) ○ Negative antigen test result collected day 5 	<p><u>TESTING Requirements for Vaccinated Employees Following Close Contact Exposure</u> (Quarantine from work NOT required)</p> <p><i>COVID Exposure and Up to Date</i></p> <ul style="list-style-type: none"> ● Negative diagnostic specimen collected on day five <p><i>COVID Exposure, Vaccinated and Booster Eligible, but not Boosted</i></p> <ul style="list-style-type: none"> ● Negative diagnostic specimen MUST be collected on day 3, 4, or 5
<p><u>HEALTH CARE PERSONNEL (HCP)</u> (See link for info on Critical Staffing Shortage)</p>	<p><u>TESTING Requirements for HCP Early Return to Work from Isolation OR Quarantine</u></p> <p><i>COVID Positive</i> (Negative diagnostic specimen must be collected 24 hrs prior to return to work)</p> <ul style="list-style-type: none"> ● <i>Up to Date</i>–Negative diagnostic specimen collected day 5 or later; may return to work if negative result and meets symptom criteria ● <i>NOT Up to Date</i>–Negative diagnostic specimen collected day 7 or later; may return to work day 8 if meets symptom criteria <p><i>COVID Exposure</i> (Negative diagnostic specimen must be collected 48 hrs prior to return to work)</p> <ul style="list-style-type: none"> ● <i>NOT Up to Date</i>–Specimen collected when aware of exposure and negative diagnostic specimen collected day 7, may return to work day 8 if meets symptom criteria <p><u>TESTING Requirements for Vaccinated HCP Employees Following Close Contact Exposure</u> (Quarantine NOT required)</p> <p><i>COVID Exposure</i></p> <ul style="list-style-type: none"> ● <i>Up to Date</i>–Specimen collected when aware of exposure and negative diagnostic specimen collected day 5, 6 or 7 	
<p><u>INMATES</u> (See link for info on Crisis-Level Operations)</p>	<p><u>TESTING Requirements for Inmates in Isolation OR Quarantine</u></p> <ul style="list-style-type: none"> ● <i>Regardless of vaccination status, isolation/quarantine is 10 days.</i> ● Everyone should have a diagnostic specimen collected 5 or after 	

- Everyone MUST wear appropriate level mask/respirator, per State and local guidance, around others for full 10days throughout Quarantine and Isolation
- **Anyone returning from quarantine MUST have symptoms mostly resolved (may have lingering cough)**
- Anyone *asymptomatic* and positive within the last 90 days does not need to test or quarantine if exposed
- **Anyone with NEW symptoms should isolate immediately and test**
- All quarantine/isolation is *10 days without a viral test*
- **Antigen test preferred for early release from isolation or quarantine**

Updates as of September 13, 2022:

- Rescinds testing requirement (except as specifically noted to comply with federal requirements) for workers exempt due to medical reasons or religious beliefs.
- Facilities should maintain testing capacity at their worksite, and have the ability to ramp up testing at their worksite, in the event of outbreaks or if it is required again at a future date.
- Updates timing of required booster doses consistent with current CDC recommendations.

State Public Health Officer Order of September 13, 2022

Since the start of the pandemic, the California Department of Public Health (CDPH) has led with science and data to better understand this disease. California has seen a dramatic increase in the percentage of Californians that are fully vaccinated and boosted. At present, 80% of Californians 12 years of age and older have completed their primary series of COVID-19 vaccines, and 48% have received their first booster dose. Vaccines for children 5-11 years of age have been available since October 2021. Vaccine coverage is also high among workers in high-risk settings, and the proportion of unvaccinated workers is low. As we've also seen, the Omicron subvariants have shown immune escape and increased transmissibility, and while unvaccinated individuals still have higher risk of infection, previously infected, vaccinated, and boosted persons have also been infected. Consequently, mandated testing of the small number of unvaccinated workers is not effectively preventing disease transmission as it did with the original COVID-19 virus and prior variants earlier in the pandemic.

On August 11th and August 24th the Centers for Disease Control (CDC), in updated [guidance](#), also indicated that screening testing is no longer recommended in general community settings, and while screening testing may still be considered in high-risk settings, if implemented it should include all persons, regardless of

vaccination status, given recent variants and subvariants with significant immune evasion.

