

# Exhibit A

## **Category II: Public Safety Questions**

1. Who are the lead agencies and what are their roles?

From the state side, the California Department of Public Health (CDPH), the Governor's Office of Emergency Services, and the California Department of General Services are the primary state agencies

2. Who are the incident commanders from the federal and state agencies?

The Federal Government would designate an official to be the Incident Commander, as this is a federal operation.

7. Who will be the State POC for resources and mutual aid?

CDPH

9. Who will be the State POC for media and public inquiries?

The Joint Information Center

## **Category III. Questions Regarding the Integrity of Fairview**

Background: FDC buildings 11-16 would be used to house COVID-19 patients. The ventilation systems for these buildings are not failing and the buildings have been seismically retrofitted. The seismic retrofit was done in January 2000 and the HVAC was completed in 2005 and 2006.

### A. Mechanical/HVAC

1. According to the State's own findings in its 2016 report on FDC (see state report attached as Exhibit B), the current ventilation system for FDC is beyond its useful life and failing. If FDC is used to isolate anyone who may in fact be capable of spreading the infection, does the government intend to make any changes to the existing ventilation system such that it meets the CDC guidelines for isolation?

The report was not prepared to describe the site's suitability for the federal government's use to support COVID-19 patients who do not require hospitalization. The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

2. What are the plans to make the current mechanical system capable of creating negative ventilation?

The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

3. Is the current mechanical system capable of creating at least six air changes per hour, per the CDC guidelines?

The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

4. What are the plans to add HEPA filtration on building exhaust systems?

The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

5. How long will it take to install filters and retrofit to create negative ventilation?

The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

6. If additional rooftop equipment is added, are the buildings structurally sound to support that weight?

The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it

must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients. Further, additional information regarding weight of the rooftop equipment that will be required to be installed is needed to answer this question. Further, this question assumes that any equipment must be installed on the roof, which is not necessarily required.

### B. Seismic/Structural

The State's 2016 report (Exhibit B) by CHHS and DGS Referred to Seismic Safety Deficits at FDC. According to Part 6 of Exhibit B, in 1994, DGS evaluated the structural status of the buildings at FDC by from nearly perfect (Risk Level I) to unsafe even in the absence of an earthquake (Risk Level VII). Out of 53 "major" FDC buildings, 28 were evaluated (94% of total square footage):

- 3 (11%) were designated as Risk Level VI,
- 4 (14%) at Risk Level V
- 13 (46%) at Risk Level IV
- 8 (29%) at Risk Level III

25 "major" buildings (6% of total square footage) were not assigned a risk level. "Smaller one-story structures" were excluded from evaluation "due to funding limitations." According to the Section of Exhibit B entitled "Special Repairs and Other Major Projects," as of 2016, no structural retrofit work has been conducted on the FDC buildings.

#### 7. Which 28 buildings exactly were assigned the aforementioned Risk Levels?

We continue to review the specific risk levels of the 28 buildings. However, this question is immaterial to the issue of whether Fairview can currently safely house COVID-19 patients. Buildings 11-16 would be used to house patients, and these buildings were seismically retrofitted in January 2000, after the risk assessment cited in Exhibit B was conducted in 1998.

DGS has located 1997 seismic assessments of buildings D,E, and F, which will not be used for housing COVID-19 patients, and these buildings at that time were deemed to be at Risk Level VI, based on the "Levels of Earthquake Risk and Acceptability" produced by the Division of the State Architect. Buildings D, E, and F have since been retrofitted as of 2002. Recently, at the end of 2019, DGS hired the architectural firm IDS to review buildings D, E, and F to determine their potential use for permanent supportive housing purposes. IDS completed a Tier 1 seismic screening per ASCE 41-17 standard and classified those buildings as Risk Category II. IDS concluded in their analysis that the buildings comply with the basic safety objective of ASCE 41-17 standard and that no structural retrofit was recommended at this time.

8. Which of those 28 buildings are currently being considered for occupancy?

Buildings 11-16 are being considered for occupancy. These buildings were seismically retrofitted in January 2000 and are safe for occupancy. We continue to review the report to see how the assessments in the report match up to the current structures.

9. Which document was used for risk level assignment? How does this document relate to current standards (for example, ASCE 41-13)?

The assessment was conducted in 1998. Below are the criteria used to assign a risk level to a building. However, this question is immaterial to the issue of whether Fairview can currently safely house COVID-19 patients. Buildings 11-16 would be used to house such patients, and these buildings were seismically retrofitted in January 2000, after the risk assessment was conducted in 1998.

<u>RISK LEVEL</u>	<u>ASPECT</u>	<u>ANTICIPATED RESULTS</u>
I	Building:	Potentially no structural damage; immediately repairable if any. Negligible non-structural damage; repairable.
	Risk to life:	Negligible.
	Systems:	Probably remain Operational.
	Occupancy:	Immediate, with only negligible disruption during clean-up.
II	Building:	Negligible structural damage; repairable. Minor non-structural damage; repairable
	Risk to life:	Negligible.
	Systems:	Minor disruptions for hours to days.
	Occupancy:	Minor disruptions during clean-up.
III	Building:	Minor structural damage; repairable. Moderate non-structural damage; extensive repair.
	Risk to life:	Minor.
	Systems:	Disruption of systems for days to months.
	Occupancy:	Within weeks, with minor disruptions.
IV	Building:	Moderate structural damage; substantial repair. Substantial non-structural damage; extensive repair.
	Risk to life:	Moderate.
	Systems:	Disruption of systems for months to years.
	Occupancy:	Partially to totally vacated during repairs.
V	Building:	Substantial structural damage; repair may not be cost effective. Extensive non-structural damage; repair may not be cost effective.
	Risk to life:	Substantial.
	Systems:	Total disruption of systems; repair may not be cost effective.

	Occupancy:	Totally vacated during repairs.
VI	Building:	Extensive structural damage, collapse likely; repair probably not cost effective. Extensive non-structural damage; repair may not be cost effective.
	Risk to life:	Extensive, but not imminent. Extrication protracted and difficult.
	Systems:	Total disruption of systems; repair probably not cost effective.
	Occupancy:	Totally vacated during repairs (if repairable).
VII	Building:	Unstable under existing vertical loads or earthquake.
	Risk to life:	Imminent threat to occupants and/or adjacent property.
	Systems:	Total disruption of systems; repair probably not cost effective.
	Occupancy:	Should be vacated until structural upgrading is accomplished

10. Which 25 buildings were not assigned a risk level? Are these buildings to be avoided or should they be evaluated?

The report indicates that 25 buildings were not assigned a risk level because these buildings were not deemed to be “significant buildings in terms of population at risk and type of use. Smaller one-story structures were excluded due to funding limitations.” The DDS report also notes that these 25 buildings represent only 6 percent of the entire square footage of buildings in the Fairview Developmental Center.

11. What is the actual structural configuration of these buildings (wood framing, concrete masonry, steel frames, etc.)?

Many of the one-story buildings are wood framed construction.

12. What was the reason for the risk classification, particularly, at the higher risk levels?

Risk assessments were conducted for all state buildings using criteria developed by DGS and a private entity (Vanir) conducting the assessments. However, the report cited by the City is not dispositive because the Fairview buildings that could potentially house COVID-19 patients (buildings 11-16) were seismically retrofitted in January 2000.

13. What is the actual condition of the “smaller one-story structures” (can be structurally deficient and hazardous, and/or should be cordoned)?

The condition of these one-story structures varies, so it is premature to determine their condition.

14. What is the risk rating of the buildings according to current building standards (for example, ASCE 41-13)?

The risk ratings were assigned in 1994, so translating these into current building standards will require additional investigation and analysis.

15. Which (if any) FDC buildings can be approved for safe occupancy according to current standards?

As noted above, buildings 11-16 are planned for use for this purpose and have been determined safe for general occupancy by the state.

#### **Category IV: Fairview Operations and Site Certification Questions**

14. Have the water/sewer/power systems been tested?

DGS recently tested the water, sewer, and power for the buildings for which it provided cleaning services. The systems in these buildings appeared to be fully operable.

15. What analysis has been done to determine the sufficiency of the water/sewer/power systems for the intended use?

DGS recently tested the water, sewer, and power for the buildings for which it provided cleaning services. The systems in these buildings appeared to be fully operable. The federal government's quarantine requires the US HHS to secure an isolation site that would pose no risk of transmission to the community. For FDC to be used as a quarantine site, it must comply with CDC's strict sheltering criteria, meet CDC's clinical requirements for quarantine, and be consistent with other federal operational constraints. The state will support the federal government's efforts to ensure any site provides safe, secure, and well-monitored, and medically-supported isolation for patients.

16. What are the conditions of the water/sewer/power systems?

DGS recently tested the water, sewer, and power for the buildings for which it provided cleaning services. The systems in these buildings appeared to be fully operable.

24. Are there any contracts in place for service and repairs, if so who and are they available 24 hours a day to respond to an isolation zone?

DGS has emergency contracting powers which enable the department to authorize emergency services and repairs that could be conducted 24 hours a day, if necessary.

26. What are the air monitoring capabilities?

The state's capabilities can and may change depending on federal health officials' recommendations and requirements, so it is premature to determine what these air monitoring capabilities are, given they are subject to change.