



Office of the City Manager

July 28, 2020

To: Honorable Mayor and Members of the City Council

From: *DWR* Dee Williams-Ridley, City Manager

Subject: Berkeley's *SMART* Roadmap

In response to the COVID-19 pandemic, related Stay-at-Home orders, and closure of businesses, facilities, and other public places, this report provides information on the City of Berkeley's roadmap and approach.

The Berkeley *SMART* (specific, medically advised, adaptable, resilient, and time sensitive) Roadmap is grounded in our City's goal to champion and demonstrate social and racial equity. The Berkeley *SMART* Roadmap is a high level guide to understanding how the City moves in different directions, lifting or instituting restrictions based on key health indicators. The City of Berkeley, in response to the COVID-19 pandemic, issued a Stay-at-Home order on March 16, 2020. This resulted in the immediate closure of businesses, offices, parks, and schools. The order asked people to stay-at-home to help limit exposure to and spread of COVID-19. As progress on indicators improve, orders gradually allow various practices to resume and places to reopen. When progress on indicators decline, appropriate restrictions fall back into place.

The Berkeley *SMART* Roadmap was developed thanks to an executive leadership team consisting of Mayor Jesse Arreguín, Vice Mayor Sophie Hahn, City Manager Dee Williams-Ridley, Deputy City Managers Paul Buddenhagen and David White, City Attorney Farimah Brown, Public Information Officer Matthai Chakko, Health, Housing and Community Services Director Lisa Warhuus, Health Officer Dr. Lisa Hernandez, Economic Development Director Jordan Klein, and Senior Management Analyst Melissa McDonough.

The work involved several key components: research, engagement, and communication. Staff researched reopening practices from various jurisdictions both globally and nationally. The results of this research were shared in a [June 11<sup>th</sup> Off Agenda Memo](#). Vice Mayor Hahn and Mr. Klein led Listening Sessions with key Berkeley industries, focusing on different sectors, as described in the attached Berkeley *SMART* Roadmap and appendices. The input from these sessions inform Health Officer orders and communications materials. Communications span the gamut from

Page 2  
July 28, 2020  
Re: Berkeley's *SMART* Roadmap

press releases and tweets to Nixle alerts and NextDoor posts. Throughout the pandemic, all communication information is available in its most up-to-date form through the City's website: [cityofberkeley.info/covid19](https://cityofberkeley.info/covid19).

In under two months, with the aforementioned work, the City developed the attached Berkeley *SMART* Roadmap. The Berkeley *SMART* Roadmap is primarily an electronic document and subsequent updates of information will be communicated primarily online through the website: [cityofberkeley.info/covid19](https://cityofberkeley.info/covid19). At the same time, staff prepared a Public Health Response White Paper to help tell the story of how our City has responded to the pandemic. The White Paper is included in the Roadmap's Appendices.

Moving forward, City staff is developing a Berkeley Recovery and Resilience Plan focusing on "building back better" post-pandemic. Additionally, in late December or early January, the City Manager will debrief City Council on the City's COVID-19 response from initial responses in January 2020 through the close of the calendar year.

Attachment: Berkeley *SMART* Reopening Plan

cc: Paul Buddenhagen, Deputy City Manager  
David White, Deputy City Manager  
Mark Numainville, City Clerk  
Jenny Wong, City Auditor  
Matthai Chakko, Assistant to the City Manager / Public Information Officer



# Berkeley's *SMART* Roadmap

Specific | Medically Advised | Adaptable | Resilient | Time Sensitive

Our City is committed to a focus on equity and reliance on data in our approach to both lifting and instituting restrictions relating to COVID-19 pandemic. This work has been an ongoing collaboration starting with Councilmember engagement and leveraging our City Team: Mayor Jesse Arreguín, Vice Mayor Sophie Hahn, City Manager Dee Williams-Ridley, Deputy City Managers Paul Buddenhagen and David White, City Attorney Farimah Brown, Public Information Officer Matthai Chakko, Health Housing and Community Services Director Lisa Warhuus, Health Officer Dr. Lisa Hernandez, Economic Development Director Jordan Klein, and Senior Management Analyst Melissa McDonough.