COVID-19 vaccination and boosters continue to remain the most important strategy to prevent serious illness and death from COVID-19.

Accordingly, amendments to the State Public Health Officer Order of February 22, 2022 regarding required testing for exempt covered workers are needed at this time, to reflect recent CDC recommendations, the current science of the Omicron subvariants, the increases in community immunity from vaccination and infection, and increases in vaccine coverage of our healthcare workforce.

Covered workers must continue to comply with all required primary series and vaccine booster doses pursuant to Table A below. The timing of required booster doses has been amended to reflect current CDC recommendations. Additionally, facilities must continue to track workers' vaccination or exemption status to ensure they are complying with these requirements. CDPH recommends that all workers stay up to date on COVID-19 and other vaccinations.

CDPH continues to assess conditions on an ongoing basis. California must be vigilant to maintain situational awareness through surveillance and be ready to pause or reinstate a higher level of protective mitigation recommendations or requirements.

Introduction from Original State Public Health Officer Order of February 22, 2022

Since the start of the pandemic, CDPH has led with science and data to better understand this disease. There has been a growing body of evidence suggesting that a combination of history of SarsCoV2 vaccination and infection can lead to a strong "hybrid" immunity after recovery from infection. Additionally, there is immunological data suggesting that allowing an adequate interval between an infection and a COVID-19 vaccination dose may be important to allow quality immune memory.

Vaccines continue to remain the most critical aspect of moving our communities out of this pandemic. They lower risk of getting and spreading the virus that causes COVID-19 and also prevent serious illness and death. They are critical for building a foundation of individual and herd immunity, especially while a portion of our population continues to be unvaccinated. According to the CDC "... getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19. COVID-19 vaccination causes a more predictable immune response than infection with the virus that causes COVID-19." Conversely, the level of protection people get from COVID-19 infection alone may vary widely depending on how mild or severe their illness was, the time since their

infection, which variant they were infected with, and their age. Increasing evidence shows that a combination of infection after completing the primary series of vaccination can build strong hybrid immunity. Thus CDPH is updating its order requiring health care workers to be fully vaccinated and boosted by March 1, 2022 to allow delay of the March 1, 2022 deadline for receiving a booster for covered workers with proof of a recent infection for up to 90 days from date of infection.

Accordingly, amendments to the original State Public Health Officer Order of December 22, 2021, are needed at this time, to reflect current science and understanding as it relates to hybrid immunity in those who are fully vaccinated and then become infected. As we continue to learn more about post-Omicron infection immunity, hybrid immunity, waning immunity in general, and what new variants may evolve, we will continue to reassess COVID-19 vaccine requirements and recommendations.

Introduction from Original State Public Health Officer Order of December 22, 2021

- Since Thanksgiving, the statewide seven-day average case rate has increased by 34% and hospitalizations have increased by 17%. In addition, the recent emergence of the Omicron variant (it is estimated that approximately 70% of cases sequenced, nationally, are Omicron and rapid increases are occurring globally) further emphasizes the importance of vaccination, boosters, and prevention efforts, including testing, are needed to continue protecting against COVID-19.
- Early data also suggest the increased transmissibility of the Omicron variant is two to four times as infectious as the Delta variant, and there is evidence of immune evasion. Recent evidence also shows that among healthcare workers, vaccine effectiveness against COVID-19 infection is also decreasing over time without boosters. Consequently, current vaccine requirements of staff in health care settings are not proving sufficient to prevent transmission of the more transmissible Omicron variant. Boosters have been available in California since September 2021.
- Although COVID-19 vaccination remains effective in preventing severe disease, recent data suggest vaccination becomes less effective over time at preventing infection or milder illness with symptoms, especially in people aged 65 years and older.
- Based on the emergence of Omicron, additional statewide facility-directed measures are necessary to ensure we maintain adequate staffing levels within our healthcare delivery system. Additionally, given the current hospital census, even a moderate surge in cases and hospitalizations could materially impact California's health care delivery system within certain regions of the state. Accordingly, amendments to the original State Public Health Officer Order of August 5, 2021, to make boosters mandatory and to require additional testing of workers eligible for boosters who are not yet boosted, are necessary at this critical time.

State Public Health Officer Order of February 22, 2022

- Since the start of the pandemic, CDPH has led with science and data to better understand this disease. There has been a growing body of evidence suggesting that a combination of history of SarsCoV2 vaccination and infection can lead to a strong "hybrid" immunity after recovery from infection. Additionally, there is immunological data suggesting that allowing an adequate interval between an infection and a COVID-19 vaccination dose may be important to allow quality immune memory.
- Vaccines continue to remain the most critical aspect of moving our communities out of this pandemic. They lower risk of getting and spreading the virus that causes COVID-19 and prevent serious illness and death. They are critical for building a foundation of individual and herd immunity, especially while a portion of our population continues to be unvaccinated. According to the CDC "... getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19. COVID-19 vaccination causes a more predictable immune response than infection with the virus that causes COVID-19." Conversely, the level of protection people get from COVID-19 infection alone may vary widely depending on how mild or severe their illness was, the time since their infection, which variant they were infected with, and their age. Increasing evidence shows that a combination of infection after completing the primary series of vaccination can build strong hybrid immunity. Thus, CDPH is updating its order requiring health care workers to be fully vaccinated and boosted by March 1, 2022 to allow delay of the March 1, 2022 deadline for receiving a booster for covered workers with proof of a recent infection for up to 90 days from date of infection.
- Accordingly, amendments to the original State Public Health Officer Order of December 22, 2021, are needed at this time, to reflect current science and understanding as it relates to hybrid immunity in those who are fully vaccinated and then become infected. As we continue to learn more about post-Omicron infection immunity, hybrid immunity, waning immunity in general, and what new variants may evolve, we will continue to reassess COVID-19 vaccine requirements and recommendations.

ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SONOMA No. C19-40 DATE OF ORDER: August 3, 2022

- UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SONOMA ("HEALTH OFFICER") ORDERS:
- 1. Effective immediately, Order of the Health Officer of the County of Sonoma No. C19-29 is rescinded.
-

- 2. Offering rapid antigen testing to all inmates upon entry into a detention facility was helpful in identifying cases and limiting transmission, and I recommend that this policy continue as a best practice.
-
- 3. Copies of this Order shall promptly be: (1) made available at the County Administration Center at 575 Administration Drive, Santa Rosa CA 95403; (2) posted on the County Public Health Department website (<https://sonomacounty.ca.gov/Health/Public-Health/>) and (<https://socoemergency.org/>); and (3) provided to any member of the public requesting a copy of this Order.

IT IS SO ORDERED:

Dr. Sundari R. Mase, MD MPH
Health Officer of the County of Sonoma

September 20, 2022

TO:
All Californians

SUBJECT:
Guidance for the Use of Face Masks

Related Materials: [Masking Q&A](#) | [Masking Fact Sheet \(PDF\)](#) | [Face Mask Tips and Resources](#) | [Face Shields Q&A \(PDF\)](#) | [Safe Schools for All Hub](#) | [More Home & Community Guidance](#) | [All Guidance](#) | [More Languages](#)

Guidance For the Use of Masks

Background

California has used science to guide our health protection strategies throughout the pandemic. Data show that because of these strategies, we have saved lives. This is due in large part to the collective efforts of Californians to get vaccinated, get boosted, and wear masks indoors.

A universal indoor masking requirement was reinstated on December 15, 2021, to add a layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, increased in prevalence across California, the United States, and the world and spread much more easily than the original SARS-CoV-2 virus and the Delta variant. Implementing the universal masking requirement in all

indoor public settings during the winter season was an important tool to decrease community transmission and protect critical healthcare system capacity during the highly infectious Omicron surge. Since the peak in case rates during the Omicron surge in early January 2022, the dramatic surge in cases and hospitalizations due to the highly infectious Omicron variant has declined significantly. Californians have also become increasingly knowledgeable about how to protect themselves and their loved ones with effective masks when they may be at risk of COVID-19 exposure or transmission. Accordingly, CDPH amended this masking guidance to allow the universal indoor masking requirement to expire on February 15, 2022 as scheduled.