## Key Indicators

At the foundation of the Roadmap is our public health infrastructure and emergency operations center. They are working on a set of activities, with a particular focus on vulnerable populations, to support the public, build capacity, and contain the disease. These activities in turn help us to progress along a set of indicators. The Roadmap provides guidance for how the City moves, forward or back, depending on circumstances and progress on indicators. The City will move forward as our progress on indicators improves and back as progress worsens and conditions warrant reinstating restrictions for public safety.

Our Health Officer, Dr. Hernandez, relies on data to determine our progress on five regional indicators. The seven Bay Area Health Officers chose these indicators, which are being used across all local health jurisdictions:

1. **Cases & Hospitalizations** Flat or decreasing number of cases and hospitalizations
2. **Sufficient Hospital Capacity** Sufficient hospital capacity to meet community needs
3. **Sufficient Testing Capacity** Sufficient testing capacity
4. **Sufficient Disease Containment** Sufficient case investigation, contact tracing, isolation and quarantine
5. **Sufficient Personal Protective Equipment (PPE)** Sufficient PPE

Many of these indicators may be familiar, they mirror the same data that the State and county jurisdictions are examining. The City of Berkeley is unique and has its own health jurisdiction. The Health Officer examines local conditions and considers our progress on indicators within the context of the [State of California's guidance](#).



## Adjusting Permissible Activities

The Roadmap informs permissible activities, the timeline for businesses to reopen, and how to ensure the community’s health and safety as activities resume. To better understand industry-specific concerns and recommendations for safe reopening, Vice Mayor Sophie Hahn, the Mayor’s Office, and the Office of Economic Development conducted eight listening sessions with business leaders in key Berkeley industries in June. Each listening session focused on a different sector: food and beverage, retail, arts and culture, personal services (e.g. salons, tattoo artists, and massage therapists), fitness, sustainability (e.g. solar power installers, recyclers), and office-based businesses. Over 300 participants, representing all districts in the City, engaged in meetings to share thoughts, ideas and concerns about reopening. This input is informing our Health Officer orders, as well as our communications materials. More information on these listening sessions is available in the Appendices.

Our communications materials, found on [cityofberkeley.info/covid19](https://cityofberkeley.info/covid19) are updated regularly and include an abundance of resources. The City’s [covid19 webpage](#) provides consistent and reliable information on many things related to COVID-19, including information on our [progress with indicators](#) and [guidance for businesses](#) on safe reopening practices. Additionally, there is a white paper describing our public health response and brief memo summarizing reopening practices and guidance from other jurisdictions available in the Appendices. As we together continue along the roadmap to recovery, please check [cityofberkeley.info/covid19](https://cityofberkeley.info/covid19) for up-to-date information and guidance.

## Appendix 1 | Listening Sessions

# City of Berkeley COVID-19 Listening Sessions Summary

To better understand industry-specific concerns and recommendations for safe reopening, Vice Mayor Sophie Hahn, the Mayor's Office, and the Office of Economic Development (OED) conducted eight listening sessions with business leaders in key Berkeley industries between June 3 and June 18, 2020. Each session focused on a different sector: restaurants, retail, arts and culture, personal services (e.g. salons, tattoo artists, and massage therapists), fitness, sustainability (e.g. solar power installers, recyclers, environmental consultants), childcare (including private schools, afterschool activities and summer camps), and office-based businesses. Over 300 participants, representing all districts in the City, engaged in meetings to share thoughts, ideas and concerns about reopening. The input provided informed City Health Officer orders and public communications materials. This appendix provides a high-level summary of the concerns and recommendations provided by businesses in each of the industries listed above.

## Issues spanning all sectors

Several themes emerged that spanned nearly every industry when it came to business concerns, especially around sustainable financing and access to information. As the city reopens, businesses are trying to make sure they abide by the proper guidelines, but many do not know where to look as information, guidelines and resources are coming from every level of government (e.g. City of Berkeley, Alameda County, State of CA, national Center for Disease Control, World Health Organization). The lack of a coordinated approach has meant businesses have difficulty finding accurate and relevant information not just about public health, but about reopening timelines and how the guidelines apply given the nuances and differences between businesses, even within the same sector (such as an indoor gym vs yoga studio, or how to work with groups of students versus 1:1 instruction).

As it relates to business planning and long-term economic sustainability, businesses are concerned that the Paycheck Protection Program (PPP) and Economic Injury Disaster Loan (EIDL) programs were often slow to process requests, unclear about forgiveness terms, inaccessible (e.g. to new businesses), or too limited in scope or duration (e.g. for businesses paying high rents while unable to operate for several months). Businesses that didn't receive a Berkeley Relief Fund grant were also disappointed. While the city and state's moratorium on evictions is helpful right now, as businesses reopen, they fear they will continue to be cash-strapped and it will be difficult—if not impossible—for them to pay previous months of rent.

From a health standpoint, there are concerns around sourcing enough personal protective equipment (PPE) given both industry shortages and the additional business costs (especially at a time when many businesses will be operating at limited capacity, and thus have below-average revenues). Businesses were also concerned that the lengthy timelines for delivery of back-ordered items would delay their reopening or limit the scale to which they could serve customers.

As things do begin to reopen, many businesses expressed concern that customers' health fears would prevent them from returning, and the City of Berkeley (and/or Alameda County) could do a better job to

educate the public on safe consumer behaviors and activities. In the meantime, many sectors have large spaces that they believe could be utilized for one-on-one appointments, such as personal training or bespoke retail, so if guidelines could be provided for business-specific scenarios (including the use of outdoor space), many businesses would be able to get back on their feet quicker.

## Sector-specific concerns & recommendations

### Arts & culture businesses

The arts and culture industry has to be viewed from a very long-term perspective, as most events are unlikely to come back at any point this year. With federal recovery funds drying up, and the potential for artists to lose grants for projects that can no longer take place, this sector is particularly vulnerable. Enabling businesses to use their existing indoor spaces for limited (carefully-spaced) rehearsals or recordings may help some productions go on. Many are excited by the idea of utilizing outdoor space, but are also aware that, due to the current situation, there will be significant competition for these spaces. It was also suggested that outdoor festivals could be held safely and provide a place for programming. In looking toward the eventual reopening of this industry, it will be important to work with sector leaders on an ongoing basis and far in advance, as artistic productions often have long lead times requiring several months of preparation, or longer.

### Childcare, schools & summer camps

Business leaders in the childcare sector had many questions about safe operations and liability, as well as how to make their businesses financially sustainable, given the new restrictions on the number of children/students they can serve. Unfortunately, many summer schools and camps may have teachers that cannot afford to stay in the area if they have been furloughed and, at the same time, parents may no longer be able to afford the fees or tuition, meaning many of these businesses may be changed permanently. Issues of equity are also a concern, as schools and camps with limited revenue may no longer be able to provide scholarships to those with limited means or from underserved populations. Sector leaders called on the city to: assist in helping businesses to access federal grants, subsidize tuition or fees (or otherwise contribute to early childhood education), issue effective communications for families regarding preparation and COVID-19 infection scenarios, help businesses acquire sanitation supplies from a reliable distributor, encourage testing, teach educators how to comply with public health protocols, and help businesses find outdoor space for their programs.

### Fitness & exercise businesses

Fitness businesses (e.g. gyms, yoga studios, personal trainers, dance schools) were another sector that stressed the importance of getting considerable advance notice for their reopening date, as many run very complex operations that will take time to properly adapt to new health and safety protocols. Many also stressed needing health protocols and requirements that apply specifically to the fitness sub-sector (e.g. karate vs yoga vs weight-lifting), as the physical spaces and type of exercise accommodate social distancing

in different ways. Sector leaders were also interested in understanding how they can access public space, such as parks, or otherwise utilize privately-owned outdoor spaces for fitness programming.

## Restaurants & bars (including breweries & wineries)

Beyond sharing the common concerns noted by all industries (e.g, financial and public health concerns), the food and beverage industry leaders spoke to the challenges they are facing while serving customer in new, limited ways. For example, while many are still open for takeout and delivery, they are losing a fair share of their margins (which were already very low) to delivery service fees, but feel that they must work with these services to have any chance of survival. As far as reopening, unclear guidelines about masks (and government failure to adequately publicize new guidelines broadly) have left many confused and anxious about serving unmasked customers, such as those who are seated at outdoor tables or waiting for service. There are also many questions about the options for outdoor dining, the city's permitting process for parklets and sidewalk seating, and customers' willingness to eat outside their homes at this time.

## Office-based businesses

Office-based businesses tended to have concerns around making sure they could provide safe working environments for their employees, tenants or co-working space members. They raised many questions about sanitation procedures and how to ensure employee health, such as the frequency of testing, how temperature screening could work, the value of staggered work schedules, limiting the use of common areas such as break rooms or restrooms, environmentally-friendly disinfectants, or the correlation between building air filtration systems and COVID-19. As each business, building, and lease agreement is unique, rather than rely exclusively on the public health order, City's fillable site specific plan, and the State of California's industry guidelines for office workplaces, participants offered to share their own plans for safe reopening with each other – and many resources were shared.

## Salons, spas, & high-touch personal service businesses

Hair salon owners, tattoo artists, estheticians, massage therapists, and other personal service industry leaders were particularly frustrated by the lack of a reopening timeline for their industry in Berkeley, especially as many neighboring cities and counties had either reopened or announced an industry reopening date. Many were distressed by the extreme economic hardship the pandemic had imposed on their businesses and families and feared losing long-term, relationship-based customers who would go to other counties for services, as well as practitioners operating illegally and simultaneously causing harm to clients and the industry's reputation overall. There was also concern that many businesses could not pay rent for periods when they had no income and business leaders feared needing to give up their Berkeley businesses. The group, representing a number of high-touch personal service businesses (not just salons) emphasized that the same rules shouldn't apply to all businesses in their broader industry, as practices varied by sub-sector (e.g. duration of client interaction or industry health & safety standards) and some had invested more significantly in their space, sanitization practices, air purification equipment, etc. Because of the close contact required in these industries, accessing PPE and the health of customers and

staff were also of utmost concern, though many recommendations were made for significantly mitigating risks, e.g. operating with proper PPE, sanitization, air purifiers and distancing protocols or asking customers to sign health waivers and medical release forms.

## Retailers

While financial concerns came up with business leaders across all industries, retail businesses brought up concerns over equity, as smaller businesses don't have the economic resources that big box stores/ national chains do. Many had not yet received federal funding from the PPP or EIDL programs and like others, had major concerns over paying rent. Accessibility of PPE (e.g. masks, hand sanitizer), getting customers to comply with social distancing and mask-wearing requirements, and challenges associated with city communications on topics ranging from the definition of "essential businesses" to the application process for sign permits to business size and activity-specific guidance in the Health Order were discussed. Industry leaders requested more assistance at the city and county level for the small, independently owned businesses that are the backbone of the local economy, clearer mask-wearing requirements for shoppers, options for limited re-opening (e.g. customer appointments or shopper limits based on square footage), the ability to designate a parking space for curbside pick-up, and spaces for outdoor retail.

## Sustainability businesses

Sustainability businesses (including renewable energy companies, environmental consultants, and purveyors of secondhand goods, among others) feel particularly anxious about the environmental and societal impacts from the pandemic. COVID-19 has meant having to adopt a culture of waste, through single-use items and a public desire to utilize cars over public transit. Leaders here would like to use this as an opportunity to change the future of sustainability in Berkeley, and work with the city and other sectors to make that happen. Suggestions included: building community health through improved nutrition, using public spaces more effectively to serve community education and fitness needs, developing shared purchasing contracts for green cleaning and disinfecting products, reestablishing and promote trust in green practices like taking public transit or BYO (after more conclusive research has been taken, encouraging telework, residential and commercial retrofits and other practices that can reduce greenhouse gas emissions and continuing to think about the environmental sustainability implications of public health decisions.

| Additional business resources |  |
|-------------------------------|--|
| Financial                     | <ul style="list-style-type: none"> <li>● <a href="#">SBA Payroll Protection Program</a></li> <li>● <a href="#">SBA Economic Inquiry Disaster Loan</a></li> <li>● <a href="#">Berkeley Chamber: COVID-19 Financial Resources</a></li> <li>● <a href="#">Berkeley Revolving Loan Fund</a></li> </ul> |
| Reopening                     | <ul style="list-style-type: none"> <li>● <a href="#">California industry-specific guidance</a></li> <li>● <a href="#">City of Berkeley Site-specific protection plan</a></li> </ul>  |
| Public Health                 | <ul style="list-style-type: none"> <li>● <a href="#">Berkeley COVID-19 real-time dashboard</a></li> <li>● <a href="#">Group and employee testing information</a></li> <li>● <a href="#">Eco-friendly disinfection guidance for COVID-19</a></li> </ul>   |



## Appendix 2 | Public Health Response White Paper



# PUBLIC HEALTH RESPONSE WHITE PAPER

## OVERVIEW

The City of Berkeley, led by our Public Health Division and with the support of our Emergency Operations Center, is focused on containing COVID-19 and moving us forward on the path to reopening Berkeley. Together, staff are working on a set of activities to support the public, build capacity, and contain the disease. These activities, in turn, help us progress along a set of indicators. As our indicators improve, activities can resume and businesses can reopen safely. However, if indicators decline, activities become more restricted to ensure public safety.



This White Paper is a high level document describing the often behind-the-scenes work of our public health response. It details the regional indicators the City is monitoring, key activities the City is pursuing, and performance measures the City is tracking to understand, guide, and improve our response to the pandemic.

## INDICATORS AND STRATEGIES TO CONTAIN COVID-19 AND SAFELY REOPEN

As described in the Berkeley *SMART* Roadmap, to contain the spread of COVID-19 in our community, the City of Berkeley, along with seven other Bay Area jurisdictions, are tracking a set of indicators. These indicators measure our progress in five key areas that are critical in making the determination of when to loosen or tighten our shelter-in-place restrictions.

The five indicators are:

1. A flat or decreasing number of **Cases and Hospitalizations**.
2. **Sufficient Hospital Capacity** to meet community needs.
3. **Sufficient Testing Capacity**.
4. **Sufficient Disease Containment** including sufficient case investigation, monitoring, contact tracing, and isolation/quarantine.
5. **Sufficient Personal Protective Equipment (PPE)**.

The Berkeley Public Health Division, with the support of our Emergency Operations Center, is working diligently to meet the local indicator goals. Some of these indicators require a broad range of activities and actions that may include multiple City departments, as well as working in partnership with our businesses, residents, and community partners. Other indicators may be more narrowly focused to a particular sector or staff workgroup. To measure and track the progress of all our work, staff have identified key performance measures to hold ourselves accountable and measure our progress at a more granular, activity level.

The tables included at the end of the White Paper summarize this framework of regional indicators, as well as local activities and performance measures that guide our work. Additionally, some of the information from those tables is summarized visually in a one-page infographic.

## SPOTLIGHT

### Our Commitment to Equity During COVID-19

The Health, Housing, and Community Services Department has a longstanding commitment to ensuring all members of our community can participate, prosper, and achieve health and well-being. We focus interventions and resources on those who face the greatest barriers and are at the greatest risk of negative health outcomes. Below are examples of how we have focused on the most vulnerable during the COVID-19 response.

- Older adults, with emphasis on frail, older adults:
  - Ensure adequate testing, PPE, and education at our skilled nursing and long-term care facilities.
  - Provide targeted outreach and promote mobile testing at senior housing sites.
- Unhoused population:
  - Provide hygiene resources to encampments. The City has installed 15 new port-a-potties, 2 showers, and 27 hand washing stations since the COVID-19 pandemic began.
  - Provide mobile testing at encampment sites across Berkeley.
  - Ensure adequate testing, PPE, and education at local shelters.
  - Reduce crowding in shelters, known as decompressing shelters, to allow social distancing and lessen the risk of an outbreak.
  - Expand temporary housing such as hotel rooms, trailers, and pallet shelters for those experiencing homelessness, especially for those at risk of serious complications. The City has secured 117 temporary non-congregate housing units.
  - Provide meals, non-perishable food, and water to encampments. City outreach teams have distributed 3,750 meals, 4,300 bags of nonperishable food, and 2,500 bottles of water.
- African Americans, people of color, monolingual Spanish speakers, and those with limited resources:
  - Partner with *Latinos Unidos* to provide targeted outreach and education to monolingual Spanish speakers.
  - Provide targeted outreach and mobile testing to communities with the greatest need. From June 15 to June 30, 2020 the mobile testing unit conducted 8 testing events for vulnerable groups including skilled nursing facilities and residential facilities.
  - Distribute hygiene resources to those in need. The City distributed 853 hygiene kits to SAHA, provider of affordable housing for low-income and special needs populations.
  - Connect individuals to resources such as food, primary care, and public benefits.
- Deliver relevant, accurate, and timely communication on COVID-19 that is accessible to everyone. All City COVID-19 webpages are ADA compliant.

---

## **INDICATOR 1: CASES AND HOSPITALIZATIONS**

Regionally, Health Officers are tracking the rate that COVID-19 cases and hospitalizations are changing. To address this indicator, the City of Berkeley is providing clear and consistent communication on actions members of the public can take to protect themselves from COVID-19. In addition, the Office of Economic Development is working closely with the business community on how to reopen safely.

The City of Berkeley web traffic has increased by 42% during the shelter-in-place period compared to the same time last year. Over 25% of all current web traffic is driven by 34 COVID-19 specific pages, reflecting the increased demand for trusted and accurate information. As part of our emergency operations center response, a business liaison was engaged to address concerns, answer questions, and collect information from Berkeley businesses. The business community accesses the latest information on health officer orders, resources, and guidance on how to operate safely through our website and a frequently published newsletter.

The City of Berkeley also is working to support our unhoused population. Those experiencing homelessness are at a greater risk of being infected by COVID-19, experiencing serious health consequences, and spreading the disease to others. For these reasons, supporting our unhoused population directly impacts Berkeley case and hospitalization trends.

A cross section of staff are providing access to hygiene resources, food, and water for those experiencing homelessness. In addition, the City is working to reduce crowding in our shelters and allow for social distancing. Among our five shelter locations in Berkeley, 100% have met these decompression standards, greatly reducing the risk of an outbreak. Finally, the City has secured 117 non-congregate housing units, such as hotel rooms, pallet shelters, and trailers, to provide temporary accommodation. For those particularly vulnerable to serious health complications from COVID-19, the temporary non-congregate housing units are safer than a communal living environment such as a shelter.

## **INDICATOR 2: SUFFICIENT HOSPITAL CAPACITY**

Regionally, Health Officers are tracking the capacity of our hospital system. In Berkeley, we are monitoring the percentage of Alameda County hospital beds with COVID-19 positive patients. To address this indicator, the City of Berkeley is working closely with local health care providers, partners, and facilities to develop plans, improve coordination and communication, prepare for a possible sharp rise in deaths, and divert patients from emergency rooms to more appropriate sources of care when possible.

Our Public Health Division continues to work in collaboration with 26 health care partners including our long-term care facilities and hospitals. In close coordination, the City of Berkeley Office of Emergency Services has considered how a sharp rise in COVID-19 deaths would impact funeral homes, health care facilities, and local government. Together, with over 35 partners, the City is prepared to expand the capacity of these systems, if necessary, to ensure continuity of the death process.

Finally, our Emergency Medical Services division led an innovative pilot where a team of paramedic staff responded to lower acuity EMS calls to reduce resource drain on the health system. The unit known as

the Mobile Integrated Paramedics Unit (MIPU) connected these callers to appropriate health care and social services, often making transport to the emergency department unnecessary.

### **INDICATOR 3: SUFFICIENT TESTING**

Regionally, Health Officers are tracking whether the number of COVID-19 tests conducted each day is sufficient to ensure that disease activity is being detected and transmission to other people halted. In Berkeley, we are tracking the number of tests conducted for all Berkeley residents. To address this indicator, the City of Berkeley launched and oversees two testing sites in Berkeley, providing no-cost tests to the public. These sites greatly increase access and accessibility for those who live and/or work in Berkeley. Through June 30, 2020, our two test sites collected 3,784 tests<sup>1</sup>. This number includes tests collected through mobile COVID-19 testing in the community. Mobile testing helps vulnerable populations, such as seniors or those living in encampments, to get tested; it also provides efficient testing of Berkeley-based employers.

### **INDICATOR 4: SUFFICIENT DISEASE CONTAINMENT**

To break chains of transmission, we must rapidly develop the capacity to identify and isolate persons with COVID-19 and those who have been exposed to COVID-19. To address this indicator, the Public Health Division continues to conduct case investigations, monitoring and contact tracing for Berkeley residents, and rapid response to outbreaks or cluster of cases that take place at Berkeley-based facilities. As of June 30, 2020, our public health staff have reached 95% of reported COVID-19 cases to break the chain of infection. We are recruiting new staff and volunteers to expand our capacity to do this work at an unprecedented scale and speed. To ensure that all cases can safely isolate at home, staff are connecting individuals to resources such as food, primary care, and public benefits, as needed.

### **INDICATOR 5: SUFFICIENT PERSONAL PROTECTIVE EQUIPMENT**

PPE is needed to keep healthcare providers safe while providing care for COVID-19 patients. Regionally, Health Officers are monitoring that all acute care hospitals, outpatient clinics, skilled nursing facilities, and medical first responders have a 30-day supply of PPE on hand. To address this indicator, the City of Berkeley has been monitoring supply chains and operates a local receiving, storage, and staging site (LRSS). The LRSS accepts donations of PPE and distributes needed PPE to health care providers and first responders who are unable to access supplies through normal channels. As of June 30, 2020 the LRSS accepted 202 community donations and fulfilled 177 requests for PPE from first responders and health care providers.

## COVID-19 PUBLIC HEALTH RESPONSE

### Health Officer Indicators - Activities- Performance Measure Matrix

|                                    | OUR ACTIVITIES  | SUCCESS OF OUR ACTIVITIES <sup>1</sup>   |
|------------------------------------|---|--|
| <b>CASES &amp; HOSPITALIZATION</b> | Outreach and communication to community on safer practices    | 34 COVID-19 web pages created with over 1M visits<br><br>Over 2.7M impressions of COVID-19 social media messages<br><br>74 COVID-19 community messages published with almost 750,000 views across all platforms<br><br>100% of COVID webpages ADA compliant ❖<br><br>83% of outreach materials translated into Spanish ❖<br><br>13 newsletters published for the business community with over 20,000 views |
|                                    | Support unhoused access to hygiene resources, food, and water | 27 new hand washing stations available ❖<br><br>2 new shower facilities available ❖<br><br>15 new port-a-potties available ❖<br><br>3,750 meals and 4,300 bags of non-perishable food distributed ❖<br><br>2 water stations installed, and 2,500 water bottles distributed ❖   |
|                                    | Decompression of shelters                                     | 5 shelters supported in efforts to improve social distancing through decompression ❖<br><br>100% of shelters are meeting decompression standard❖   |
|                                    | Non-congregate sheltering of the unhoused                     | 117 temporary, non-congregate housing units secured ❖  |

*The following represents a selection of key activities and performance measures that guide our work.*

❖ - Indicates measures that speak to our commitment to equity

<sup>1</sup> All data are from the start of shelter-in-place until 6/30/2020 unless otherwise noted.

| OUR ACTIVITIES    |   | SUCCESS OF OUR ACTIVITIES   |
|-------------------|---|---|
| HOSPITAL CAPACITY | Plan and coordinate with healthcare partners to build capacity to respond to COVID-19   | 26 health-care partners that include hospitals and long-term care facilities  |
|                   | Coordinate, identify resources, and build new relationships to manage a mass fatality event in Berkeley   | 35 partners that include health care partners, funeral homes, and local government entities   |
|                   | Mobile Integrated Paramedics Unit responded to lower acuity dispatch calls to divert patients from emergency departments to more appropriate sources of care when possible <sup>2</sup> | 90 lower acuity calls handled by MIPU<br>31% of EMS calls included a MIPU response<br>76% of MIPU responses did not result in transport |

| OUR ACTIVITIES |  | SUCCESS OF OUR ACTIVITIES   |
|----------------|--|---|
| TESTING        | Stand up and oversee testing sites in Berkeley | 2 test sites<br>10,383 tests reported on City of Berkeley residents<br>3,784 tests performed through Berkeley test sites <sup>3</sup> |
|                | Provide mobile testing in the community        | 8 mobile testing events for vulnerable populations including skilled nursing facilities and residential facilities<br>❖ <sup>4</sup>  |

| OUR ACTIVITIES      |  | SUCCESS OF OUR ACTIVITIES  |
|---------------------|--|--|
| DISEASE CONTAINMENT | Conduct case investigations, monitoring, and contact tracing | 95% of cases reached*<br>96% of contacts reached*                    |
|                     | Provide case management services                             | 91% of cases safely isolated*<br>97% of contacts safely quarantined* |

<sup>2</sup> Based upon analysis from EMS pilot from April 27, 2020, to May 31, 2020. Program is not currently operating.

<sup>3</sup> Berkeley testing site numbers include Berkeley residents and non-residents.

<sup>4</sup> This represents mobile testing events from June 15 – June 30, 2020

| OUR ACTIVITIES                             |   | SUCCESS OF OUR ACTIVITIES  |
|--|---|--|
| <b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b> | Provide PPE to health care and first responders through the local receiving, storage, and staging site (LRSS) | <p>177 first responder and healthcare partner PPE requests fulfilled by the LRSS</p> <p>202 community donations of PPE received by the LRSS</p> <p>5,925 face coverings and 3,980 bottles of hand sanitizer distributed to unhoused community members and at shelters ❖</p> <p>853 hygiene kits distributed to SAHA, provider of affordable housing for low-income and special needs populations ❖</p> |

❖ - Indicates measures that speak to our commitment to equity.



# BERKELEY COVID-19

## By the Numbers



346

Number of COVID-19 positive cases reported in Berkeley as of July 22, 2020.



16,905

Number of COVID-19 test results reported for City of Berkeley residents.



2.19%

Overall % positive of tests reported for City of Berkeley residents.

× 10

According to the CDC, the number of COVID-19 cases in the United States may be 10 times higher than what is reported.



1.2M+

City of Berkeley COVID-19 web pages have received over 1.2 million visits from March - July 2020.



71%

Percentage of those with COVID-19 that our public health nurses and staff successfully contact to break the chain of transmission.



117

Expanded temporary non-congregate housing for those experiencing homelessness with a focus on protecting those that are particularly frail.



27

Number of new hand washing stations made available to those that live in encampments.



183

Number of requests for personal protection equipment (PPE) from first responders and health care workers fulfilled by the City of Berkeley donation site.

## Measuring our efforts to slow the spread

To measure and track the progress of our work, the City of Berkeley is monitoring regional indicators and gauging the success of our local activities and efforts.

All data are as of 7/22/2020 unless otherwise noted.

July 23, 2020