On March 1, 2022, the requirement for unvaccinated persons to mask in indoor public settings and businesses was replaced by a strong recommendation that all persons, regardless of vaccine status, mask in indoor public settings and businesses (examples: retail, restaurants, theaters, family entertainment centers, meetings, state and local government offices serving the public). Additionally, after March 11, 2022, the universal masking requirement for K-12 and Childcare settings terminated.

On April 20, 2022, the universal masking requirement on public transit and in transit hubs was replaced by strong recommendations that individuals in these settings continue to mask while on public transit and indoors in transit hubs to continue protecting our most vulnerable and those communities disproportionately impacted by COVID-19.

Masking recommendations in general community settings, including public transit and transit hubs:

Earlier this year, California announced the release of the state's SMARTER Plan, the next phase of California's COVID-19 response. While state and local leaders must continue to prepare for the future, California's path forward will be predicated on individual, smarter actions, that will collectively yield better outcomes for our neighborhoods, communities, and state. Consistent with the SMARTER Plan, California is shifting its masking recommendations to a framework intended to provide information and recommendations that each Californian should consider based on the unique circumstances happening within their own community and county.

The levels included in this framework are based on [CDC COVID-19 Community Levels](#) released in March 2022 as well as consideration of metrics based on California's historical data.

Persons should use information about the current COVID-19 Community Levels (CCLs) in their county to decide which prevention behaviors to use and when (at all times or at specific times), based on their own risk for severe illness and that of

members of their household, their risk tolerance, and setting-specific factors. CCLs are based on hospitalization rates, hospital bed occupancy, and COVID-19 incidence during the preceding period. At all CCLs (low, medium, and high), CDPH continues to strongly recommend that all persons:

- [Stay up to date](#) with COVID-19 vaccination, including all primary series doses and boosters.
- If you've been exposed, wear a mask for 10 days.
- Stay home when sick and [know what to do if you have been infected with COVID-19](#), including seeking [treatment](#) early.
- Test if you are sick or have been exposed to someone with COVID-19.
- Improve ventilation and air quality in their setting.
- Wash hands regularly.
- Sign up for [CA Notify](#) to receive alerts when you have been in close contact with someone who tests positive for COVID-19.

Despite what level your community may be in, masks that offer the best [fit and filtration](#) (e.g., N95s, KN95s, KF94s), are highly recommended, and remain a critical component of our multi-layered approach for protection against COVID-19 infection. A series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of slowing community transmission.^[1] Our recently published case-control study conducted in California from February 18 to December 1, 2021 demonstrated that consistently wearing a face mask or respirator in indoor public settings reduces the risk of acquiring SARS-CoV-2 infection.^[2] Masks also remain a critical component for protecting those that are most vulnerable in our communities, including the unvaccinated, the immunocompromised, or those at risk for severe disease and illness.

CDC COVID-19 Community Level	CDPH recommended actions
<p>Low</p> <p>There is lower community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <p>People can wear a mask based on personal preference, informed by their own personal level of risk.</p> <p>Vulnerable people*:</p> <p>Consider wearing a mask in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best).</p>

	<p>If you are a vulnerable person* or live with a vulnerable person*, consider taking additional precautions.</p>
<p>Medium</p> <p>There is medium community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Consider wearing a mask in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them</p>
<p>High</p> <p>There is high community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is strongly recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them.</p>

*Those that are vulnerable include the unvaccinated, those that are [immunocompromised](#), have certain [disabilities](#), or have [underlying health](#)

[conditions](#), and those [at risk of severe illness of death if they are infected with COVID-19](#). Such persons should consider taking extra precautions.

Vaccination continues to remain the ultimate exit strategy out of the COVID-19 pandemic. While the percentage of Californians fully vaccinated and boosted continues to increase, we continue to have areas of the state where vaccine coverage is low, putting individuals and communities at greater risk for COVID-19. As a state, we need to remain vigilant.

Masking Requirements in Specified High-Risk Settings

The [CDC COVID-19 Community Levels](#) can also be used to define the level of recommended mitigation strategies for certain settings.

Accordingly, CDPH is updating its masking requirements in specified high-risk settings, consistent with current CDC recommendations. These changes are effective September 23, 2022. CDC has noted that [CDC COVID-19 Community Levels](#) do not apply in healthcare settings, such as hospitals and skilled nursing facilities. CDPH will continue to monitor the science and current CDC recommendations to ensure we continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.

In the following healthcare and long-term care indoor settings, masks are required for all individuals regardless of vaccination status. Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are highly recommended.

- Healthcare Settings
- Long Term Care Settings & Adult and Senior Care Facilities

In the following non-healthcare indoor settings, facilities may use the CDC COVID-19 Community Levels to determine the level of masking requirements within their facility.

- [Homeless shelters\[3\]](#), [Emergency shelters\[4\]](#) and [cooling and heating centers\[5\]](#)
- State and local [correctional facilities and detention centers\[6\]](#)

1) When the [COVID-19 Community Level](#) is low, masking may be optional:

1. Only in **non-clinical areas** (such as in housing units, communal dining areas, visitation areas, and in administrative areas where only staff may have access), **and**

2. When there have been no [outbreaks](#) (defined as three suspected, probable, or confirmed COVID-19 cases within a 14-day period among epidemiologically linked residents and/or staff) in the entire facility or within separated, closed subunits that do not allow for mixing of those residents or staff with the general population.

Facilities should make surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit available at all times to any residents and staff who would like to use them based on their personal preference.

- 2) When the [COVID-19 Community Level](#) is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.

Universal masking of all staff and residents, regardless of vaccination status and Community Level, is required in all clinical areas (or when any healthcare is being delivered), including isolation and quarantine areas, or any other areas that are covered by other specified high-risk settings.

**In certain healthcare situations or settings surgical masks (or higher filtration masks) are required. In workplaces, employers and employees are subject to either the CalOSHA COVID-19 [Emergency Temporary Standards \(ETS\)](#) or the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) PDF](#) Standard and should consult those regulations for additional applicable requirements.*

Additional Masking Requirements

Finally, CDPH is maintaining the requirement that businesses and venue operators, including K-12 school and childcare settings, must allow any individual to wear a mask if they desire to.

In workplaces, employers and employees are subject to either the CalOSHA COVID-19 [Emergency Temporary Standards \(ETS\)](#) or the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) PDF](#) Standard and should consult those regulations for additional applicable requirements.

Local health jurisdictions and entities may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances.

These requirements and recommendations will continue to be updated as CDPH continues to assess conditions on an ongoing basis.

For additional information on the most effective types of masks and ensuring a well-fitted mask for adults, individuals should refer to CDPH [Get the Most out of Masking](#) and see [CDPH Masking Guidance Frequently Asked Questions](#). For

additional information on the most effective types of masks and ensuring a well-fitted mask for children, individuals should refer to [CDPH Masks for Kids: Tips and Resources](#).

Guidance for Businesses, Venue Operators or Hosts

When CDC COVID-19 Community levels are medium or high, businesses, venue operators or hosts should consider:

- Providing information to all patrons, guests and attendees regarding masking recommendations for all persons, regardless of vaccine status.
- Providing information to all patrons, guests and attendees to consider better fit and filtration for masks [Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended over cloth masks].
- Requiring all patrons to wear masks, especially when risk in the community may be high, or if those being served are at high-risk for severe disease or illness.
- Requiring attendees who do not provide proof of vaccination to enter indoor Mega Events to continue masking during the event, especially when not actively eating or drinking.

No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

Exemptions to masks requirements

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

[1] Rader B, White LF, Burns MR, et al. Mask-wearing and control of SARS-CoV-2 transmission in the USA: a cross-sectional study. *The Lancet Digital Health*. 2021;3(3):e148–e157.

[2] Andrejko KL, Pry JM, Myers JF, et al. Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021. *MMWR Morb Mortal Wkly Rep*. ePub: 4 February 2022

[3] CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

[4] CDC's Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic

[5] CDC COVID-19 and Cooling Centers

[6] CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities