

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

COVID-19 VARIANCE ATTESTATION FORM

FOR San Luis Obispo County



May 18, 2020

Background

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

Given the size and diversity of California, it is not surprising that the impact and level of county readiness for COVID-19 has differed across the state. On May 7th, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

In order to protect the public health of the state, and in light of the state's level of preparedness at the time, more rapid movement through Stage 2 as compared to the state needed to be limited to those counties which were at the very lowest levels of risk. Thus, the first variance had very tight criteria related to disease prevalence and deaths as a result of COVID-19.

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with

cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California's roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see [Statewide industry guidance to reduce risk](#)). Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local health officer must:

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

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

CDPH is available to provide consultation to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to notify him of your intent to seek a variance and if needed, request a consultation.

County Name: San Luis Obispo County

County Contact: Dr. Penny Borenstein, County Health Officer

Public Phone Number: 805-781-5519

Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term

¹ If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.

care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen to reinstitute restrictions in advance of any state action.

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

For the period Tuesday May 12, 2020 to Monday May 18, 2020, the number of SLO County residents in an acute care hospital for COVID-19 is as follows:

5/12/2020, 5/13/2020 – 4

5/14/2020 – 3

5/15/2020, 5/16/2020, 5/17/2020, 5/18/2020 – 2

Over the past 14 days, the highest number of patients hospitalized with COVID-19 was six (6) on 5/9/2020.

- 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue to be included in the calculations.

Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal prisons generally do not return to the counties in which they are incarcerated, so the incidence of their COVID-19 positivity is not relevant to the variance determination. While inmates in state and federal prisons may be removed from calculation for this specific criteria, working to protect inmates in these facilities from COVID-19 is of the highest priority for the State.

- Counties using this exception are required to submit case rate details for inmates and the remainder of the community separately.

The County of San Luis Obispo has a population of 283,111 (US Census Bureau, 2019). Since May 4, 2020, there have been 42 COVID-19 positive cases (14.8 cases per 100,000).

Over the past 7 days (May 12 – May 18, 2020), the rate of all tests that were positive is 0.8% (19 of 2,440 tests recorded in CalRedie).

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

San Luis Obispo County is determined to continue to protect essential critical infrastructure workers as we begin to reopen our community. San Luis Obispo County has been proactive in providing written guidances to critical infrastructure employers throughout this response. Beginning in January 2020, the County began preparing for the possibility we would see COVID-19 cases in San Luis Obispo. In addition to providing CDC, CDPH and OSHA guidances to these businesses, the County has created various policies, orders, and guidance documents to protect workers and mitigate disease spread. The County continues to update and provide additional guidances as additional information is learned about virus spread and best practices for response. These guidances are made available to the public on our website at <https://www.emergencyslo.org/en/covid19.aspx>. See Attachment Section for copies.

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

Based upon a review of actual daily PPE consumption/usage and resource requests received by the County over the past 60 days from essential workers, greater than 90 days' supply of necessary PPE and disinfectant materials have been secured and are on-hand available for distribution as required. The County has provided PPE to many essential workers with medical/health partners, first responders, and local city jurisdictions to ensure they are protected and ready to help provide surge capacity for the County. Additionally, the County has shared our PPE supplier list with businesses and essential workplaces requiring such material.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current [testing criteria](#), (available on CDPH [website](#)). The county must attest to:
 - Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

During the period May 12-May 18, 2020, 2,440 tests were recorded in CalRedie for SLO County, which equates to 1.23 tests per 1,000 residents.

Testing capacity is higher in that the total number of appointment slots at the two OptumServe clinics were not utilized (41/d, or 0.15/1,000 additional tests were available). Neither was maximum capacity reached at the Public Health Laboratory (36/d or 0.13/1,000 additional capacity was available) and other commercial and hospital labs (total capacity unknown). Thus, among known testing sites the daily capacity at >1.51/1,000. Given the unknown capacity of other labs, the total capacity is likely much higher.

Testing is available in every geographic sector of the county and is not limited to high priority groups. Testing is available to both Tier 1 and Tier 2 groups, as identified by CDPH. We are meeting constituent demand for testing at the current level.

In addition, beginning the week of May 18, we will be expanding capacity by an additional 1000 tests/week through a contract with US Health Fairs as well as a surveillance study conducted in partnership with the Infectious Diseases Branch of the California Department of Public Health. The additional testing will bring the daily testing capacity to a daily average >2.0 per 1,000 population.

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

Testing is available to 100% of the population within the stated travel time frames of 30 minutes for urban communities and 60 minutes for rural communities. There are no geographic gaps that do not meet the criteria. Additional testing sites starting next week will rotate through specific rural community populations for even more extensive coverage. Testing is available at least five days per week at the following locations:

Community Clinics with COVID Testing

1. Dignity Health Urgent Care Atascadero
5920 W Mall, Atascadero, CA 93422
2. Dignity Health Urgent Care Central Coast
2271 D Depot St, Santa Maria, CA 93455
3. Dignity Health Urgent Care Central Orcutt
1102 E Clark Ave Ste 120A Santa Maria, CA 93455
4. Dignity Health Urgent Care Pismo Beach
877 N Oak Park Blvd, Pismo Beach, CA 93449
5. Family & Industrial Medical Center
47 Santa Rosa St, San Luis Obispo, CA 93405
6. Med Post Urgent Care of Atascadero
7330 El Camino Real, Atascadero
7. Med Stop Urgent Care
283 Madonna Rd, San Luis Obispo, CA 93405
8. Medplus Atascadero
5920 W Mall, Atascadero, CA 93422
9. MedPlus Pismo
877 N Oak Park Blvd, Pismo Beach, CA 93449
10. MedPost Urgent Care of Paso Robles
500 1st St, Paso Robles
11. State Testing Sites- OptumServe
Grover Beach Ramona Park Center
993 Ramona Ave, Grover Beach, CA 93433
12. Paso Robles Vets Hall
240 Scott St, Paso Robles, CA 93446
13. Primary Care Partners SLO
84 Santa Rosa St., San Luis Obispo, CA 93405
14. The Lapidus Clinic
6627 Bay Laurel Pl A, Avila Beach, CA 93424
15. Urgent Care of Atascadero (Central Coast Urgent Care)
9700 El Camino Real #100, Atascadero, CA 93422
16. Urgent Care of Morro Bay
783 Quintana Rd, Morro Bay, CA 93442
17. Urgent Care of Pismo Beach
2 James Way, Ste. 214, Pismo Beach, CA 93449

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling

out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]

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Surveillance Plan:

Currently, weekly reports for COVID-19 testing of San Luis Obispo County residents is just shy of about 2,500. San Luis Obispo County will increase our numbers tested per week by doing the following:

We continue to advertise through media briefings, website postings, community newspapers, social media and other venues for our OptumServe clinics in order to maximize available tests conducted. These daily testing clinics in San Luis Obispo County can test up to a total of 264 persons per day. Optum utilizes LabCorp, which reports to CalREDIE via ELR. Optum has two sites, one in Paso Robles, one of the highest population centers of the County, and with the most cases reported in a city for our county, and Grover Beach, a city central to the southern part of our county.

Beginning on May 18, US Health Fairs will begin PCR testing in San Luis Obispo County for an average of 250 patients per day. US Health Fairs utilizes Fulgent labs, which reports via ELR to CalREDIE. US Health Fairs will move their testing sites around the County from week to week, thus enabling us to reach all parts of the County, not just population centers. Some sites are based on resident requests, some on geography, and some on workplace centers such as PG&E, which houses critical infrastructure for the Diablo Canyon nuclear power plant.

The San Luis Obispo County Public Health Lab has been testing an average of 40 patients per day, and reporting to CalREDIE via ELR. The Public Health Lab has recently added the GenExpert test kits to its available testing platforms which will allow for an additional 30-40 tests per day.

In addition, we are soon to begin a partnership with the State to do research-based surveillance testing of between 10-50 persons per day with COVID-19 PCR tests and respiratory pathogen panels.

Optum and US Health Fairs will continue testing five and four days a week, respectively. The SLO PHL and other private labs test seven days a week. Other private labs are reporting PCR test results for approximately 100 patients a day. All test results are required to be reported to the State via CalREDIE. However, we have had a challenge with some private labs with respect to consistent reporting of negative results. One local lab has presented the greatest challenge. We will continue to work with that lab and the CDPH Testing Task Force to try to assure complete reporting of all testing performed on SLO County residents.

With ongoing and expanded testing of public and private sites operating at capacity, as well as improved reporting, we anticipate maintaining an average of about 4,000 tests per week, or 571 tests/day. With a County Population of 283,111, this is a testing rate of just over 2/1,000 per day. This plan will allow us to adapt to testing needs throughout our County on an ongoing basis, and reach persons who might be delaying a test due to testing sites located at a distance to their residence.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely

isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:

- o Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

The County of San Luis Obispo has sufficient resources to continue its consistent pattern of 100% case investigation and complete contact tracing. At the present time there are 14 individuals, including Public Health nurses and communicable disease investigators, who are trained and have been performing contact tracing. Each individual who tests positive for COVID-19 receives a daily telephone call from a Public Health Nurse (PHN) to determine their health status, wraparound needs and to answer any questions the person may have. When Centers for Disease Control and Prevention (CDC) criteria are met, the person is provided a clearance letter from Public Health. High-risk exposed persons also receive daily check-in from a PHN to ascertain symptoms if any and need for testing or health care.

In addition, we have available far more than the additional 28 contact tracers that would bring us to the recommended total of 15 per 100,000 population ($15 \times 2.8 = 42$). The County Probation Office has offered up to eight officers who are trained in doing tracing of persons in the community. The remaining 20 additional contact tracing resources are available through the County's Disaster Service Worker program and our local Medial Reserve Corps which includes over 600 volunteers of whom more than 150 are nurses.

Training is available through local protocols, but we will also take advantage of the State training that is being offered on-line.

Contract tracing data management in SLO County will be done via the state's Smart Source platform.

- o Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

The 2019 Homeless Census & Survey for the County of San Luis Obispo included a point-in-time count of all unsheltered and publicly or privately sheltered homeless persons. This survey found that there were 1,483 individuals who met the HUD definition of homelessness.

In response to COVID-19, and specifically to support individuals experiencing homelessness, the County entered into contracts with four hotels geographically located throughout the county. These contracts provide for 155 hotel rooms to be available to isolate or quarantine homeless individuals who are pending test results or have tested positive.

The County has also established three safe parking sites. In total there are 60 sites available for parking overnight. These sites include showers and bathrooms.

Additionally, the County has 14 trailers available to house homeless individuals under isolation or quarantine orders. These trailers have power and full hook-ups to sewer and water. Ten are stationed at a County regional park and four are at homeless shelters.

Based on the number of beds or parking sites outlined above, the County of San Luis Obispo has the current capacity to shelter a minimum of 305 individuals (two people can share a safe parking site or large trailer). This represents 21% of the population from the 2019 point-in-time count.

The County also has two shelters which operate all year. ECHO in Atascadero has 50 beds and Prado in San Luis Obispo has 100 beds. There may also be an ability to isolate a small number of persons within these shelters.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
 - County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Hospital bed counts are monitored on a daily and the lowest single day percent of licensed beds available has been 12% (when influenza was still widespread); the average percent of available general beds for the past three weeks stands at greater than one-third. Hospital ICU bed occupancy has averaged less than 25%.

Across the local hospital system, there is surge capacity for an additional 562 beds or 140% of routinely staffed beds.

One hospital system added 11 ventilators to its inventory early in the local outbreak for an increase of 18% over baseline. The County has procured an additional 55 ventilators for use across the four community hospitals.

In partnership with the California Polytechnic (Cal Poly) State University, the County has stood up a 629-bed Alternate Care Site, with the opportunity to add 300 additional beds in an adjoining gymnasium. The ACS has the ability to provide acute and sub-acute care, including oxygen support and intravenous hydration, should hospital surge capacity be exceeded.

Staffing is available to the hospitals through their on-call rosters to cover their surge bed capacity. In addition, the County did a robust recruitment for medical volunteers and has a list of 674 people across many licensure boards who have registered. 67 physicians and 154 nurses plus 94 student nurses have signed up. 279 individuals have been trained and oriented. The Medical Reserve Corps (MRC) is supported by a County employee to oversee engagement, schedule availability and training.

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

There are four acute care general hospitals in San Luis Obispo County; two are operated by Tenet Health and two are operated by Dignity Health.

Tenet Health Central Coast hospitals are guided by significant policy with regard to Staff Safety and PPE:

For high-risk surgical procedures, they are using the MeNTS (Medical Necessary and Time Sensitive) scoring algorithm that takes into account PPE usage as it relates to higher-risk procedures.

Their hospitals have at least a 30-day supply of PPE. They assess this on a daily basis by looking at usage rates and comparing them with par levels we maintain. All PPE is kept in secured areas to avoid pilferage. They have access to extended stocks of PPE from the owners, Tenet Health Incorporated.

They are utilizing approved conservation measures when applicable.

They are screening every employee and visitor who enters a facility. They are universally masking everyone who enters a hospital.

Dignity Health Hospitals utilize a process whereby PPE is inventoried daily:

Key item utilization is carefully tracked, trended and entered into an algorithm where daily burn rates are calculated. These calculations allow prediction of days-on-hand for each item. This same process is completed at every hospital in the SLO County Division which allows them to quickly move or redirect inventory from facility to facility - real time - as needed.

The hospital President is briefed on inventory consumption and "needs" on a daily basis. This inventory/supply report is shared at the Division level daily and excess inventory is routed to the facility of greatest need.

The goal is to maintain a minimum 30 day supply on hand for all PPE.

The Materials Managers have access to and receive allocations of supplies through both traditional and non-traditional supply chain channels, including the parent company Common Spirit Health.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
 - Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

The Deputy Health Officer participates in a weekly teleconference with skilled nursing facility leadership within our county. Through those regular meetings, the Public Health Department and skilled-nursing facility (SNF) leadership have agreed upon restriction of visitation, criteria for staff for return to work, and universal masking for staff within the facilities. It bears note that all seven (7) SNFs in SLO County are operated by a single organization, Compass Health. The Deputy Health Officer also participates in CDPH-hosted weekly hospital-associated infections (HAI)/Long Term Care calls with our Licensing and Certification District to ensure that we remain in alignment with CDPH guidance and objectives.

We have already participated in targeted testing and re-testing of both staff and residents within our county SNFs. All symptomatic SNF staff may be tested for COVID-19 through the Public Health Department within 1 day. Plans for mass testing of SNF staff within the county are underway. Meanwhile, the SNFs have a well-established framework for testing symptomatic residents internally and submitting those specimens to Quest Diagnostics. We have discussed and agreed upon cohorting plans as well as plans for transitional housing for new residents, including those residents who transition from acute care settings. We continue to provide consultation for our 7 county SNFs as they author their individual mitigation plans. SNF leadership and the Deputy Health Officer have two-way open lines of communication 7 days a week to address urgent matters. Access to PPE is addressed in the next question.

- Skilled nursing facilities (SNF) have >14-day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county must track PPE availability across SNFs.

The Logistics Branch within our Emergency Operations Center has compiled a list of vendors the county has worked with successfully to obtain PPE. We have made this list available to stakeholders across the county, including SNFs. We conduct regular check-ins with SNFs regarding PPE during our weekly calls, and have established that all the SNFs in our county have at least a 4-week supply on hand currently. If, despite these efforts, SNFs or other long-term care facilities experience a shortage of PPE, they may submit a request for PPE. We have enough on hand to provide PPE for continued operations until a facility's PPE supply chain is re-established.

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

When permitted by the State of California, San Luis Obispo County will continue to coordinate with city and business partners to ensure that we are ready to move fully into Stage 2 and allowing destination retail and dine-in restaurants. We will work with our Joint Information Center and city PIOs to ensure that information is properly provided to the public. Additionally, we will continue to operate our Phone Assistance Center and COVID Enforcement lines to ensure our community is compliant with the state order. We are working with county schools with regarding to school reopening with modifications. Please see our County Plan for Stage 2 document for more details.

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

The attached SLO County START Guide has specific measures delineated, based in large measure upon the Results to Save Lives framework, that will inform the County and the County Health Officer as to when new protective measures or full or partial reversion to a “stay-at-home” order may be necessary (refer to Table 4 on page 24 in the attached START Guide.) The County Public Health Department will continue its close communication with CDPH on local metrics and will inform CDPH leadership as necessary for worsening epidemiologic findings.

- **COVID-19 Containment Plan**

Please provide your county COVID-19 containment plan or describe your strategy to create a COVID-19 containment plan with a timeline.

The County of San Luis Obispo Containment Plan is attached. Summaries are included for each questions below.

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan's development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not

yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

In the early phases of the emergency, the County of San Luis Obispo worked with clinics and local health providers as well as the County Public Health Lab to conduct COVID-19 testing for those who were experiencing symptoms. As the emergency developed, the County made the decision to increase testing to all segments of the population with the addition of two State testing sites and a contract with US Health Fairs is expandable based on County request. Additionally the County, in partnership with Dignity Health, purchased a Hologic machine to increase testing capacity. Unfortunately this equipment has been unable to be delivered after being commandeered by the Federal government. The County has a Testing Branch that works strategically with all local city and CSDs to ensure coverage of testing to all segments of the population. The Testing Branch also utilizes data from community surveillance to identify where additional testing may be needed.

Please see attached Containment Plan for specific details

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Contact tracing is an integral aspect of COVID-19 response, virus mitigation, and community reopening. The County of San Luis Obispo is committed to conducting robust contact tracing as this pandemic progresses. County, Disaster Service Workers, and Medical Reserve Corps staff are trained to help in contact tracing and are bilingual and bicultural to ensure they can integrate with a wide variety of our community members. Contact tracing staff can easily be increased by working with our EOC Personnel Unit to secure additional staff. As a result of contact tracing, staff also identify needs of those who need to isolate or quarantine and may have limited resources to do so. In partnership with our EOC Operations Section and Department of Social Services, the supportive services such as hotel rooms, feeding, or isolation trailers can be provided to those with limited resources or housing.

Please see attached Containment Plan for specific details

Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

The County of San Luis Obispo has strong relationships with each of the congregate care facilities in the county ranging from skilled nursing facilities, to jails, homeless shelters and state hospitals. Through the County Emergency Operations Center and partner agencies, we coordinate with these facilities to ensure they have adequate PPE, are supported with testing, can safely isolate and quarantine individuals, and establish protocols to adequately protect their staff. The County has a 24/7 contact line to allow immediate assistance to these facilities should after hours emergencies take place.

Please see attached Containment Plan for specific details

Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

The County Emergency Operations Center made protection of the vulnerable a priority objective when the EOC activated in March. The EOC Operations Section continues to focus on vulnerable populations and ensure their needs are met through a variety of programs. These programs include housing options for homeless, isolation and quarantine support, pop-up testing for high risk groups, client services and behavioral health, and food and prescription delivery programs for those over 65 years and for those with underlying health conditions.

Please see attached Containment Plan for specific details

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

The County Emergency Operations Center Med/Health Branch and Situation Status Unit provide daily tracking of relevant medical and health information including hospital census, bed count, ventilators, case tracking, alternate care site beds and a myriad of other data. In addition to real time monitoring by the EOC Command staff, situation status reports are created and shared three times daily with partners and a daily operations report provided to the entire Operational Area. Maintaining situational awareness by the County Command Group and the entire Operational Area is essential to understanding the County's ability to respond to the pandemic and ensuring additional surge can be handled.

Hospital capacity is key to ensuring surge capacity within the county. Hospitals have established rigorous standards for anyone entering their facilities and worked in partnership with the County Health Officer who established an order restricting hospital visitors. Hospital staff are considered critical infrastructure workers and there for have various accommodations that have been established for their protections from occupation tracking, to PPE, and protocol changes.

Please see attached Containment Plan for specific details

Essential Workers

- How many essential workplaces are in the county?
 - What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
 - Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
 - Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

As we move towards re-opening, it continues to be a priority to protect our essential workplaces and employees from disease spread. The County Emergency Operations Center has provided a variety of guidance documents to help workplaces prepare and protect their employees. The County has also continued to provide PPE and essential disinfection supplies when supply chains have been limited.

The County Public Health Lab has continually retained a supply of tests reserved for the testing of essential workers to ensure prompt testing, isolation and quarantine as necessary. Prompt identification and isolation is essential to keeping our essential workplaces operating safely.

Please see attached Containment Plan for specific details

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through Stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

San Luis Obispo County has a large agricultural sector, specifically wine production and season crops such as strawberries. Outreach has been conducted and PPE provided to this sector and businesses. Additionally San Luis Obispo County is home to many technology based firms, such as Amazon and Mindbody, that can continue to conduct telework.

Please see attached Containment Plan for specific details

Community Engagement

- Has the county engaged with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

The County Emergency Operations Center has engaged with the seven cities and the special districts on a regular basis since activation in March. Daily coordination calls take place between the activated EOCs, with the entire Operational Area, and with the City and County Managers to ensure the response is well coordinated and challenges are identified. The County and Cities all rely on a central emergency website and coordinate through a Joint Information Center to ensure the information provided to the community is consistent.

Additionally the County EOC, in partnership with the Cities and elected officials conducted community forums to ensure feedback on re-opening could be provided and could help inform the direction taken.

Please see attached Containment Plan for specific details

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

San Luis Obispo County neighbors four counties; Monterey, Kings, Kern and Santa Barbara. Some of those counties are seeing up ticks in their numbers of cases, but that is primarily due to outbreaks at the federal penitentiary in Santa Barbara County and long-term care facilities in other jurisdictions. San Luis Obispo County EOC and the County Health Officer exchange daily situation reports with the neighboring counties and coordinate on State and local calls.

The main challenge for San Luis Obispo County will be beach tourism from the Central Valley counties like Kings and Kern.

The County issued a Short Term Lodging Order on May 16 to further reduce tourism to the area. This order not only emphasizes that only essential workers are permitted, but places a 50% occupancy limit on all short term lodging. Local code enforcement and law enforcement are working with our short term lodging partners to ensure this is abided by.

Although increased regional and state travel may increase disease spread in San Luis Obispo County, it will not affect our plan or ability to adequately test, isolate or conduct contact tracing on our community members. Our Emergency Operations Center will scale up to the size of the need to ensure protection of our county.

Please see attached Containment Plan for specific details

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


- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

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

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

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

Printed Name Penny Borenstein

Signature 

Position/Title County Health Officer

Date 5/19/2020



COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS

John Peschong *District One Supervisor*

Bruce Gibson *Vice-Chairperson, District Two Supervisor*

Adam Hill *District Three Supervisor*

Lynn Compton *Chairperson, District Four Supervisor*

Debbie Arnold *District Five Supervisor*

Tuesday, May 19, 2020

The Honorable Gavin Newsom
Governor, State of California
State Capitol
Sacramento, CA 95814

Dr. Sonia Y. Angell, Director
Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

RE: Variance to Stage 2 of California's Roadmap to Modify the Stay At Home Order
COVID 19 County Variance Attestation Form

Dear Governor Newsom and Dr. Angell,

On April 14th, the State of California presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4th, announced that entry into Stage 2 of the plan would be imminent.

As directed by the Governor in Executive Order N-60-20, the California Department of Public Health issued an order on May 8, 2020 which set forth criteria and procedures that counties need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. Since May 8, the State Public Health Officer has issued additional criteria to allow more counties to move more quickly into Stage 2.

Dr. Penny Borenstein, County of San Luis Obispo Public Health Officer, has carefully reviewed the criteria and procedures and will complete the Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order Covid-19 County Variance Attestation Form. The County has also prepared a science, data and public health based Containment Plan entitled "SLO County's Readiness to Meet Criteria for

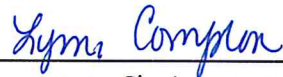
County of San Luis Obispo Government Center

1055 Monterey Street | San Luis Obispo, CA 93408 | (P) 805-781-5450 | (F) 805-781-1350

info@slocounty.ca.gov | slocounty.ca.gov

Moving into Stage 2 of California's Pandemic Roadmap". With the Attestation Form including the Containment Plan, Dr. Borenstein will attest to our County's success in stabilizing our new cases and hospitalization trends, meeting hospital surge capacity, having sufficient PPE supply to meet demand, having sufficient testing to meet demand, having adequate capacity to contact trace, and having infrastructure to provide for needs of essential workers and vulnerable populations. These documents will evidence our County's preparedness and ability to increase our pace through the State's Stage 2.

We agree and fully support Dr. Borenstein's attestation of readiness to achieve the Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order. Our Board of Supervisors is proud of our community's response to COVID 19 and we are pleased to provide this additional letter of support.



Lynn Compton, Chairperson
County of San Luis Obispo Board of Supervisors



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Michael Hill Health Agency Director

Penny Borenstein, MD, MPH Health Officer/Public Health Director

March 23, 2019

From: County of San Luis Obispo Certified Unified Program Agency (CUPA)

To: Facility Owner/Operator

RE: **Gas Stations Operating as Essential Businesses in San Luis Obispo County under the Local Emergency Order and Regulation No. 4**

Define and follow a recommended COVID-19 Protection Procedure for customers and employees:

- **Disinfect common public contact surfaces throughout the day and after use including:**
 - Door handles
 - Keypads for pay stations (at pump and in convenience store)
 - Touch screens
 - Cabinet/drawer handles
 - Faucet handles
 - Chlorine (bleach) based sanitizer over 100ppm (approx. 1/3 cup bleach to 1-gallon water) or quaternary ammonium-based sanitizers over 200ppm are effective at killing viruses when cleaning food contact. Review manufacturer's specific guidance on disinfection of equipment. Use test strips to ensure that sanitizer is at the required concentration. Also remember to sanitize tables, chairs, service counters and any other areas exposed to customers routinely throughout the day.
 - **DO NOT MIX INCOMPATIBLE CLEANING PRODUCTS** (see link below for incompatibles)
 - Fueling Nozzles
 - Windshield squeegee
 - Grocery conveyers, counters, conveyer dividers
 - Restrooms
 - Break rooms, phones
- **Employee Protective Directions:**
 - Remind employees to wash hands with soap and water for at least 20 seconds. Hands should be washed:
 - ✓ When entering the kitchen and prior to food preparation
 - ✓ After touching your face, hair, or other areas of the body
 - ✓ After using the restroom
 - ✓ After coughing, sneezing, using a tissue, smoking, eating or drinking
 - ✓ When switching between raw food and ready-to-eat foods
 - ✓ Before putting gloves on
 - ✓ After cleaning, bussing tables or touching any items that customers have used
 - ✓ Between handling money/credit cards/pens/receipts and handling food
 - ✓ Cashiers should wash hands or use hand sanitizer between customers
 - ✓ Hand sanitizer is recommended and should be used after washing hands
 - ✓ Assign an employee at every shift to keep soap and paper towels stocked at all facility hand sinks
 - ✓ Provide hand sanitizer for customers near entrances and in common areas
 - Cover coughs and sneezes with tissues or your elbow (not your hands).



Environmental Health Services

2156 Sierra Way, Suite B | San Luis Obispo, CA 93401 | (P) 805-781-5544 | (F) 805-781-4211

www.slopublichealth.org/ehs

- Sick employees should stay home. Prohibit employees that have been exposed to identified cases of COVID-19 from returning to work. Those individuals should self-quarantine for 14 days.
- Practice social distancing: Maintain a physical distance of 6 feet or greater from other people. Recommend placing markers on floor to remind customers to distance themselves at least 6 feet.
- Create a business-specific contingency plan to account for increased employee absenteeism due to illness. Try to anticipate how further restrictions that may be enforced could affect your business.
- Please be cognizant of stress your employees may be enduring, such as: children at home for the foreseeable future, financial duress due to decreased income and family illness.

Maintain compliance with UST Operating Permit Conditions:

- Appropriate follow-up for alarms, maintain daily and monthly inspections, contact this office within 48 hrs for testing and/or replacement of any monitoring equipment
- Perform annual monitoring certification and triennial secondary containment testing as required.

Fueling stations along with several other industries have been defined as “Essential Business/ Essential Critical Infrastructure” under the County and State Executive Orders issued March 18-19, 2020. These businesses are strongly encouraged to remain open, as they provide services or goods essential to the general public; and therefore, should take great care to prevent the spread of the COVID-19 virus. Additional information for businesses to prepare can be found on the websites below:

- <https://www.readyslo.org/> (805) 543-2444
- <https://www.osha.gov/Publications/OSHA3990.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- <https://www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Environmental-Health/Forms-Documents/Reference-Materials/Hazardous-Materials-Program-Reference-Documents/Chemical-Incompatibilities.aspx>

Contact the following inspectors for questions regarding this notice:

North County (n of Niblick Rd, Paso Robles to Camp Roberts and east to Shandon):

Peter Hague, phague@co.slo.ca.us, (805) 781-5554

Cambria, San Simeon, Atascadero, Templeton, and Paso Robles (to Niblick Rd):

Austin Avan, aavan@co.slo.ca.us, (805) 781-1105

Avila Beach, Los Osos, Morro Bay, Cayucos, Santa Margarita, California Valley, San Luis Obispo:

Linnea Chandler, lchandler@co.slo.ca.us, (805) 781-4917

South County areas:

Mattie Bliss, msbliss@co.slo.ca.us, (805) 781-5557



Novel Coronavirus (COVID-19)

Guidance for Delivery and Pickup of Food

Proper food handling during the preparation, holding, pick-up and delivery of the food is essential in ensuring food is safe for consumption. Food facilities along with food delivery drivers play a key role in ensuring that food is maintained safe for consumers during the delivery process.

PERSONAL HYGIENE



- Wash your hands often using with soap and water for at least 20 seconds between each delivery before picking up food and dropping off to a consumer.
- If soap and water are not available use a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose and mouth.
- Do not provide delivery services if sick. Sick employees are advised to stay home and not return to work until at least 3 days (72 hours) after recovery, which means fever has resolved without the use of fever-reducing medications and there is improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND** at least 7 days have passed since symptoms first appeared.

PROPER FOOD HANDLING AND HOLDING




- Food is to be packaged in tamper-evident packaging and maintained as not to be exposed to potential contamination during delivery.
- Delivered food must be transported or held in containers made of smooth, washable and impervious materials that are able to withstand frequent cleaning.
- Maintain clean, insulated carriers in the vehicle for storage of food during transportation. Carriers should be leak-proof and maintain food at proper holding temperatures.
- When delivery time exceeds 30 minutes, food must be held either cold (below 41°) or hot (above 135°).


PICK UP AND DELIVERY




- Restaurants should have all to-go items packaged and bagged, including utensils, napkins and condiments. This ensures drivers do not need to touch any additional items during the pick-up transition.
- Advise drivers to maintain social distancing of six feet between

	<p>consumers while awaiting order.</p> <ul style="list-style-type: none"> • Drivers must maintain the interior of vehicles in a clean and sanitary manner, including the trunk and/or rear storage areas. • Drivers must store food inside a clean and disinfected secondary container for transportation.
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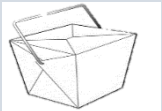
DELIVERY OF FOOD

	<ul style="list-style-type: none"> • Drivers should never touch food, all food must remain in its original packaging. • Avoid close contact with consumers. • Recommend drivers arrange with consumer to leave the food at doorstep so that consumer can retrieve food once delivery driver has stepped away to confirm order.
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OTHER GUIDANCE FOR DELIVERY DRIVERS

	<ul style="list-style-type: none"> • Drivers should use, in accordance with label directions, a disinfectant approved by the EPA, such as wipes that contain bleach, to clean and disinfect common touch points, including the steering wheel, radio buttons, gear shift, and door handles, in their vehicle on a frequent basis. • Drivers picking up food are allowed to use a restaurant's restroom to perform proper handwashing procedures prior to picking up food for delivery.
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REMINDERS FOR CONSUMERS

	<ul style="list-style-type: none"> • Remove packaged food from delivery bag and dispose of delivery bag or box. • Wash hands with soap and warm water for 20 seconds before handling food. • If not consumed, refrigerate all perishable foods as soon as possible, always within two hours after purchase or delivery. • Food should only be delivered/received from food facilities permitted by a local health jurisdiction.
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For more information please visit: www.slocounty.ca.gov/ehfoodsafetyprogram or call (805) 781-5544.

For the latest Covid-19 updates please visit: www.ReadySLO.org, or call the County of San Luis Obispo Phone Assistance Center at (805) 543-2444 which is available 7 days a week from 8:00 am to 5:00 pm.

May 7, 2020

Penny Borenstein, MD
Health Officer and Public Health Director
County of San Luis Obispo
2191 Johnson Ave,
San Luis Obispo, CA 93401

Dear Dr. Borenstein:

Dignity Health SLO County hospital(s) leadership has reviewed the Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order which outlines the criteria California counties need to meet in containing COVID-19 to advance to Stage 2. We support the County of San Luis Obispo in moving forward to Stage 2 based upon our review of their plan to meet the criteria outlined by the State. In particular, the hospitals within San Luis Obispo County have the capacity, including ICU beds, ventilators and PPE, to handle standard health care, as well as a potential surge due to COVID-19.

Sincerely,



Alan Iftiniuk

President and CEO
French Hospital Medical Center

San Luis Obispo County Plan for Moving Through State 2

Revision 1 – 5/19/20

The County of San Luis Obispo, in partnership with the incorporated cities and special districts is prepared to move further into the State's Stage 2. Prior to the State's Roadmap, the County has conducted a planning process for how to reopen. Even though we are not utilizing the plan, the process facilitated reopening discussions, preparation, and guidance development which we can utilize as we continue with the State's plan. Additionally, the county process provides metrics on the process to move forward or backward through Stages based on specified indicators.

1. As we look to moving further into Stage 2, we have many parameters in place to ensure we move methodically and safely:
 - 1.1. A County Emergency Operations Center activated at a Level 1, that is serving as the Incident Command Post with County Public Health fully integrated. The EOC is coordinating all COVID response for the county and partnering with cities, special districts and critical infrastructure partners to ensure continuity of operations across all sectors.
 - 1.2. A joint County/Cities website, ReadySLO.org, devoted to reopening information which includes sector specific state guidance and best practice documents, a self-certification process, and standardized signage businesses can display.
 - 1.3. Metrics and community surveillance to help assess any increases in disease rates and transmission which would require additional restrictions on reopening to be issued.
 - 1.4. A Phone Assistance Center staffed 7 days a week to provide information to the public and businesses regarding reopening or other emergency information.
 - 1.5. A Public Health line staffed 5 days a week to provide information to the public and medical providers regarding health-based information.
 - 1.6. A Joint Information Center to ensure information about reopening is provided consistently and efficiently to the community.
 - 1.7. An Enforcement Line to facilitate enforcement issues for those operating outside of permitted activities or those not in compliance with State or Local orders.
 - 1.8. Local Orders including: Limitation on hospital and SNF visitors and Short Term Lodging Orders aimed at reducing community spread of COVID-19.
 - 1.9. Food and prescription delivery programs to allow those 65 years and older and those with underlying health issues to remain isolated at home. This program

also provides pet food and cloth masks. More than 7,500 deliveries have been made to date.

- 1.10. Continued PPE distribution and sharing of PPE vendors to ensure med/health partners, cities and first responders can continue to provide medical care and surge capacity to the community.
- 1.11. Continued availability of an Alternate Care Site, purchase of additional ventilators for use at hospitals and maintenance of a trained Medical Reserve Corps to help with surge capacity.
- 1.12. Established process to facilitate community concerns and questions that seek County Health Officer guidance and direction on their specific business or industry needs.
- 1.13. Continued restrictions on recreation areas and parking to limit crowding, tourism, and enforce physical distancing.

2. Specifically for Stage 2:

- 2.1. We have provided State guidance and best practice documentation for retail business and dining facilities to ensure they are prepared to reopen with modifications. Available at <https://www.emergencyslo.org/reopen>.
- 2.2. We are coordinating with our County Office of Education to ensure school districts have the assistance and guidance they need to re-open in an appropriate manner. Although many of our schools have decided to remain closed, some schools plan to provide limited summer programs to assist those students who need additional help.
- 2.3. Updated our Enforcement Plan and trained enforcement staff to help further limit tourism to ensure minimal tourism as we permit our community to reopen with retail and dine in restaurants.
- 2.4. Continue outreach to businesses and industries in Stage 2 and Stage 3 to educate them on the stages and how and when they can safely operate.
- 2.5. We launched a Self-Certification process for all county businesses as part of a detailed assessment to reduce risk to employees and customers. We are working with our cities, special districts, and chambers of commerce to ensure businesses are aware of the process.



Restaurants and Store Reopening after COVID-19

Prior to reopening, establishment persons-in-charge (PICs) should conduct a **complete self-inspection** to ensure that normal operations can be resumed safely and without compromising food safety. The dining area shall also be arranged to meet the social/physical distancing required by the Executive Order. Social distancing guidance and Best Management Practices can be found on our website at:

www.slocounty.ca.gov/ehs The latest information regarding the County's reopening plan, please visit www.ReadySLO.org

Sanitizing

- ☐ If the facility has been closed during this pandemic, prior to opening decontaminate and sanitize equipment and structural surfaces using a chemical sanitizer, e.g., chlorine bleach at a concentration of 100-200 ppm (1 tablespoon of bleach in 1 gallon of potable water), Quaternary Ammonium at a concentration of 200 ppm, or other EPA registered sanitizers..
- ☐ All sinks should be thoroughly cleaned and sanitized before use.

Pest Control

- ☐ Ensure that any rodents/pests that may have entered the facility are no longer present. Remove dead pests and sanitize any food-contact surfaces that have come in contact with pests.
- ☐ Seal all openings into the facility to prevent future entry of pests, or rodents.
- ☐ Dispose of contaminated or spoiled solid foods in closed containers for removal to prevent rodent and fly harborage.

Damaged Food Products

- ☐ Inspect food items and discard any food that may have been damaged or spoiled.
- ☐ Complete proper and safe disposal of condemned food items in a manner consistent with federal, state, and local solid waste storage, transportation, and disposal regulations, to ensure these products do not reappear as damaged or salvaged merchandise for human consumption.
- ☐ Refrigerated display and storage cases and other refrigerator equipment used to store food should be cleared of all contaminated products and their juices prior to cleaning.

Physical Facilities

- ☐ Keep bar area closed if social distancing cannot be maintained.
- ☐ Use reservations to reduce or eliminate the use of waiting areas and lobbies.
- ☐ Surfaces: Thoroughly wash and sanitize all physical facility interior surfaces of lobby, dining area and kitchen (e.g., floors, walls, and ceilings), using potable water with hot detergent solution and sanitizer to remove any dust or other potential contamination that may have occurred while the facility was closed.

- ☐ Consider using disposable or washable menu items.
- ☐ Equipment: Thoroughly wash and sanitize all equipment (e.g., slicers, cook lines, and dishwashers), using potable water with hot detergent solution and sanitizer to remove any dust or other potential contamination that may have occurred while the facility was closed.
- ☐ Discard all ice in ice machines; clean and sanitize before resuming use.
- ☐ Equipment should be inspected to ensure it is operational and that all aspects of its integrity are maintained.
- ☐ Verify that that all open-top and refrigerated and freezer display cases, walk-in refrigerators, and walk-in freezers are capable of consistently maintaining cold holding temperatures ($\leq 41^{\circ}\text{F}$ or in a frozen state) before food items are placed in the units.
- ☐ Ensure that the equipment can heat to the appropriate cooking temperature for hot foods and to cool to maintain potentially hazardous foods cold at the appropriate ($\leq 41^{\circ}\text{F}$) temperature.
- ☐ Verify that all equipment used for food preparation (e.g., cooking, cooling, and reheating) is functioning and properly calibrated prior to use.
- ☐ Verify that all ware-washing and dish machines are operating at the required wash and rinse temperature and with the appropriate detergents and sanitizers.
- ☐ Utensils: Thoroughly wash metal pans, ceramic dishes, and utensils prior to opening to remove any dust or other potential contamination that may have occurred while the facility was closed.
- ☐ Water Supply: Flush all water lines, including steam water lines and ice machine water lines, for 10 to 15 minutes.
- ☐ Install engineering controls, such as Plexiglas shielding where 6-foot physical distance between employees and customers cannot be maintained.
- ☐ Evaluate the need to service HVAC equipment if it has been idle.
- ☐ Smoking is prohibited in "all open-air dining areas, or within twenty feet of any open-air dining area (per County Code Chapter 8.220.030). This includes smoking AND vaping and pertains to all unincorporated areas of the county.

Employees

- ☐ Soap and potable running, warm water (at least 100°F) should always be used to wash hands.
- ☐ Alcohol hand gels may only be used **after handwashing**. Alcohol hand gels are ineffective against germs on soiled hands and are therefore not a substitute for soap and water handwashing.
- ☐ Employees should not touch ready-to-eat foods with their bare hands, but instead should use tongs, deli paper, or single-use, disposable gloves.
- ☐ Employees ill with Vomiting, diarrhea or fever, or symptoms of a respiratory illness such as coughing, uncontrolled sneezing or shortness of breath should not be working in the establishment.
- ☐ Ensure adequate supply of Personal Protective Equipment (PPE) is maintained onsite, such as face coverings and or respirators, gloves, etc.



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Michael Hill *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

Emergency Medical Services Agency

Bulletin 2020-07

April 08, 2020

URGENT

PLEASE POST

PREPARING FOR AND RESPONDING TO KNOWN OR SUSPECTED COVID-19 PATIENTS

This bulletin is an update to Bulletin 2020-07 dated April 03, 2020

This bulletin provides information regarding the Emergency Medical Services (EMS) response and guidance for EMS field personnel responding to emergencies during the novel coronavirus infectious disease (COVID-19) pandemic. The information included in this bulletin is the most up to date but may change rapidly in the coming days and weeks. The SLO County EMS Agency (EMS Agency) will provide updates as they become available. This bulletin will cover the following areas:

- Dispatch Procedures
- EMS Procedures
- Treatment and Transport
- Guidelines for EMS Personnel with Potential Exposure

The State of California EMS Authority has a [COVID-19 Resource Portal](https://emsa.ca.gov/covid19) <https://emsa.ca.gov/covid19>. It is recommended that all providers review and regularly check the site for updates.

DISPATCH PROCEDURES

If your agency uses Medical Priority Dispatch System (MPDS), please incorporate the following guidance to the **Difficulty Breathing** or **Sick/Unknown** MPDS cards.

Screen Callers for Potential COVID-19

One or more of the following indications meets criteria for confirmed or suspected COVID-19 infection.

Complaint or suspicion of respiratory illness including cough, shortness of breath, difficulty breathing fever, or flu-like symptoms.

Public Health Department

2191 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-5500 | (F) 805-781-5543

www.slopublichealth.org

Dispatchers should also ask if patient has a positive COVID-19 diagnosis or had contact with someone diagnosed with COVID-19 within the past 14 days.

Notify EMS Personnel

Immediately notify responding EMS personnel if the patient meets criteria as a known or suspect COVID-19. In these cases, dispatchers will use the term “Meets Criteria” at the end of the dispatch.

EMS PROCEDURES

As this health crisis unfolds and new information regarding virus transmission is evaluated, we now recommend first responders place a mask on every patient as well as themselves when making close patient contact. Patients not “meeting criteria” and their immediate surroundings should still be considered a possible source of infection – including family members and bystanders

To help balance the concerns of PPE inventories and EMS responder concerns, a tiered approach to PPE use should be used.

For patients who “meet criteria” by dispatch or initial assessment, EMS Personnel making patient contact should don:

- N95 Respirator
- Full Face Shield or Reusable Googles
- Gown
- Gloves

For all other patients, EMS Personnel making patient contact should don:

- Face mask (or N95 respirator if face mask not available)
- Eye protection
- Gloves

Refer to EMS Bulletin 2020-08 for definitions and descriptions of PPE.

The County of SLO Emergency Operations Center (EOC) is working on ways to mitigate the shortages of PPE. Information will be sent out as it becomes available.

- Refer to your agency guidelines for disinfecting and reuse of PPE
- Guidelines for donning and doffing PPE:
<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

The intent of the following guidelines is to limit the number of EMS responders exposed to potential Covid-19 patients and preserve PPE. These precautions should be followed when possible until the Covid-19 threat to the EMS system has subsided.

- A single responder should perform initial assessment of all patients from at least six feet away when possible.
- When the ambulance arrives on scene first, or at the same time as a fire agency, the ambulance Paramedic should make initial patient contact, wearing appropriate PPE, to assess the patient and determine the need for additional personnel. If an ambulance is not on scene, one member of the fire agency should don appropriate PPE and make initial patient contact.
- The person making initial patient contact should place a **face mask** (not N-95 unless it is the only available mask) on all patients immediately. Other responding personnel should remain away from the patient (at least 6 ft) with their **PPE ready to don** if they are needed for patient care.
 - Oxygen may be administered with a nasal cannula under a face mask, or by oxygen mask with higher concentrations if needed. Oxygen saturation values in Covid 19 infected patients may present and remain lower than expected even with oxygen administration. Oxygen should be **titrated** according to patient's clinical presentation of respiratory distress as well as sPO2 levels.

TREATMENT AND TRANSPORT

- **Limit treatment activities for patients unless the patient is unstable.**
- Exercise caution with aerosol generating treatments such as:
 - Continuous Positive Airway Pressure (CPAP)
 - Administration of nebulized medications
 - Suctioning
 - Endotracheal Intubation
- Refer to EMS Bulletin 2020-06 "GUIDELINES FOR AEROSOL GENERATING TREATMENTS AND PROCEDURES" for more information.
- If aerosol-generating procedures are required, use the minimum number of personnel to perform the procedure(s). Personnel performing treatment to suspected COVID-19 patients **must wear full PPE including gloves, N95 respirator, full face shield / goggles and gown during patient contact.**
- If possible, the rear doors of the transport vehicle should be opened, and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.
- During transport, vehicle ventilation in both compartments should be in non-recirculated mode. Use vehicle ventilation systems to maximize air changes.
- If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator (N95) should continue to be used during transport.
- Family members and other contacts of patients should be discouraged from riding in the ambulance when possible. If transporting family members or contacts is

necessary, evaluate them for the presence of respiratory illness indicating suspected COVID-19 and have them wear a face mask.

- Transport personnel shall provide an early notification to the receiving hospital of a suspect COVID-19 patient “meeting criteria”, including inter-facility transfers. Early notification will enable the receiving hospital to take appropriate infection control precautions prior to patient arrival. Hospitals may provide specific directions for patient arriving at their facility.
- Per SLO EMS Agency Policy #151, all hospitals in the County can currently receive a COVID-19 patient.

Documentation

In the narrative section of the patient care report (PCR) for each known or suspect COVID-19 patient, list each member of your agency, whether they had patient contact, and the list of PPE they wore. This documentation is the minimum required, nothing prevents any agency from adding data fields and closed call rules for PPE use in their PCR systems.

Cleaning and Disinfection

- Perform environmental cleaning and disinfection procedures of EMS transport vehicles and equipment
- Dispose of PPE in accordance with your agencies disposal policy.

REMAIN AT WORK GUIDELINES FOR EMS PERSONNEL WITH POTENTIAL EXPOSURE TO COVID-19

EMS responders who have had close contact with known or suspected COVID-19 patients and wore full PPE for the entirety of the contact, may remain at work without restriction. EMS providers who did not have close contact, with or without PPE, may also remain at work without restrictions.

Consistent with CDC recommendations prehospital care personnel that have experienced a low, medium, or high-risk exposure¹ to a COVID-19 positive patient and are asymptomatic should be allowed to remain at work. These personnel should still report temperature and absence of symptoms each day prior to starting work and should wear a facemask (surgical or N95) while at work for 14 days after the exposure. If these personnel develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

¹Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)

<https://ems.ca.gov/covid19>

- For questions regarding this Bulletin, please contact the EMS Division, County of SLO EOC at 805-788-2514.
- Check www.sloemsa.org for the latest guidance.

- Updated information about COVID-19 is available at www.slocounty.ca.gov/covid19 or at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Infection prevention and control recommendations is available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.
- Additional information for healthcare personnel is available at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Michael Hill *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

March 25, 2019

From: County of San Luis Obispo Certified Unified Program Agency (CUPA)

To: Hazardous Materials Program Facility Owners and Operators of Essential Businesses/ Critical Infrastructure

RE: **Recommended COVID-19 Protection Procedure for customers and employees:**

- **Disinfect common public contact surfaces throughout the day and after use including:**
 - Door handles
 - Payment Keypads and stylus pens
 - Countertops
 - Touch screens
 - Cabinet/drawer pulls
 - Faucet handles
 - Restrooms
 - Break rooms, phones
 - Chlorine (bleach) based sanitizer over 100ppm (approx. 1/3 cup bleach to 1-gallon water) or quaternary ammonium-based sanitizers over 200ppm are effective at killing viruses when cleaning food contact surfaces. Review manufacturer's specific guidance on disinfection of equipment. Use test strips to ensure that sanitizer is at the required concentration. Also remember to sanitize tables, chairs, service counters and any other areas exposed to customers routinely throughout the day.
 - **DO NOT MIX INCOMPATIBLE CLEANING PRODUCTS** (see link below for incompatibles)
- **Employee Protective Directions:**
 - Remind employees to wash hands with soap and water for at least 20 seconds. Hands should be washed:
 - ✓ After touching your face, hair, or other areas of the body
 - ✓ After using the restroom
 - ✓ After coughing, sneezing, using a tissue, smoking, eating or drinking
 - ✓ Before putting gloves on
 - ✓ After cleaning, or touching any items that customers have used
 - ✓ Cashiers should wash hands or use hand sanitizer between customers
 - ✓ Hand sanitizer is recommended and should be used after washing hands
 - ✓ Provide hand sanitizer for customers near entrances and in common areas
 - Cover coughs and sneezes with tissues or your elbow (not your hands).
 - Sick employees are urged to stay home. Prohibit employees that have been exposed to identified cases of COVID-19 from returning to work. Those individuals should self-quarantine for 14 days.
 - Practice social distancing: Maintain a physical distance of 6 feet or greater from other people. Recommend placing markers on floor to remind customers to distance themselves at least 6 feet.



Environmental Health Services

2156 Sierra Way, Suite B | San Luis Obispo, CA 93401 | (P) 805-781-5544 | (F) 805-781-4211

www.slopublichealth.org/ehs

- Create a business-specific contingency plan to account for increased employee absenteeism due to illness. Try to anticipate how further restrictions that may be enforced could affect your business.
- Please be cognizant of stress your employees may be enduring, such as: children at home for the foreseeable future, financial duress due to decreased income and family illness.

Your business along with several others has been defined as an “Essential Business/ Essential Critical Infrastructure” under the County and State Executive Orders issued March 18-19, 2020. These businesses are strongly encouraged to remain open, as they provide services or goods essential to the general public; and therefore, should take great care to prevent the spread of the COVID-19 virus. Additional information for businesses to prepare can be found on the websites below:

- <https://www.readyslo.org/> (805) 543-2444
- <https://www.osha.gov/Publications/OSHA3990.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- <https://www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Environmental-Health/Forms-Documents/Reference-Materials/Hazardous-Materials-Program-Reference-Documents/Chemical-Incompatibilities.aspx>

At this time, the CUPA's office is closed and inspectors are working remotely. Inspectors are monitoring email and returning phone calls, and can be reached as follows:

North County (north of Niblick Rd, Paso Robles to Camp Roberts and east to Shandon):

Peter Hague, phague@co.slo.ca.us, (805) 781-5554

Cambria, San Simeon, Atascadero, Templeton, and Paso Robles (to Niblick Rd):

Austin Avan, aavan@co.slo.ca.us, (805) 781-1105

Avila Beach, Los Osos, Morro Bay, Cayucos, Santa Margarita, California Valley, unincorporated areas around San Luis Obispo, San Luis Obispo City

Linnea Chandler, lchandler@co.slo.ca.us, (805) 781-4917

South County areas:

Mattie Bliss, msbliss@co.slo.ca.us, (805) 781-5557

**HEALTH OFFICER ORDER NO. 1
COUNTY OF SAN LUIS OBISPO**

**RESTRICTION ON VISITORS TO HOSPITALS AND CERTAIN LICENSED
RESIDENTIAL FACILITIES**

PLEASE READ THIS ORDER CAREFULLY. VIOLATION OF OR FAILURE TO COMPLY WITH THIS ORDER IS A MISDEMEANOR PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH. (HEALTH & SAF. CODE § 120295.)

On March 4, 2020, the Governor of the State of California proclaimed a state of emergency due to the spread of the COVID-19 novel coronavirus within the state. Thereafter, on March 13, 2020, the President issued a Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak, and the County Emergency Services Director and County Health Officer issued a proclamation of local emergency and a local health emergency, respectively, both in response to the COVID-19 pandemic that has reached our community.

Visitors to hospitals and licensed residential facilities present a risk of spread of COVID-19 to the most vulnerable members of our community within those facilities. In light of this risk, the San Luis Obispo County Health Officer has determined that it is in the best interests of the health and welfare of patients within community hospitals and residents within local residential care facilities to restrict visitors and non-essential personnel (as defined in Section 7, below) from these facilities in order to prevent the spread of COVID-19 within the facilities.

ACCORDINGLY, UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040 AND 120175, THE HEALTH OFFICER FOR THE COUNTY OF SAN LUIS OBISPO (THE "HEALTH OFFICER") ORDERS:

1. Effective as of the date of this Order, the staff of each hospital and the staff of the types of licensed residential facilities listed in Section 11 below (each defined as a "Residential Facility") shall exclude from entry or access to its Premises any Visitors and Non-Essential Personnel including, but not limited to, Visitors of residents at the Hospital or Residential Facility. Such Visitors and Non-Essential Personnel, including but not limited to family members of residents and authorized decision-makers, are hereby ordered not to visit any Hospital or Residential Facility except as permitted by this Order. This visitation restriction has a limited exception described in Section 6 below.

2. Each Hospital or Residential Facility must discourage Non-Essential Resident Movement, as defined in Section 6 below, onto and off of Hospital or Residential Facility Premises where feasible. Whenever a Hospital or Residential Facility resident leaves the Hospital or Residential Facility Premises, the resident is ordered to comply with the San Luis Obispo County Local Emergency Order No. 4 issued on March 19, 2020, requiring that all individuals within the county shelter are home or their places of residence, which order was ratified by the County Health Officer on March 21, 2020. The Public Health Department Orders are available online at www.ReadySLO.org.
3. This Order is issued in accordance with, and incorporates by reference, the Declaration of Local Health Emergency issued by the County Health Officer on March 13, 2020.
4. This Order restricts physical contact between Hospital or Residential Facility residents and Visitors and Non-Essential Personnel. When Visitors and Non-Essential Personnel seek to visit or contact a resident, there are two ways a Hospital or Residential facility may facilitate contact:
 - a. *First*, each Hospital or Residential Facility must make reasonable efforts to facilitate such contact by other means (such as telephone or videoconference) that do not expose the residents to in-person contact.
 - b. *Second*, each Hospital or Residential Facility may authorize Necessary Visitation on a case-by-case basis using the following protocol:
 - (1) "Necessary Visitation" has the meaning ascribed to it in Section 11 below. If the needs and context of a particular request for Necessary Visitation justifies a temporary exception to this Order, the Hospital or Residential Facility Administrator may arrange for Necessary Visitation by one visitor of a Hospital or Residential Facility resident. Whether the needs and context justify a temporary exception is left to the determination of the Hospital or Residential Facility Administrator, who must make the decision based on this Order and federal and state COVID-19 Guidance information, which may be found at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

- For example, one designated visitor could be allowed for women in active labor, a pediatric patient, or patients near the end of life.

(2) Any Necessary Visitation permitted under this Section must be done subject to requirements of the COVID-19 Guidance and as otherwise deemed appropriate by the Hospital or Residential Facility.

- For example, Necessary Visitation must include appropriate steps to protect residents from exposure to the COVID-19 virus, such as hand washing, masking, maintaining at least six feet of distance from other people, and a short duration of visit.

(3) Visitors permitted under this paragraph are hereby ordered to comply with all conditions of visitation imposed COVID-19 Guidance and by the Hospital or Residential Facility at the time of entry or access to the Premises.

5. If any Visitor or Non-Essential Person refuses to comply with this Order, then the Hospital or Residential Facility may contact local law enforcement to request assistance in enforcing this Order. The Hospital or Residential Facility shall take whatever steps are possible within the bounds of the law to protect residents from any such visitor or person who refuses to comply with this Order. For example, a Hospital or Residential Facility should contact facility security and ask the unauthorized visitor or person to comply with conditions of visitation imposed by the Hospital or Residential Facility and this Order. Even if a Visitor or Non-Essential Person otherwise complies with the facility's visitation protocols as outlined in this paragraph, they are still in violation of this Order if their presence is not a Necessary Visitation.
6. This Order does not restrict first responder access to Hospital or Residential Facility Premises during an emergency. Further, this Order does not restrict federal, state or county officers, investigators, or medical or law enforcement personnel, including the County Public Guardian and social workers who are legally responsible for a resident's medical care, from carrying out their lawful duties on Hospital or Residential Facility Premises. Persons other than first responders permitted access under this paragraph must comply with all conditions of visitation imposed by the Hospital or Residential Facility at the time of entry or access to the Hospital or Residential Facility Premises when feasible.

7. For the purposes of this Order, the following terms have the meanings given below:
- a. *"Necessary Visitation"* means a visit or contact that is based on urgent health, legal, or other issues that cannot wait until later.
 - b. *"Non-Essential Resident Movement"* means travel off or onto Hospital or Residential Facility Premises by a resident other than for specific treatment or pressing legal purposes as described more fully in the COVID-19 Guidance.
 - c. *"Premises"* includes without limitation the buildings, grounds, facilities, driveways, parking areas, and public spaces within the legal boundaries of each Hospital or Residential Facility type listed in Section 11 below.
 - d. *"Residential Facility"* are those licensed facility types listed in Section 11 below.
 - e. *"Visitors and Non-Essential Personnel"* are employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the Hospital or Residential Facility. This term includes family members and loved ones of residents and those who have legal authority to make healthcare or other legal decisions for a resident. The Ombudsperson is an authorized visitor and is not included in this term, but the Ombudsperson must still follow all conditions of visitation imposed by the Hospital or Residential Facility and should also try to avoid non-essential visits.
8. This Order applies to the incorporated and unincorporated areas of the County of San Luis Obispo and shall be effective immediately until further notice.
9. While this Order is in effect, the Hospital and Residential Facility must provide copies of the Order in all of the following ways: (1) post this Order at all entrances to the Hospital or Residential Facility; (2) provide this Order to each resident; (3) provide this Order to any authorized decision maker for each resident if not the resident, including any conservator; (4) provide this Order to the Hospital or Residential Facility Ombudsperson (if any); and (5) offer it to anyone who visits or who contacts the Hospital or Residential Facility seeking to visit.

10. Each Hospital and Residential Facility must within 12 hours of receipt of this Order notify its respective licensing entity (whether state or local licensing agencies) of the existence of this Order regarding the Hospital or Residential Facility.

11. This Order applies to each facility licensed type listed below within the County:

- Hospitals including General Acute Care and Psychiatric Health Facilities
- Skilled Nursing Facilities
- Intermediate Care Facilities of all license types
- Residential Care Facilities for the Elderly (RCFE) of all license types
- Adult Residential Care Facilities (ARF) of all license types
- Short-term Residential Therapeutic Programs (refers to youth program)
- Assisted Care Living Programs with case management services
- Independent Housing with case management services

12. For each Hospital or Residential Facility listed above the resident or the resident's authorized lawful representative may contact a representative of the facility to seek clarification of any part of this Order by contacting the administrator of the Hospital or Residential Facility.

- a. If a resident or the resident's authorized lawful representative objects to the appropriateness of the limitation of access contained in this order, the resident or lawful authorized representative must first raise their concern with the facility at issue. The Hospital or Residential facility is ordered to respond to the concern within four (4) business days.
- b. If after receiving a response from the Hospital or Residential Facility the objection is not resolved, the resident or lawful authorized representative may submit a written objection for consideration to the San Luis Obispo County Public Health Department, which objection shall be in the following form:

Subject: Objection to Health Officer Order

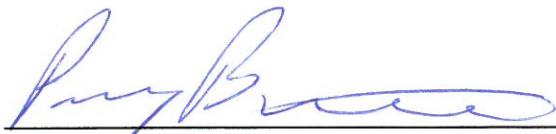
Email address: COVID-Compliance@co.slo.ca.us

Description of objection: [Describe the basis of the objection, including any facts or context that are relevant].

The San Luis Obispo County Department of Public Health will make every effort to respond promptly; however, the existing local health emergency caused by the COVID-19 pandemic may not permit a prompt response. If a response is not received within four (4) business days of receipt of the objection, the objection shall be deemed denied.

13. This Order is made in accordance with all applicable state and federal laws, including but not limited to Health and Safety Code sections 101030, et seq.; Health and Safety Code sections 120100, et seq.; and Title 17 of the California Code of Regulations section 2501.
14. To the extent necessary, pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all Chiefs of Police in the County ensure compliance with and enforcement of this Order.
15. Copies of this Order shall promptly be: (1) made available at the Health Agency, Division of Public Health located at 2191 Johnson Ave, San Luis Obispo, CA 93401; (2) posted on the Healthy Agency, Division of Public Health website (<https://www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Department-News/COVID-19-Updates.aspx>); and (3) provided to any member of the public requesting a copy of this Order.

IT IS SO ORDERED



Penny Borenstein, MD, MPH
Health Officer
County of San Luis Obispo Health Agency

3/26/2020

Date

SECTION 2. BEVERAGE INDUSTRY FACILITY

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

- A. Training:** No additional measures. See Section 1.
- B. Signage:** No additional measures. See Section 1.
- C. Measures to Protect Employee Health:** No additional measures. See Section 1.
- D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:**
 - i. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded and physical distancing is being maintained.
 - ii. Control physical distancing of people consuming food and beverage by limiting bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.
- E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection (beyond requirements in California Retail Food Code):**
 - i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
 - ii. Discontinue self-serve operations, such as salad bars, buffets, food sampling, and beverage service stations that require customers to use common utensils or dispensers.
 - iii. Offer single use disposable utensils or containers and provide packets of condiments, not bulk dispensed items.
 - iv. Provide cups, lids, stir sticks etc. upon request and do not provide them via self-service
 - v. Use online ordering, menu boards, single use disposable menus, or use menus which can be sanitized between use (i.e. laminated).
 - vi. Evaluate the use of physical barriers for employees that normally have close interaction with customers such as at check-out counters, wine tasting staff, servers, bartenders, etc.
 - vii. Assign employee(s) to disinfect high-contact surfaces frequently (e.g. point of sale terminals, counters, tables, restroom surfaces, etc.).
- F. Additional Measures to Protect Health:**
 - i. Provide handwashing stations and hand sanitizer (at least 60% alcohol) for public use.

SECTION 3. RESTAURANTS (RETAIL FOOD)

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this industry should implement the following additional measures:

A. Training: See Section 1. No additional measures. See Section 1.

B. Signage: See Section 1. No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. High contact surfaces in break rooms, restrooms, and other common areas should be disinfected on the following schedule:

Public Restrooms: Hourly

- ii. Ensure employees more frequently wash hands using soap, warm water and single use paper towels at hand wash sinks.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Designate an employee who will monitor that the maximum number of customers in the facility is not exceeded and physical distancing is maintained.
- ii. Provide seating by reservation.
- iii. Encourage to-go service, where applicable.
- iv. Control physical distancing of people consuming food and beverage by limiting at-bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection (beyond requirements in California Retail Food Code):

- i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
- ii. Discontinue self-serve operations, such as salad bars, buffets, food sampling, and beverage service stations that require customers to use common utensils or dispensers. Consider single use disposable utensils or containers and provide packets of condiments, not bulk dispensed items.
- iii. Provide cups, lids, stir sticks etc. upon request and do not provide them via self-service.
- iv. Utilize online ordering, menu boards, single use disposable menus, or utilize menus which can be sanitized between use (i.e. laminated).
- v. Consider physical barriers for employees that normally have close interaction with customers such as at cashier stands or check-out counters.
- vi. Assign employee(s) to disinfect high-contact surfaces frequently (point of sale terminals, counters, tables, restroom surfaces, etc.).

SECTION 4. LODGING

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Eliminate buffet style breakfasts where self-service is required.
- ii. Discourage use of lounge and other common areas where 6 foot physical distancing cannot be maintained between parties.
- iii. Encourage to-go service, where applicable.
- iv. Control physical distancing of people consuming food and beverage by limiting at-bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
- ii. Continue to rotate rooms such that the longest possible period of time between occupants is provided.
- iii. Remove items that are strictly for convenience of guests (e.g. hair dryers, coffee makers, etc.), particularly in hotel rooms, if those will not be disinfected after each guest's stay ends.
- iv. High touch items such as TV remote controls, alarm clocks, and other convenience items that cannot be removed should be disinfected:
 1. Daily, if stayover service is provided.
 2. Between guests for all other situations.

Note: Normal cleaning may be appropriate, as opposed to disinfecting, if the room or lodging has been vacant (empty) for more than 7 days.

- v. Provide in-room sanitizer and hand wipes to all guests.

F. Additional Measures to Protect Health:

- i. Launder items (where possible) according to the manufacturer's instructions, using the warmest appropriate water setting and dry items completely. Or, disinfect items with an EPA-registered household disinfectant.

- ii. Do not shake dirty laundry as it may increase the possibility of dispersing the virus through the air.
- iii. Clean and disinfect hampers or other carts used for transporting laundry.
- iv. Ask guests how they are feeling when they check out. If they are complaining of COVID-19 symptoms, follow your detailed plans for cleaning and disinfecting the room they used.

SECTION 5. RETAIL STORES

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

<<To be determined, e.g. best practices related to on trying on clothes, clothing returns, is still pending>>

F. Additional Measures to Protect Health:

- i. Offer special hours or appointments for immuno-compromised and other vulnerable populations.
- ii. Clean and sanitize dressing rooms daily, or at least twice per day if there is high use.

SECTION 6. MANUFACTURING

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. In addition to normal PPE that is worn by employees, offer face coverings for all employees where air flow is limited, physical distancing is difficult, or risk of transmission is increased due to materials being used. Before requiring face coverings, ensure they meet applicable safety guidelines.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing: No additional measures. See Section 1.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.
- ii. Evaluate the use of smooth and easily cleanable barriers if employees work side by side without at least a six-foot separation in assembly line type manufacturing operations.

SECTION 7. CERTIFIED FARMERS' MARKETS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Post signage at each public entrance of the Certified Farmers' Market to inform vendors, employees, and customers that they must not enter the market/event if they are sick with COVID-19 symptoms.
- ii. Post signage regarding the Social Distancing Protocol at the market/event, instruct persons to maintain a minimum six-foot distance from non-household members as much as practicable and to not engage in any unnecessary physical contact.

C. Measures to Protect Employee Health:

- i. Ensure vendors and employees more frequently wash hands using soap, water and single use paper towels at each booth/vendor station. Provide hand sanitizer containing at least 60% alcohol at each booth/vendor station.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Implement foot traffic directional patterns (one-way) to limit customer interactions.
- ii. Consider designating a foot traffic control monitor to ensure social distancing requirements are maintained.
- iii. Designate, with signage and/or physical barriers (ropes, warning tape), separate order and delivery/pickup areas to prevent customers from gathering at one location.
- iv. Eliminate or reduce food and beverage consumption areas. If provided, separate dining tables and restrict table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Provide stocked handwashing stations and hand sanitizer (at least 60% alcohol) for public use.
- ii. Use gloves to avoid direct bare hand contact with ready-to-eat foods.
- iii. Separate booth(s) and mobile food facilities by at least six feet.
- iv. Make face coverings available for vendors and employees for voluntary use. Ask vendors and employees to use face covering when physical distancing of six feet is not feasible, including at booths or tables .
- v. Vendors should regularly sanitize/disinfect customer contact and touch points such as tables and surfaces, on the following schedule:

1. Counter and tables: Every 30 minutes
 2. Sneeze guards: Where utilized, before each market and if they become dirty or soiled
- vi. Designated employees should accept payment and handle produce/restock tables. If this cannot be accomplished, then handwashing or use of a hand sanitizer should take place between each transaction.

SECTION 8. AGRICULTURE

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

- A. Training:** No additional measures. See Section 1.
- B. Signage:** No additional measures. See Section 1.
- C. Measures to Protect Employee Health:**
 - i. Ensure that portable toilets are cleaned at least once daily.
 - ii. Provide agricultural workers with materials needed to regularly wash their hands (soap, water, single use towels).
 - iii. Provide agricultural workers with face coverings when physical distancing cannot be maintained.
- D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:** No additional measures. See Section 1.
- E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:**
 - i. Sanitize shared equipment, tools and other materials after use, to ensure the next user is protected.
- F. Additional Measures to Protect Health:** No additional measures. See Section 1.

SECTION 9. BUILDING, DEVELOPMENT & CONSTRUCTION

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. In addition to normal PPE that is worn by employees, evaluate the use of face coverings for all employees where air flow is limited, physical distancing is difficult, or risk of transmission is increased due to materials being used. Before requiring face coverings, ensure they meet applicable safety guidelines.
- ii. Limit use of office trailers on job sites by multiple trades or teams (e.g., restrict to construction management team).
- iii. Provide workers with materials needed to regularly wash their hands (soap, water, single-use towels).
- iv. Provide single serve bottles of drinking water / discontinue use of bulk water dispensers.
- v. Sanitize portable restrooms at least once daily.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Coordinate on-site scheduled work so that trades/teams can maintain physical distance.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Sanitize shared equipment, tools and other materials after use, to ensure next user is protected.

F. Additional Measures to Protect Health:

- i. Consider special services for immune-compromised and other vulnerable populations.

SECTION 10. FAITH-BASED AND COMMUNITY ORGANIZATIONS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Evaluate whether you can offer on-line or video gatherings.
- ii. Ensure, through empty rows and seats, 6 feet of separation between family groups.
- iii. Implement one-way foot traffic directional patterns to limit attendee interactions.
- iv. Designate a foot traffic control monitor to ensure social distancing requirements are maintained.
- v. Control ingress/egress to eliminate crowding or bunching of attendees. Implement phased entrance and release, as opposed to everyone moving at once. Use ushers to provide seating assignments.
- vi. Consider adding additional services to minimize number of attendees

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.
- ii. Funeral ceremonies are allowed to continue but should follow all physical distancing and other protocols to limit the spread of COVID-19.
 1. Provide disposable tissues to all attendees and provide trash receptacles.
 2. Provide portable hand sanitizing stations, preferably touchless.
- iii. Eucharist/Communion: Use no-interaction approaches such as placing a wafer/host in a small plastic cup or small paper candy/muffin type cup/tin and passing to the recipient via a tray on a pole or basket with a pole.
- iv. Collection of Donations/Money: Use no-interaction approaches such as having parishioners place gifts/tithes/donations in a basket with a pole through a vehicle and/or drop in a basket upon leaving the service. For example, have a basket/box on a table that worshippers can leave money in as they leave the service. Any person that is responsible for retrieving the donations should immediately wash their hands after handling.

SECTION 11. PUBLIC SWIMMING POOLS, PUBLIC SPA POOLS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. Disinfect high contact surfaces in break rooms, restrooms, and other common areas on the following schedule:
 - 1. Check-in Counters: At least twice daily while in operations
 - 2. Restrooms: At least twice daily for high use restrooms

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of users in the pool facility at any one time to the maximum number which allows for customers (or groups of household members) and employees to easily maintain at least six-foot distance from one another, at all practicable times. Physical distancing shall be maintained both in the water and out.
- ii. Assign an employee to monitor that the maximum number of users in the facility is not exceeded and that social distancing is maintained.
- iii. Place tape or other markings at least 6 feet apart in user line areas or any other area in the pool where users congregate.
- iv. Public swimming pools, therapy and lap swimming pools that do not have employees, lifeguards, or coaches on deck to monitor social/physical distancing shall remain closed until the Shelter-at-Home Order is modified, replaced, or lifted.
- v. Keep spa pools (those with jets) closed until the Shelter-at-Home Order is modified, replaced, or lifted. If the pool and spa pool share the same enclosure, indicate how the spa pool will be closed (caution tape, signage, barriers, etc.).
- vi. Separate seating for users and other onlookers to assure minimum six feet distancing.
- vii. Instruct all employees to maintain at least six feet distance from users and from each other, as much as practicable.

E. Measures to Prevent Unnecessary Hand Contact/Increase Sanitization/Disinfection:

- i. Assign employee(s) to disinfect high-contact surfaces often (point of sale terminals, counters, restroom surfaces, handrails, pool gates if not hands free, etc.).

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.

SECTION 12. BODY ART (TATTOO, PERMANENT COSMETICS, AND BODY PIERCING FACILITIES)

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Use signage to warn customers that face coverings or masks must be worn because social/physical distancing is not possible.

C. Measures to Protect Employee Health:

- i. Ensure practitioners wash hands more frequently and customers wash hands prior to procedure.
- ii. Ensure practitioners don disposable gloves after washing hands and prior to each procedure.
- iii. Instruct customers to wear face coverings or masks.
- iv. Provide sanitizers or EPA-registered disinfectants and related cleaning supplies to all employees.
- v. Evaluate the use of face shields to provide additional protection to employees and customers.
- vi. Keep the facility as well ventilated as possible for increased exchange of outside air.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers so there is at least a 6-foot physical separation between workstations during each procedure. Perform procedures by appointment only, with no walk-in customers.
- ii. Develop systems that allow clients to wait in their cars until their practitioner is ready to perform the procedure, rather than waiting inside the facility.
- iii. Limit people inside the facility to employees/practitioners and clients only.
- iv. Leverage technology to conduct consultations remotely rather than in-person.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Provide practitioners with hand sanitizer and medical-grade surgical (face) masks that completely cover the nose and mouth to use during a procedure.
- ii. Use only medical-grade surgical masks and gloves that are changed with each procedure.
- iii. Do not use cell phones while procedures are being conducted.
- iv. Require sanitization/disinfection of workstations, equipment, tables, chairs, and other surfaces touched by clients between each procedure and maintain documentation logs.

F. Additional Measures to Protect Health:

- i. Prohibit procedures that include tattooing or piercing genitals, or other respiratory anatomy such as the lips and the nose until the Shelter-at-Home Order is modified, replaced, or lifted.
- ii. Evaluate establishing a customer self-certification checklist that certifies they are free of COVID-19 related symptoms before having a procedure performed.

SECTION 13. HAIR SALONS, BARBERS, AND NAIL SALONS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Post signage that warns customers that masks are needed because social/physical distancing is not possible.
- ii. Post signage that non-clients are prohibited from entering the facility.

C. Measures to Protect Employee Health:

- i. Require face coverings for both practitioners and clients.
- ii. Require that practitioners wash hands before starting a new client, immediately after working on a client, and after cleaning up post-client.
- iii. Require that practitioners wash hands (using soap, water and single use paper towels) before donning gloves and after removing them .
- iv. Provide sanitizers or EPA-registered disinfectants and related cleaning supplies to all practitioners and employees.
- v. Evaluate the use of face shields to provide additional protection to employees and customers.
- vi. Keep the facility as well ventilated as possible for increased exchange of outside air.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers so there is at least a 6-foot physical separation between workstations during service delivery.
- ii. Limit procedures to be conducted by appointment only, with no walk-in customers.
- iii. Encourage clients to wait in their cars until their practitioner is ready, rather than waiting inside the facility.
- iv. Limit people inside the facility to employees and clients only.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Provide practitioners with hand sanitizer and surgical (case) masks that completely cover the nose and mouth to use during a procedure.
- ii. Use only medical-grade surgical masks and gloves that are changed with each procedure.
- iii. Do not use cellphones while services are being delivered.
- iv. Require sanitization/disinfection of workstations, equipment, tables, chairs, and other surfaces touched by clients between each procedure and maintain documentation logs

F. Additional Measures to Protect Health:

- i. Install Plexiglas or other smooth and easily cleanable shielding materials if services can be delivered from a fixed position.

SECTION 14. FITNESS CENTERS/GYMS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. Disinfect high contact surfaces in break rooms, restrooms, and other common areas on the following schedule:
 - 1. Public Bathrooms: Twice daily
 - 2. Employee Breakrooms: Daily
 - 3. Employee Restrooms: Daily
 - 4. Other employee shared areas: Daily
 - 5. High contact surfaces (door handles, light switches, etc.): Daily or more frequently if needed
 - 6. Gym equipment: After each user.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Evaluate only allowing access via appointment.
- ii. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded.
- iii. Use an “every other machine” approach to ensure 6 foot distancing.
- iv. In the early stages of reopening, only open cardio and strength equipment areas; do not conduct classes such as spin, aerobics, Zumba, Pilates, martial arts, etc.
- v. Common equipment touch points on all equipment need to be disinfected between each user.
- vi. Develop systems for those waiting to use a piece of equipment.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Stop use of water fountains, shared water bottles, and water stations - provide or encourage customers to use individual water bottles.
- ii. Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure for customers to wipe down equipment after each use.

F. Additional Measures to Protect Health:

- i. Offer special hours or appointments for immuno-compromised and other vulnerable populations.
- ii. Implement mid-day halts, where gym members are stopped from entering the facility and a full, secondary cleaning can be completed.



Tenet Health
Central Coast

Sierra Vista Regional Medical Center
Twin Cities Community Hospital

May 7, 2020

Penny Borenstein, MD
Health Officer and Public Health Director
County of San Luis Obispo
2191 Johnson Ave.
San Luis Obispo, CA 93401

Dear Doctor Borenstein:

I have reviewed the *Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order* which outlines the criteria California counties need to meet in containing COVID-19 to advance to Stage 2. We support the County of San Luis Obispo in moving forward to Stage 2 based upon our review of their plan to meet the criteria outlined by the State. With regard to the two Tenet Health Central Coast Hospitals within San Luis Obispo County; we have the capacity, including ICU beds, ventilators and PPE, to handle standard health care, as well as a potential surge due to COVID-19.

We believe the San Luis Obispo County has enjoyed a combination of superb Health Department Leadership, combined with a relatively low infection rate, only one mortality, and an extremely high health-status among our citizens. All of this is accretive to a readiness posture which supports advancing to State 2. We have worked very closely with the County Public Health Department, as well as the two Dignity Hospitals in the County, to ensure our policies, procedures, and all other aspects of COVID-19 readiness are in place. We stand with you in moving forward as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Lisa', written over a large, faint circular watermark.

Mark P. Lisa, FACHE

Chief Executive Officer, Tenet Health Central Coast

Mark.Lisa@tenethealth.com

Sierra Vista Regional Medical Center

o 805-546-7696

www.sierravistaregional.com

Twin Cities Community Hospital

o 805-434-4545

www.twincitieshospital.com

**San Luis Obispo County
COVID-19 Containment Plan
Updated May 19, 2020**

1. Testing

1.1 Current Testing Capabilities

Widespread communitywide testing is a key to ensuring COVID-19 containment in San Luis Obispo County.

In the early phases of the emergency, the County of San Luis Obispo worked with clinics and local health providers as well as the County Public Health Lab to conduct COVID-19 testing for those who were experiencing symptoms. As the emergency developed, the County made the decision to increase testing to all segments of the population with the addition of two State testing sites and a contract with US Health Fairs which is expandable based on County request.

Currently, San Luis Obispo County has COVID-19 testing capabilities through the County Public Health Lab, multiple primary care physicians, urgent care locations, OptumServe testing sites and US Health Fairs testing sites.

Asymptomatic testing is available to any county resident who registers at either an OptumServe or US Health Fairs site. In addition the County will begin testing of 11 wastewater treatment systems next week across the county as an added measure of surveillance.

Tests through primary care doctors and urgent care locations are for symptomatic individuals. Tests through the OptumServe and US Health Fairs locations can be scheduled at these sites online or by phone. Spanish speaking workers are available to serve our Spanish speaking communities.

Additionally employer specific testing occurs when cases are identified in vulnerable workplace settings. This has included our state prison and Skilled Nursing Facilities.

The SLO County EOC Operations Section has a Testing Branch that works strategically with all local cities and CSDs to ensure coverage of testing to all segments of the population. The Testing Branch also utilizes data from community surveillance to identify where additional testing may be needed. The US Health Fairs sites are pop-up locations that move between different communities in the county, focused on those that have limited resources and testing options.

The Public Health Lab has recently received reagents for use of the GenExpert machine which allows for an additional 32 specimens per day to be tested.

The County will continue to add community-based and workforce-specific testing clinics as needed by residents and employers. The contract between the County and US Health Fairs is expandable as requested by the County.

Specimen collection locations are listed above and provide access within designated travel times for 100% of county residents.

1.2 Future Testing Capabilities

The County also has a memorandum of understanding (MOU) with Dignity Health to utilize testing capacity of 500 specimens per day when the order for a Hologic machine is fulfilled. The County purchased this equipment but was informed that Hologic equipment resources have been commandeered by the federal government and there is no date certain for delivery.

1.3 Average Percentage of Positive Tests

The average percentage of positive tests continues to decline going from 10% in the earliest weeks to 5-7% through much of April and now at <1%.

2. Contact Tracing

Contact tracing is an integral aspect of COVID-19 response, virus mitigation, and community reopening. The County of San Luis Obispo is committed to conducting robust contact tracing as this pandemic progresses. County, Disaster Service Workers, and Medical Reserve Corps staff are trained to help in contact tracing and are bilingual and bicultural to ensure they can integrate with a wide variety of our community members. Contact tracing staff can easily be increased by working with our EOC Personnel Unit to secure additional staff.

As a result of contact tracing, staff also identify needs of those who need to isolate or quarantine and may have limited resources to do so.

2.1 Trained Staff

At the present time there are 14 individuals, including Public Health nurses and communicable disease investigators, who are trained and have been performing contact tracing.

There are four who are bilingual, bi-cultural which represents more than the 20% of our county population who are Latino.

2.2 Expansion Plan

In addition, we have available far more than the additional 28 contact tracers that would bring us to the recommended total of 15 per 100,000 population ($15 \times 2.8 = 42$). The County Probation Office has offered up to eight officers who are accustomed to doing tracing of persons in the community. The remaining 20 additional contact tracing resources are available through the County's Disaster Service Worker program and our local Medical Reserve Corps which includes over 600 volunteers of whom more than 169 are nurses.

Training is available through local protocols, but we will also take advantage of the State training that is being offered online.

2.3 Supportive Isolation Plan

In response to COVID-19, and specifically to support individuals experiencing homelessness, the County entered into contracts with four hotels geographically located throughout the county. These contracts provide for 155 hotel rooms to be available to isolate or quarantine homeless individuals who are pending test results or have tested positive.

The County has also established three safe parking sites. In total there are 60 sites available for parking overnight. These sites include showers and bathrooms.

Additionally, the County has 14 trailers available to house homeless individuals under isolation or quarantine orders. These trailers have power and full hook-ups to sewer and water. Ten are stationed at a County regional park and four are at homeless shelters to allow for isolation and quarantine.

3. Living and Working in Congregate Settings

The County of San Luis Obispo has strong relationships with each of the congregate care facilities in the county ranging from skilled nursing facilities, to jails, homeless shelters and state hospitals. Through the County Emergency Operations Center and partner agencies, we coordinate with these facilities to ensure they have plans in place to be notified by County Public Health if they have positive cases, adequate PPE, are supported with testing, can safely isolate and quarantine individuals, and establish protocols to adequately protect their staff. The County has a 24/7 contact line to allow immediate assistance to these facilities should after hours emergencies take place.

3.1 Congregate Care Facilities

3.1.1 Facilities

- SNF = 7 facilities with total licensed capacity of 853
- RCFE = 104 facilities with total licensed capacity of 1,356
- DD = 38 facilities with total licensed capacity of 187
- ICF = 17 facilities with total licensed capacity of 149
- 150 facilities with a total licensed capacity of 2,545

3.1.2 Current COVID-19 case rate at each of these facilities

- SNF 0
- RCFE: 0
- DD: 0
- ICF: 0

3.1.3 Isolation and Quarantine Capabilities

SLO County has worked, and continues to do so, with the Long-Term Care Ombudsman on planning for residents at Long Term Care Facilities. There is one SNF designated to take COVID patients.

3.1.4 Staffing and PPE

FEMA provided 2 weeks of PPE to all SNFs in the county. EOC has filled LTCF PPE needs earlier in the incident. Currently, facilities are able to purchase their own PPE due to the supply chain opening up. However, should PPE shortfalls exist there is a process in place for facilities to request PPE directly from the County EOC.

SNFs have conducted fit testing for employees and have trained their staff on PPE use as well as other policies and procedures for infection prevention and control.

SNFs in SLO County have contracts with staffing agencies in place in case staffing shortages related to COVID-19 occur. The county also has a motel program process in place should these workers need to isolate and cannot do so in their own home. To date, this program has not been needed.

3.2 Correctional Facilities

3.2.1 Facilities

- CA Men's Colony (CMC): inmate census: 3,722
- Atascadero State Hospital (ASH): 1108
- County Jail Census: 353
- Total 3 facilities with population of 5,183

3.2.2 Current COVID-19 case rate at each of these facilities

- CMC 11 of 3722 = 0.3% case rate
- ASH: 0
- County Jail: 0

3.2.3 Isolation and Quarantine Capabilities

Isolation and Quarantine capabilities are available at all these locations. CMC and ASH have designated areas to house positive inmates. CMC has already safely isolated positive inmates.

3.3 Homeless Shelter Populations

3.3.1 Facilities

- Prado: 100
- ECHO: 50
- Total of 2 facilities with population of 150

3.3.2 Current COVID-19 case rate at each of these facilities

- Prado: 0

- ECHO: 0

3.3.3 Isolation and Quarantine Capabilities

The County worked with both homeless shelters to place two trailers at each location to isolate symptomatic individuals onsite.

3.4 Testing Capabilities

San Luis Obispo County has the capability to conduct thorough testing should outbreaks occur at any of these congregate living locations and has done so already. A SNF and CMC both had extensive testing done following positive cases identified.

The Public Health Lab tested 710 patients in 7 days, largely as a result of an outbreak investigation at CMC. Additionally, the US Health Fair contract is being used to conduct additional targeted surveillance testing at these sites.

4. Protecting the Vulnerable

The County Emergency Operations Center made protection of the vulnerable a priority objective when the EOC activated in March. The EOC Operations Section continues to focus on vulnerable populations and ensure their needs are met through a variety of programs. In addition to continuing existing support programs at the county level for vulnerable populations, new programs were developed to ensure assistance for these populations. These programs include housing options for homeless, isolation and quarantine support, pop-up testing for high risk groups, client services and behavioral health, and food and prescription delivery programs for those over 65 years and for those with underlying health conditions. To date, our food assistance program has made more than 7,500 food deliveries. The EOC has also helped establish social connectivity for isolated seniors on an ad hoc requested basis.

On May 17, the County Health Officer and Emergency Services Director put a Short Term Lodging order in place in order to limit potential spread from non-county visitors and further protect our vulnerable populations.

This order limits lodging to:

- Essential workers who need a place to stay while working in SLO County or traveling to/from essential work. This includes workers in health care, utilities, groceries, and more.
- Protecting the homeless population
- People who need to self-isolate or quarantine, and people who cannot stay in their own home because someone there needs to self-isolate or quarantine
- People who are here to care for a vulnerable person (elderly, minor, dependent, person with disabilities or other vulnerable population) who lives in SLO County.

5. Acute Care Surge

Acute care surge capabilities is a key component of San Luis Obispo County's readiness for COVID-19 response. The County Emergency Operations Center Med/Health Branch and Situation Status Unit provide daily tracking of relevant medical and health information including hospital census, bed count, ventilators, case tracking, alternate care site beds and a myriad of other data. In addition to real time monitoring by the EOC Command staff, situation status reports are created and shared three times daily with partners and a daily operations report provided to the entire Operational Area. Maintaining situational awareness by the County Command Group and the entire Operational Area is essential to understanding the County's ability to respond to the pandemic and ensuring additional surge can be handled.

Hospital capacity is key to ensuring surge capacity within the county. Hospitals have established rigorous standards for anyone entering their facilities and worked in partnership with the County Health Officer who established an order restricting hospital visitors. Hospital staff are considered critical infrastructure workers and there for have various accommodations that have been established for their protections from occupation tracking, to PPE, and protocol changes.

5.1 Surge Tracking

The County has mechanisms in place to track surge capabilities: The County, through the LEMSA, has a robust software program, ReddiNet, that allows the County to track daily numbers through both the traditional HavBED & Census reporting mechanisms. Additionally, an assessment is completed each day by the hospitals which addresses COVID cases and admits. This data is further validated by daily tracking of our EPI Branch which identifies number of hospitalized and level of care. This information is shared real time with our County Health Officer and Emergency Services Director in the County EOC.

5.2 PPE Supplies

Hospitals, for the most part, have been able to rely on their own supply chains to meet their PPE needs. However, there is a process in place to provide PPE supplies to hospitals should they have needs they cannot fulfill on their own. This process has been utilized periodically and successfully.

5.3 Hospital Admission Testing

All hospitals are testing patients who meet criteria or have fever of unknown origin or respiratory symptoms.

5.4 Hospital Tracking and Occupational Exposure

All hospitals have put plans in place through their internal occupational safety programs to address exposure and tracking of hospital personnel.

6. Essential Workers

San Luis Obispo County has approximately 6,400 essential workplaces throughout the county. This includes all sectors of essential businesses from first responders to grocery store employees.

As we move towards re-opening, it continues to be a priority to protect our essential workplaces and employees from disease spread. The County Emergency Operations Center has provided a variety of guidance documents to help workplaces prepare and protect their employees. The County has also continued to provide PPE and essential disinfection supplies when supply chains have been limited.

The County Public Health Lab has continually retained a supply of tests reserved for the testing of essential workers to ensure prompt testing, isolation and quarantine as necessary. Prompt identification and isolation is essential to keeping our essential workplaces operating safely.

6.1 Essential Worker Guidance

In addition to providing state and federal guidances, San Luis Obispo County has created COVID-19 best practices documents and provided to the community including essential workplaces. These sector specific guides include modifications that businesses and industry should take to ensure the safety of their employees, customers and the community. These guidances are available online at <https://www.emergencyslo.org>

The County is continually seeking additional guidance and best practices from the State of CA and other State and Federal partners to ensure our essential workplaces are prepared to operate safely. Whenever the state provides new written guidances, those are updated on our Reopening page at <https://www.emergencyslo.org/reopen>

6.2 Essential Workplace PPE and Sanitation Supplies

The County has shared a list of suppliers who are able to provide these key products to businesses and essential workplaces. This document is available online as well as by request to our essential business community.

In addition, the County has provided PPE to many essential workplaces in the medical/health arena to ensure they are protected and ready to help provide surge capacity for the County. This includes hospitals, doctors, dentists and first responders.

6.3 Essential Worker Testing

The County of SLO Public Health laboratory provides testing for sick or symptomatic essential workers. In addition, symptomatic and asymptomatic essential workers are welcome at the two testing facilities currently operated by Optum through the State of California. The County also began providing pop-up workplace testing at strategic locations through US Health Fairs the week of May 18.

6.4 Essential Worker Isolation and Quarantine Procedures

The County provides wrap around services for those who cannot easily quarantine or isolate on their own. Specific agencies have their own plans regarding essential worker isolation and quarantine. However the county has a motel program with contracted rooms, are available for individuals county-wide but can also be utilized for essential workers. There have been no requests at this time for use of this program by essential workers.

7. Special Considerations

The County worked with experts, staff and stakeholders considered key industries and sectors in the county and developed additional guidance and best practices that could be implemented to mitigate the risk of COVID-19, including to groups with special considerations.

San Luis Obispo County is a rural agricultural county, located on the Central Coast. As such, the County developed draft guidelines specific to both agriculture and farmers markets. San Luis Obispo County has a large agricultural sector, specifically wine production and seasonal crops such as strawberries. Outreach has been conducted and PPE provided to this sector and businesses.

Additionally San Luis Obispo County is home to many technology based firms, such as Amazon and Mindbody, that can continue to conduct telework.

The County's intent is to adapt the draft guidance as needed and to encourage employers' to use best practices to protect the agricultural workers, customers and others involved in the industry from the risk of COVID-19 transmission.

Additionally, San Luis Obispo County has a number of industries' and sectors' employers that could continue to encourage teleworking when feasible, such as the technology companies, office-based work with minimal public or customer facing interaction, etc.

8. Community Engagement

San Luis Obispo County has actively engaged the entire community through our response to COVID-19, including our city partners, are business and stakeholder communities and our residents.

The County Health Officer, Dr. Penny Borenstein, is responsible for determining the guidelines for reopening for San Luis Obispo County during the COVID-19 pandemic, in alignment with State orders; however, decisions related to reopening are being built off of state and federal guidance, thorough research and consideration by a panel of experts, consultation from community leaders, and input from the general public.

8.1 City Engagement

Since the onset of COVID-19 and as the Shelter at Home Order took effect, the County of San Luis Obispo has proactively worked with all seven Cities within the county (Cities of Paso Robles, Atascadero, Morro Bay, San Luis Obispo, Arroyo Grande, Pismo Beach, and Grover Beach) and the City of Santa Maria in the neighboring Santa Barbara County. The County and cities engage on a daily basis at a variety of levels of staff, leadership and elected levels to stay informed and engaged on measures needed to protect the health and safety of local residents, including throughout enhancement of the healthcare capacity, procurement of PPEs, and now during development of our reopening processes.

8.2 Business and Stakeholder Engagement

In addition to working with our cities, ongoing partnership with other community businesses and stakeholders is ongoing, including all of our Special Districts, school districts and business partners. The County EOC hosts daily Cooperators briefings to discuss county-based actions and processes. Additionally the County EOC, in partnership with the Cities and elected officials conducted community forums to ensure feedback on re-opening could be provided and could help inform the direction taken.

More than 250 stakeholders from 22 groups representing multiple industries, faith groups and ethnic groups were brought together as part of the county's initial reopening processes. Information gleaned from these groups helped the county create best practices and guidance documents for the business community.

8.3 Community Engagement

San Luis Obispo County has focused heavily on engaging our community throughout this process, including as we move into reopening through three times per week press briefings, social media, our EmergencySLO.org website, a Phone Assistance Line, a Public Health answering line, and a COVID-19 Enforcement line. Reopening feedback was solicited via a form on our website that gathered more than 1,000 comments in its first week.

The County and Cities all rely on a central emergency website and coordinate through a Joint Information Center to ensure the information provided to the community is consistent.

9. Relationship to Surrounding Counties

San Luis Obispo County neighbors include four counties - Monterey, Kings, Kern and Santa Barbara. Some of those counties are seeing up ticks in their numbers of cases, but that is primarily due to outbreaks, particularly at the federal penitentiary in Lompoc in Santa Barbara County and long-term care facilities in other jurisdictions. We believe that many of our neighboring counties are able to move at an increased pace through Stage 2, especially due to the allowance to discount the cases at the federal penitentiary in Santa Barbara County.

That said, SLO County tends to be a bit of an "island" among the regions of the state, not fitting easily into any well-recognized region. We are not Northern California nor Southern California and we are not the Central Valley. We are the northern most county often included in the Southern California region but differ considerably from the other counties to our south. Monterey to our north has its population centers 2-3 hours drive from SLO County. There is little connectivity to the Central Valley counties like Kings and Kern except for beach tourism. Much of that visitation is often to our Oceano Dunes State Vehicular Recreational Area, which remains closed.

With that in mind, we are working closely with our tourism industry, state and municipal beach-serving jurisdictions and City Managers to monitor and message would-be tourists to not to come to our area at this time. We in fact have a targeted media outreach plan to advertise in neighboring counties to message that while we usual love to see our visitors, they are not welcome at the present time.

Additionally, beginning May 17, San Luis Obispo County put a short-term lodging order in place that restricts lodging locations – from motels/hotels to RV parks and VRBOs – to only essential business, homeless services and COVID based lodgers. Additionally, no location can go above 50 percent occupancy without an exception from the SLO County Health Officer.

The SLO County Health Officer has twice weekly phone calls with the Southern CA Region and is in frequent verbal communication with neighboring health officers, especially of Santa Barbara County, with whom we have an MOU for use of our Alternate Care Site. The County Office of Emergency Services has three times per week calls with CalOES and Operational Areas regarding COVID-19, as well as ongoing communications with neighboring county EOCs.

We are confident that we have the resources to continue widespread testing and complete isolation of cases and contact tracing even if our number of cases were to increase.

SECTION 1. ALL EMPLOYERS

Section 1 includes draft recommended guidelines and best practices that all employers should follow. The best practices are written to describe the current understanding of actions that can be taken to limit or mitigate the spread of COVID-19 in the workplace. It is recognized that not all the best practices can be implemented in all workplaces.

In addition to these measures, additional best practices and guidelines have been identified for specific industry sectors and specific business types, as listed on the table of contents. Those specific industries should reference both Section 1 and the section(s) applicable to its business.

A. Training:

- i. Train employees on all measures and protocols applicable to their function or role prior to returning to work at place of business.

B. Signage:

Template signage to be used can be found on the County's website at: www.ReadySLO.org.

- i. Provide signage at each entrance of the facility to inform employees and customers of common COVID-19 symptoms and that they must not enter the facility if they are sick with or suspect they may be experiencing COVID 19 symptoms.
- ii. Provide signage regarding the social / physical distancing protocol at the facility; persons to maintain a minimum six-foot distance from non-household members as much as practicable and not engage in any unnecessary physical contact.
- iii. Provide signage regarding proper hand washing technique at all hand-wash sinks.
- iv. Provide signage encouraging regular hand washing in breakrooms and other locations where employee information is provided.

C. Measures to Protect Employee Health:

- i. Direct all employees to stay home if sick.
- ii. Instruct employees to notify a supervisor if they are experiencing symptoms of COVID-19, such as fever, cough, gastrointestinal symptoms.
- iii. Direct sick employees with symptoms associated with COVID-19 to be evaluated for testing by their doctor or urgent care.
- iv. Direct all employees to self-monitor for symptoms of COVID-19.
- v. Direct all employees to maintain at least six feet distance from customers and from each other, as much as practicable.
- vi. Provide face coverings to employees and encourage employees to use face covering when physical distancing is not feasible.
- vii. Encourage customers to utilize face coverings when entering the facility.
- viii. Separate workstations by at least six feet.
- ix. Do not share office supplies, tools, etc.
- x. Provide separate seating in common areas such as break rooms and conference rooms.
- xi. Utilize and encourage virtual meetings where possible.
- xii. Encourage telecommuting where possible.

- xiii. Discourage congregation of employees during breaks and lunches, unless physical distancing can be maintained.
- xiv. Instruct cleaning staff to wear applicable Personal Protective Equipment (PPE) such as disposable gloves and eye protection for all tasks in the cleaning process, including handling trash. Direct staff to wash their hands immediately after removing disposable gloves.
- xv. Disinfect high contact surfaces in break rooms, restrooms, and other common areas (i.e. door handles, lobbies, etc.) frequently. Those areas receiving more traffic should be disinfected more often. As a best practice, all businesses should disinfect on the following schedule and maintain a log capturing actions, at a minimum:
 - 1. Public Restrooms: Twice daily
 - 2. Employee Breakrooms: Daily
 - 3. Employee Restrooms: Daily
 - 4. Other employee shared areas: Daily
 - 5. High contact surfaces (door handles, light switches, etc.): At least daily and more frequently if needed
- xvi. Sanitize incoming packages, products or materials as part of the receiving process.
- xvii. Direct employees to regularly clean their workstations daily, or at the start and end of their shift for shared workstations and areas.
- xviii. Make sanitizer / disinfectant and related cleaning supplies available to all employees at specified locations.
- xix. Ensure employees frequently wash hands using soap, water and single-use paper towels. In situations where hand washing facilities are not available, provide hand sanitizer that contains at least 60% alcohol.
- xx. Provide hand sanitizer containing at least 60% alcohol to all employees and customers at common points of ingress/egress and in common areas such as conference rooms, breakrooms, or other locations used by multiple employees.
- xxi. Provide hand sanitizer to employees at their workstation when their role requires regular interaction with customers.
- xxii. Post copies of measures and protocols being taken related to COVID-19 in a conspicuous place and provide to all employees.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers in the facility at any one time to the maximum number which allows for customers (or groups of household members) and employees to easily maintain at least six-foot distance from one another, at all practicable times.
- ii. At retail counters or in other locations where queueing is possible, placing tape or other markings at least six feet apart in customer areas inside the facility and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance. If groups of household members often wait together, increase distances between markings so that separation of household groups of at least six feet is maintained.
- iii. Where long lines can form, assign an employee to monitor lines in order to ensure that the maximum number of customers in the facility is not exceeded.
- iv. Limit use of lobbies / waiting rooms. Develop a system(s) that allows customers to wait in cars or other locations.

- v. Offer service by appointment-only.
- vi. Offer and encourage on-line product ordering with curbside pickup or delivery.
- vii. Create one-way shopping aisles in higher traffic areas.
- viii. Separate order areas from pickup and delivery areas to prevent customers from gathering.
- ix. Implement protections for cashiers, pharmacy workers, and other workers who normally have regular, close interaction with the public with engineering controls such as Plexiglas screens or other physical barriers, or spatial distance of at least six feet.
- x. Develop restroom occupancy plans that will help ensure 6 foot physical distancing can be accomplished, limit restrooms to single user if necessary.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitation / Disinfection:

- i. Provide contactless payment systems or, if not feasible, sanitize payment systems frequently, depending on volume of use.
- ii. Provide hand sanitizers at check-out stands/stations.
- iii. Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure(s) for employee or customer use where appropriate.
- iv. Eliminate or restrict use of self-service sampling unless provided from a single use container (personal care products, foods, etc.).
- v. Assign employee(s) to disinfect high-contact surfaces frequently (point of sale terminals, counters, common tables, restroom surfaces, doorknobs, phones, keyboards, light switches, etc.).

F. Additional Measures to Protect Health:

- i. Discourage customers from bringing their own bags, mugs, or other reusable items from home.
- ii. Clean visibly dirty surfaces with soap and water prior to disinfecting.
- iii. Use EPA-approved disinfectant against COVID-19 and read the label to make sure it meets your needs and application. A list of approved disinfectants can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- iv. Only allow service animals into your facilities.

G. Other Considerations for Employers:

- i. Review and follow guidelines by the Center for Disease Control (CDC) to develop, implement, maintain, and revise your cleaning and disinfecting plan as new information becomes available.
- ii. Read instructions and wear gloves and other Personal Protective Equipment (PPE) as specified by the manufacturer for the cleaning and disinfecting products you are using.
- iii. Consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. You can find additional reopening guidance for cleaning and disinfecting in the CDC's [Reopening Decision Tool](#).
- iv. Implement flexible sick leave and supportive policies and practices.

- v. Consider how your facilities will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children.
- vi. Prepare to perform cleaning and disinfection if persons suspected or confirmed to have COVID-19 have been in your facilities.

Note: Throughout these Standards and Guidelines, face coverings shall refer to material that fully covers a person's nose and mouth.

San Luis Obispo Unit



COVID-19 Recovery Plan

May 13, 2020

Approved by:

A handwritten signature in blue ink, appearing to read "Scott M. Jalbert", is written over a light blue rectangular background.

Scott M. Jalbert, Unit Chief on May 8, 2020

This recovery plan is intended to be used as a strategy for the CAL FIRE San Luis Obispo Unit including all cooperative agreements. It is a stair step approach, in alignment with the State Resilience RoadMap plan, to eliminate or modify COVID-19 related actions/restrictions for unit personnel. The intent of this plan is to, within reason, resume business practices and operations back to a pre-COVID-19 state as much as possible when appropriate. Public and employee safety will remain the highest priority.

As of 5/08/20, the following Actions/Restrictions have been put in place by the UMT to protect the public and employees from contracting and or spreading COVID-19:

#	Action/Restriction
1	Voice out "Meets Criteria" for dispatched medical calls involving suspected COVID-19 Patients
2	Prohibit In-person formal classroom training or courses including inter-agency training or drills.
3	Prohibit Unit/battalion training / drills involving more than one engine company
4	Prohibit B occupancy and inspections outside of fire marshal duties
5	Prohibit 4291 Inspections
6	Prohibit Fire station tours
7	Prohibit Attending public events (e.g. farmers' markets, school programs, etc.)
8	Prohibit Eating at public establishments including coffee shop type visits excluding subsistence shopping and takeout food service.
9	Prohibit PCF's to respond Medical Aids calls, unless the ECC voices out unresponsive or CPR in progress on the dispatch.
10	PCF's must utilize the appropriate use of Personal Protective Equipment (PPE) and distance from the patients based on the type of incident.
11	PCF will only employ hands-on only CPR until a paid engine at scene.
12	ECC will not request auto aid from SLO for medical calls when the first due engine from FS21 or FS23 is responding from their districts.
13	For all medical-aid type calls, including Traffic Collisions, all personnel shall wear at a minimum: N95 mask, Eye protection, & Gloves
14	CAL FIRE response personnel will be screened at the beginning and end of every workday for fever and respiratory illness symptoms, by supervisor or designee wearing a face mask.
15	Access restriction to the ECC except for ECC staff, Duty Chief, and Operational Area Coordinator.
16	If an employee is presenting with any of the COVID-19 symptoms or has had a known exposure or prolonged contact with a COVID-19 positive individual, initiate the referral testing process.
17	Screening of all employees at the workplace for COVID-19 (non-response).
18	Employees must wear face coverings when in public
19	Vulnerable employees may telework at their discretion

As things continue to develop, this plan may be updated/modified. As an Action/Restriction is eliminated, the corresponding Temporary Directive will expire.

State Resilience RoadMap

California's six indicators for modifying the stay-at-home order are:

1. The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed;
2. The ability to prevent infection in people who are at risk for more severe COVID-19;
3. The ability of the hospital and health systems to handle surges;
4. The ability to develop therapeutics to meet the demand;
5. The ability for businesses, schools, and child care facilities to support physical distancing; and
6. The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary.

	Stage 2 Lower Risk Workplaces		Stage 3 Higher Risk Workplaces	Stage 4 End of Stay at Home Order
Overview	Creating opportunities for lower risk sectors to adapt and reopen. Regional variations allowed.		Open higher risk environments with adaptations and limits on size of gatherings.	Re-open highest risk workplaces with all indicators satisfied once therapeutics have been developed.
Businesses that may reopen <i>*Subject to change</i>	Early Stage <ul style="list-style-type: none"> • Curbside Retail (No in-store public activity) • Retail Supply Chain businesses including manufacturing and logistics sectors. 	Late Stage <ul style="list-style-type: none"> • Destination Retail • Dine-in Restaurants • Office Based Businesses • Schools and Childcare • Outdoor Museums/Open Gallery Spaces 	<ul style="list-style-type: none"> • Salons • Gyms/Fitness Studios/Gymnastics Studios • Body Art (Tattoo, Body Piercing, Permanent Cosmetics) • Bars/Lounges/Nightclubs • Indoor Museums/Kids Museums/Zoos/Libraries • Public Pools • Movie Theatres • Religious Services • Hotels/Lodging for Leisure and Tourism 	<ul style="list-style-type: none"> • Concerts • Convention Centers • Live Audience Sports • Other
CAL FIRE- SLU	<ul style="list-style-type: none"> • Eliminate Actions/Restrictions: 4&5 while maintaining social distance and wear face coverings • Modify Action/Restriction 2&3 to no more than three companies no more than 10 Personnel 	<ul style="list-style-type: none"> • Move to Operational Impact Level II • Modify Action/Restriction 15 to soften closure for those with business only 	<ul style="list-style-type: none"> • Eliminate Action/Restriction 2,3,8, • Modify Action/Restriction 2 to no more than 50 personnel 	<ul style="list-style-type: none"> • Consider moving to Operational Impact Level II • Eliminate Action/Restriction 7, 9, 10, 11, 12, 15, 17,18, 19 • Modify Action/Restriction 6 to allow with screening (same as #14) and with comfort of crew • Modify Action/Restriction 14 to once a day until employees receive a vaccine or show immunity through a serology test

San Luis Obispo County
Steps to Adapt and Reopen Together:
The SLO County START Guide

County of San Luis Obispo Public Health Department

[ReadySLO.org](https://www.readylo.org) | [RecoverCentralCoast.org](https://www.recovercentralcoast.org)

Project Collaboration

Authorized by the County of San Luis Obispo's Health Officer Penny Borenstein, MD, MPH

Expert Panel

The following are medical and public health experts who authored the START Guide:

Aydin Nazmi, PhD (Chair)
Kevin Ferguson, MD, FASCP
J. Trees Ritter, DO, FIDSA
Ann McDowell, MPH
Kathy Eppright, Esq.

Project Team

The following individuals supported and integrated with the expert panel, engaged stakeholders, developed a communications plan and synthesized inputs into attached guidelines:

Guy Savage, County of SLO	Andrew Hackleman, REACH
Melissa James, REACH	Whitney Szentesi, County of SLO
Carolyn Berg, County of SLO	Morgan Torell, County of SLO
Derek Johnson, City of SLO	Liz Pozzebon, County of SLO

Elected Panel

The following individuals steered the overall START Guide effort:

Bruce Gibson, District 2 Supervisor	Heather Moreno, Mayor of Atascadero
Lynn Compton, District 4 Supervisor	Caren Ray Russom, Mayor of Arroyo Grande

Business, Education, Faith, Community and other organization Stakeholder Leaders

The following stakeholder leaders convened nearly 250 representatives from local communities, businesses, faith organizations, education institutions and more; generating insights, inputs and ideas critical to how businesses and society can safely operate in the phases of reopening:

City of Paso Robles - Mayor Steve Martin, Tom Frutchey	Downtowns/Main Street - Bettina Swigger, Pat Arnold
City of Atascadero - Mayor Moreno, Rachelle Rickard	Education/Childcare - Courtney Kienow, Jeff
City of Morro Bay - Mayor Headding, Scott Collins	Armstrong, James Brescia, Jill Stearns, Kevin Walthers
City of San Luis Obispo - Mayor Harmon, Derek Johnson	Faith Institutions/Organizations - Tim Theule, Dan Dow
City of Pismo Beach - Mayor Waage, Jim Lewis	Agribusiness - Brent Burchett, Cara Crye
City of Arroyo Grande - Mayor Ray Russom, Jim Bergman	Building & Development - Loreli Cappel, Lenny Grant, Brad Brechwald
City of Grover Beach - Mayor Lee, Matt Bronson	Beverage Industry - Joel Peterson, Adam Firestone
City of Santa Maria - Mayor Patino, Jason Stilwell	Restaurants - Shanny Covey, Derek Kirk
Special Districts/Community Services Districts - Will Clemens	Lodging - Chuck Davison, Clint Pearce
Transportation - Pete Rodgers, Kevin Bumen	Knowledge & Innovation/Technology - John Townsend, Rick Stollmeyer, Cory Hy Karpin
Business/General/Chambers of Commerce - Jim Dantona, Erica Crawford, Gina Fitzpatrick, Jocelyn Brenann, Glenn Morris, Emily Reneau	Advanced Manufacturing - Ty Safreno
	Events, Venues, Attractions - Chuck Davison, Paul Letherman
	REACH - Ermina Karim, Matthew Woods

Executive Summary

Purpose: To create a science-based framework for SLO County residents, businesses, and organizations by which to reopen in a phased manner while prioritizing public health and protecting our most vulnerable populations.

The SLO County START Guide outlines the steps for reopening that can be safely taken in our community, balanced with the importance of resuming individual and economic activities as the COVID-19 epidemic evolves. Implementation measures will be developed based on this Guide by stakeholder groups representing public agencies, community groups, and business sectors.

The SLO County START Guide
Describes the conditions under which the County may begin to reopen institutions and businesses safely while prioritizing public health
Provides guidelines to limit the spread of COVID-19 and establishes tools and approaches to minimize future outbreaks once restrictions are loosened or lifted
Offers measurable decision points to identify how phased transitions can occur and which public health criteria might inform decisions to loosen or tighten restrictions in SLO County

In the absence of a COVID-19 vaccine or specific therapeutics to combat infected individuals, preventive strategies, such as the restrictions being implemented worldwide, are the most effective path to contain and mitigate the infection.

The SLO County START Guide draws on three main sources for its framework:

1. The Federal Government (Guidelines: Opening Up America Again);
2. The State of California (Roadmap to Modify the Stay-at-Home Order and Update on the Pandemic Roadmap); and
3. Resolve to Save Lives (RSL), a global health initiative that describes the “adaptive response” to the COVID-19 pandemic. Several points of consensus are evident from the sources reviewed. The summaries below take into account these commonalities, bridge their discrepancies, and provide the foundations for the SLO County START Guide.

It is challenging to predict when COVID-19 may reoccur in SLO County after the first epidemic wave. However, it is recommended that the County tighten restrictions or recommend preventive measures at the individual and institutional levels if infection rates or risk substantially increase. Data from other counties can also be used to assess risk and inform strategy.

The START Guide is supplemented by two accompanying documents:

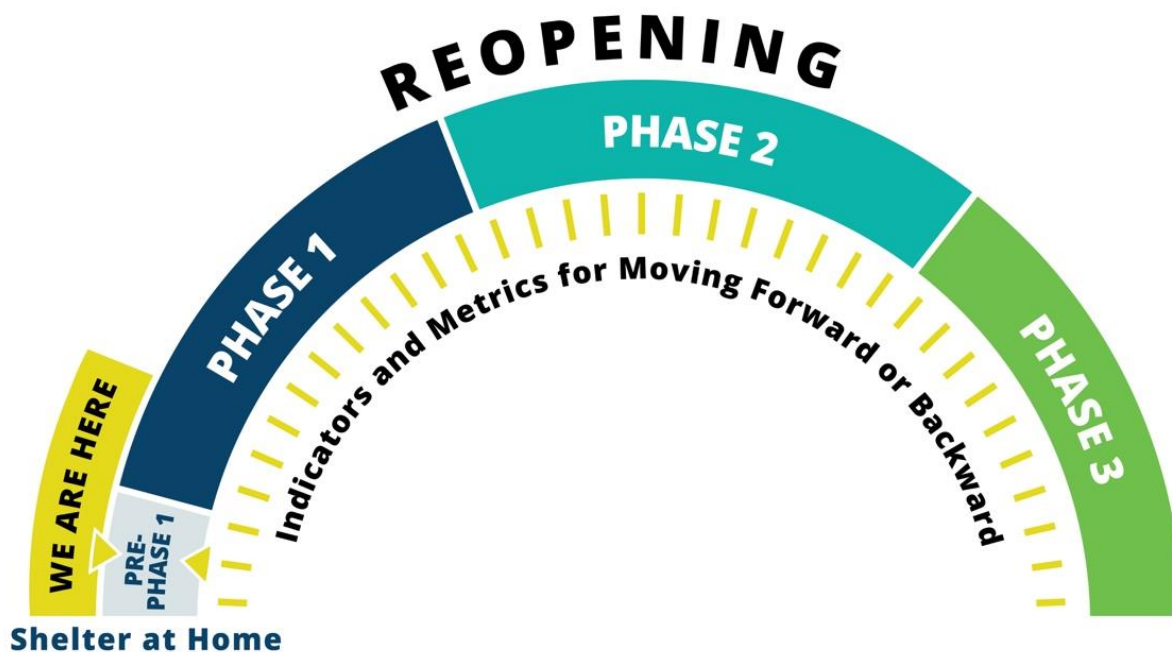
1. Standards and Guidelines for organizations and businesses
2. Status Report on SLO County Readiness to Meet California’s Six Indicators to Modify Stay-at-Home Order

Three unique factors warrant concern for SLO County as the epidemic evolves:

1. The popularity of SLO County as a tourist destination. It is likely that tourism, especially from other California regions, including some epidemic hot spots, will increase as people tire of stay-at-home orders and the weather warms.
2. The influx of a significant number of college students who have spent time outside of the area and potentially returning with COVID-19 with or without symptoms. Cal Poly, with a student population of 22,000, could increase risk at the community level, as could, to a lesser extent, Cuesta College.
3. A lack of immunity among the majority of residents given a relatively low prevalence of COVID-19 during the first wave as compared to other areas of California.

An influx of visitors and students, increased public congregation, and lack of immunity could significantly increase risk for COVID-19 in the county. As such, a second epidemic wave of the COVID-19 outbreak could be larger, infecting more people than the first.

When to reopen and the importance of data. The figure below portrays the spectrum of reopening, from the Stay-at-Home Order through the three phases of reopening. Indicators and metrics for moving forward or backward are outlined in Tables 3 and 4. Loosening of restrictions will be phased in gradually and based on local data. Subsequently, data will be continually monitored for signs of a substantial spike in new infections or a new epidemic curve, in which case restrictions may be reinstated.



Both patient *outcomes* (i.e. new infections, admissions, deaths) and system *capacity* (i.e. facilities, personnel, ability to trace contacts) will be drivers of county guidelines to loosen or tighten restrictions. To protect public health, it is critical that loosening of preventive measures be retightened when local or regional data suggest worsening of key parameters.

These guidelines are intended to be instructive, not prescriptive, and no criteria by itself should be an automatic trigger for action. Rather, the set of factors described below may be utilized and interpreted based on patterns evident in the community. It should be noted that any reopening may be associated with an unpredictable amount of risk. However, given existing scientific evidence and analysis of SLO County's risk profile, these guidelines are proportionate, and should be utilized in the context of the adaptive response in the event of worsening criteria.

It is critical that all members of our community commit to implementing the phased preventative strategies outlined in this plan and be prepared to adapt to retightening of these preventative measures if necessary. A successful reopening will depend on everyone in our community doing their part.

START Guide Framework

Move to **Phase One** when Stay-at-Home Order is lifted or modified AND criteria have been met for 14 days.

Move to **Phase Two** when criteria are met for at least 30 days (Table 3), and then to **Phase Three**, when criteria are met for another 30 days (Table 3).

Move to the **previous Phase** when **one or more criteria** in at least two different categories substantially worsens (Table 4).

CATEGORIES OF CRITERIA

Epidemiology: Criteria related to number of cases and deaths

Healthcare: Criteria related to capacity to screen patients, staff and stock hospitals, and accept patients

Public Health: Criteria related to quick testing, contact tracing, and other critical infrastructure

	All Phases	Phase One Day 1 (if threshold criteria met)	Phase Two Day 30 (if threshold criteria met)	Phase Three Day 60 (if threshold criteria met)
Individuals	Continue to practice good personal hygiene Stay home when sick Protect vulnerable populations	Vulnerable populations continue to stay at home Physical distancing Masks recommended in public when physical distancing is difficult Monitor symptoms Gatherings of no more than 10 people Minimize non-essential travel	Vulnerable populations continue to stay at home Physical distancing Masks recommended in public when physical distancing is difficult Gatherings of no more than 50 people Minimize non-essential travel	Vulnerable populations can resume public interactions, but should practice physical distancing and minimizing exposure Physical distancing eased Gatherings with restrictions on numbers of people TBD Low-risk populations should consider minimizing time spent in crowded environments
All institutions & businesses*	Adhere to START Standards and Guidelines for: Physical distancing, protective equipment, sanitation, disinfection, and business travel	Partial/phased/modified reopening under <u>strict operating standards</u> for distancing, sanitation, hygiene Continue to support telework Ensure enough hand sanitizer and/or hand washing stations at strategic locations Close common or congregation areas at workplaces and/or enforce strict operating standards Strongly consider special accommodations for personnel who are vulnerable Minimize non-essential travel	Remain open under <u>modified operating standards</u> for distancing, sanitation, hygiene Continue to support telework Ensure enough hand sanitizer and/or hand washing stations at strategic locations Close common or congregation areas at workplaces and/or enforce modified operating standards Strongly consider special accommodations for personnel who are vulnerable Minimize non-essential travel	Resume unrestricted staffing and operations Most institutions and businesses fully reopen
Specific types of institutions & businesses*	Do not allow symptomatic people to return to work	General businesses (e.g. retail, manufacturing, personal care, hair/nail salons, barbers, body art) phased/partial reopening Specific sectors: (e.g., restaurants, movie theaters, museums, places of worship) phased/partial reopening K-12 schools partial reopening (summer/special ed classes only) Parks, playgrounds, and campgrounds modified reopening Fitness (e.g. gyms, pools) modified reopening Beaches, outdoor activities remain open with modifications Health-care – non-urgent surgeries and office visits can resume, when healthcare facilities and hospitals ready	K-12 schools, child care centers and summer camps modified reopening Massage, spa services modified reopening Post-secondary institutions TBD	Post-secondary institutions modified reopening Clubs, lodges, and meeting halls fully open Large entertainment and sporting venues modified reopening Visits to senior facilities and hospitals can resume with strict physical distancing protocols

*Refer to The START Standards and Guidelines

County of San Luis Obispo Public Health Department

[ReadySLO.org](https://www.readylo.org) | [RecoverCentralCoast.org](https://www.recovercentralcoast.org)

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Glossary

Adaptive response	The process by which key indicators may be used to inform change in strategy, such as moving forward or backward along phases
COVID-19	Abbreviated name for the disease caused by SARS-CoV-19
Epidemic	A widespread occurrence of a disease in a community at a particular time
Epidemic curve	A visual display of the frequency of new cases over time based on the date of onset of a disease
Epidemiology	The study of epidemics, or the distribution and determinants of diseases
Framework	A system of rules, ideas, or beliefs that is used to plan or decide something
Indicators	Variables that can be measured and compared against a standard
Mitigation	The act of reducing the severity or seriousness of something
Pandemic	A disease that is spread over the world
Public health	The health of the population or community as a whole, especially as the subject of government regulation or support
Quarantine	A state or period of isolation in which people who may have been exposed to a virus are placed
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 of the genus Betacoronavirus, the causative agent of COVID-19, the novel coronavirus
Stay-at-Home Order	The order from the State of California to remain at home whenever possible in order to prevent spread of COVID-19; also referred to as “shelter-at-home” or “shelter-in-place,” although they are not strictly the same
Vulnerable	Individuals who are at increased risk or especially susceptible to infection

SECTION 1. Introduction to the SLO County START Guide

Purpose

To create a science-based framework for SLO County residents, businesses, and organizations by which to reopen in a phased manner while prioritizing public health and protecting our most vulnerable populations.

Background

Due to the SARS-CoV-2 (COVID-19) pandemic, California Governor Gavin Newsom issued Executive Order N-33-20 ("Stay-at-Home" Order) on March 19, 2020, mandating that, until further notice, all Californians "stay home or at their place of residence" except for some limited activities with exceptions for "[essential critical infrastructure workers](#)."

A plan for reopening our community is important for policy makers, health workers, employers, and other sectors of society to provide clarity and a framework for safely lifting or modifying public health orders. **The SLO County START Guide** outlines the steps for reopening that can be safely taken in our community, balanced with the importance of resuming individual and economic activities as the COVID-19 epidemic evolves (**Table 1**). **Implementation measures will be developed based on this Guide** by stakeholder groups representing public agencies, community groups, and business sectors. The SLO County START Guide is intended to be a **living document that remains dynamic with the evolution of the epidemic and emergence of new data**.

TABLE 1. FUNCTIONS OF THE SLO COUNTY START GUIDE.

The SLO County START Guide
Describes the conditions under which the County may begin to reopen institutions and businesses safely while prioritizing public health
Provides strategies to limit the spread of COVID-19 and establishes tools and approaches to minimize future outbreaks once restrictions are loosened or lifted
Offers measurable decision points to identify how phased transitions can occur and which public health criteria might inform decisions to loosen or tighten restrictions in SLO County

The START Guide: Integrating Frameworks

The Guide draws from and integrates three main sources (**Table 2**). While these sources contain many points of agreement, some variation is evident. The expert panel conducted a thorough analysis of these sources and the relevant scientific literature to produce a **customized framework for SLO County based on baseline COVID-19 data, anticipated and emerging risk factors, and the region's unique characteristics**.

The sections of the Guide are described below:

- **Section 2, Summary of Frameworks**, describes the key elements from each of the three frameworks in their original iteration, without alterations or adaptations.
- **Section 3, Integrated Summary**, shows guidelines and their potential application to SLO County in light of county characteristics and current data.
- **Section 4, State and County Considerations**, highlights factors that are relevant to SLO County based on state data, local issues, and projections for the pandemic.
- **Section 5, Recommendations**, makes specific recommendations for the county, its entities, and stakeholders, based on an integrated adaptation of the available evidence and frameworks. The recommendations take into account their commonalities, bridge discrepancies, and provide the foundations for implementation and policy approaches.

TABLE 2. MAIN SOURCES CONTRIBUTING TO THE SLO COUNTY START GUIDE FRAMEWORK. SEE ALSO APPENDICES.

Entity	Document/s	Release Date (2020)
U.S. Federal Government	Guidelines: Opening Up America Again	April 16
State of California	California's Roadmap to Modify the Stay-at-Home Order & Update on the Pandemic Roadmap	April 14 & 28
Resolve to Save Lives (RSL), an Initiative of Vital Strategies	When and How to Reopen After COVID-19	April 1

Most of the recommendations and benchmarks from these sources are applicable at the county level and many of the criteria and guidelines are similar. This START Guide adapts and integrates their content in the context of demographic, geographic, and other characteristics of SLO County in light of the evidence to date.

It should be noted that California State orders supersede County guidelines and as such, the recommendations of this Guide are contingent on the State reopening, or at least initiating a sequence for modifying orders. If and when local or county discretion are permitted, it is anticipated that this Guide may help inform strategy and policy.

"Decisions to reopen should not be about a date but about the data."

-Dr. Tom Frieden, CEO of Resolve to Save Lives and former Director of the CDC

In the absence of a COVID-19 vaccine or specific therapeutics to combat infected individuals, preventive strategies, such as the restrictions being implemented worldwide, are the most effective path to contain and mitigate the infection.

The standard preventive measures form the basis of our current approach to the pandemic and will continue, but gradually loosen, as we reopen society to its "normal" functioning. It is important to note that decisions regarding loosening restrictions must be made in light of local data and should be viewed as temporary during times of decreased risk and remain fluid in response to changing

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public health and healthcare variables, as it is difficult to predict secondary waves of outbreaks or localized resurgences. Preventive measures should be retightened when local data suggest that disease spread has significantly increased, may do so, or that disease severity is worsening. As such, it is fundamental to continually reevaluate benchmarks, maximize local capacity to collect and share data related to the outbreak, and remain open and nimble to adjusting local guidelines and restrictions.

SECTION 2. Summary of Frameworks

The key elements, in their original iteration, from each of the three sources used to develop the SLO County START Guide appear below.

I. [Federal guidelines](#) for phased reopening were released, but the administration made it clear that Governors would have discretion to determine reopening criteria and timelines in their own states. The guidelines emphasize a phased reopening based on data at the state and county levels, so-called “gating” criteria (**Appendix 1**). Guidelines in each Phase for individuals, employers, and specific types of employers appear in **Appendix 2**. Federal guidelines also call for all Phases to include continuation of good personal hygiene practices and staying at home when sick for individuals. For employers, all Phases also include implementing appropriate policies in accordance with authorities and best practices related to physical distancing, protective equipment, sanitation, disinfection, business travel, and not allowing symptomatic people to return to work.

II. The State of California has released two main documents outlining the general strategy for reopening but has not indicated a timeline for lifting or modifying the Stay-at-Home Order. First, the State outlined **six criteria to be used as a [framework](#) (Appendix 3) for decision making related to reopening:**

- 1) The ability to monitor and protect communities through **testing, contact tracing, isolating** and supporting those who are positive or exposed
- 2) The ability to **prevent infection in people who are at risk** for more severe COVID-19
- 3) The ability of the hospital and health systems to **handle surges**
- 4) The ability to **develop therapeutics** to meet the demand
- 5) The ability for businesses, schools, and childcare facilities to **support physical distancing**
- 6) The ability to determine when to **reinstitute certain measures**, such as the stay-at-home orders, if necessary

San Luis Obispo County has issued a statement to the State entitled, “**SLO County’s Readiness to Meet California’s Six Indicators for Modifying the Stay-at-Home Order**,” which outlines steps it has taken to align with the criteria above in the context of the START Guide (Supplemental Document 2).

The State also released an [Update on the Pandemic Roadmap](#) (**Appendix 4**) that describes “**Resilience Roadmap Stages**” whereby lower and higher risk workplaces are reopened sequentially:

Stage 1- Safety and Preparedness (current stage, as of April 30, 2020)

Stage 2- Creating opportunities for lower risk sectors to adapt and reopen

Stage 3- Creating opportunities for higher risk sectors to adapt and reopen

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Stage 4- End of Stay-at-Home Order

III. Resolve to Save Lives (RSL), an Initiative of Vital Strategies describes the “**adaptive response**” to the COVID-19 pandemic, represented in Figure 1.

The RSL report contains detailed criteria by which to loosen and tighten restrictions. Namely, it emphasizes three sub-categories of criteria, all of which have measurable benchmarks:

1. Epidemiology (five variables)
2. Healthcare (seven variables)
3. Public health (six variables)

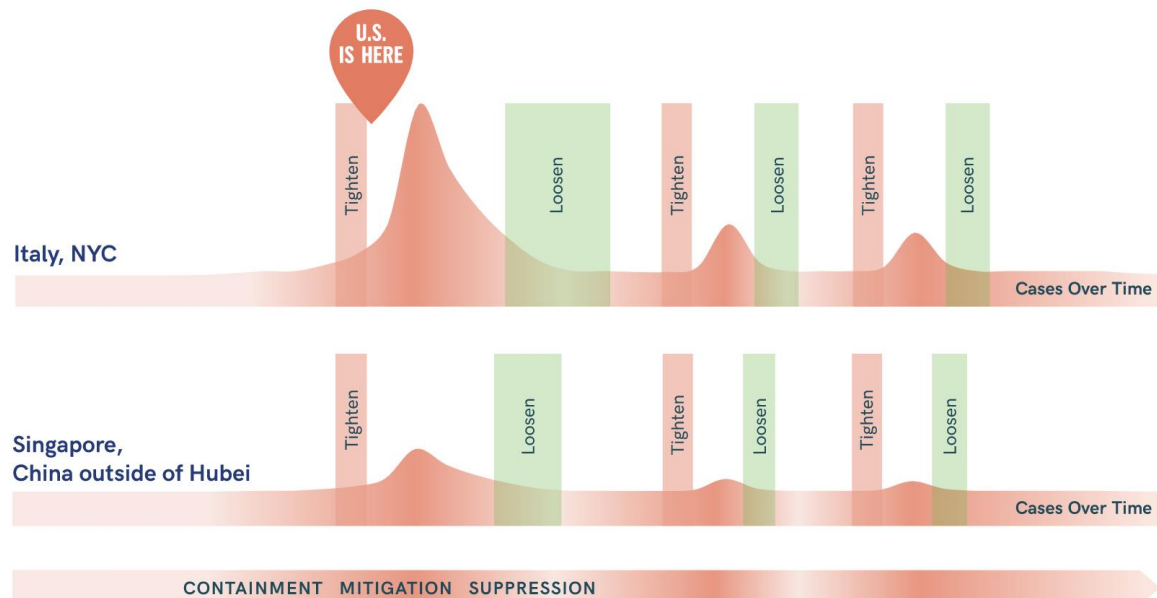


FIGURE 1. THE ADAPTIVE RESPONSE TO COVID-19. (REPRODUCED FROM RESOLVE TO SAVE LIVES)

The RSL report indicates that COVID-19 physical distancing measures can be loosened when all of 18 criteria are met (Appendix 5). Once these criteria are met, loosening restrictions can happen over time to reopen (Appendix 6). Strict mitigation measures are needed when one or more criteria in at least two of three columns are met (Appendix 7). If the criteria are met, tightening of restrictions should occur (Appendix 8). The report underscores that retightening restrictions should remain an option for the foreseeable future.

It is important to note that the availability and fidelity of local data would be fundamental to objective assessment against the criteria.

The RSL guidelines are the most detailed of the three sources. In conjunction with federal and state frameworks, the report provides an instructive model for which to develop customized criteria and guidelines for SLO County.

"If we lift too early, the pandemic can take hold again. And that itself is very bad for the economy." -Emil Verner, MIT Economist, co-author of "Pandemics Depress the Economy, Public Health Interventions Do Not: Evidence from the 1918 Flu."

SECTION 3. Integrated Summary

Several points of consensus are evident from the sources reviewed. The summaries below take into account these commonalities, bridge their discrepancies, and provide the foundations for the **Recommendations** section.

When to reopen and the importance of data. It is clear that **loosening of any restrictions should be phased in gradually and based on local data.** Subsequently, **data must be continually monitored** for signs of regression or a new epidemic curve, in which case restrictions may be reinstated (**Figure 2**).

Timing. Before easing any restrictions, there must be:

- Capacity to test 100% of symptomatic individuals unless definable as "**probable case**" per CDC definition
- At least 90% of contacts traced and tested if symptomatic
- No significant increase in disease prevalence for at least 14 or up to 30 days
- A continued decline or no significant increase in COVID-19 deaths for at least 14 or up to 30 days
- Decreasing healthcare worker infections such that they are rare
- Sufficient capacity in the healthcare system (ability to staff, screen, test, sufficient PPE for workers) and ability to surge by at least 30% quickly

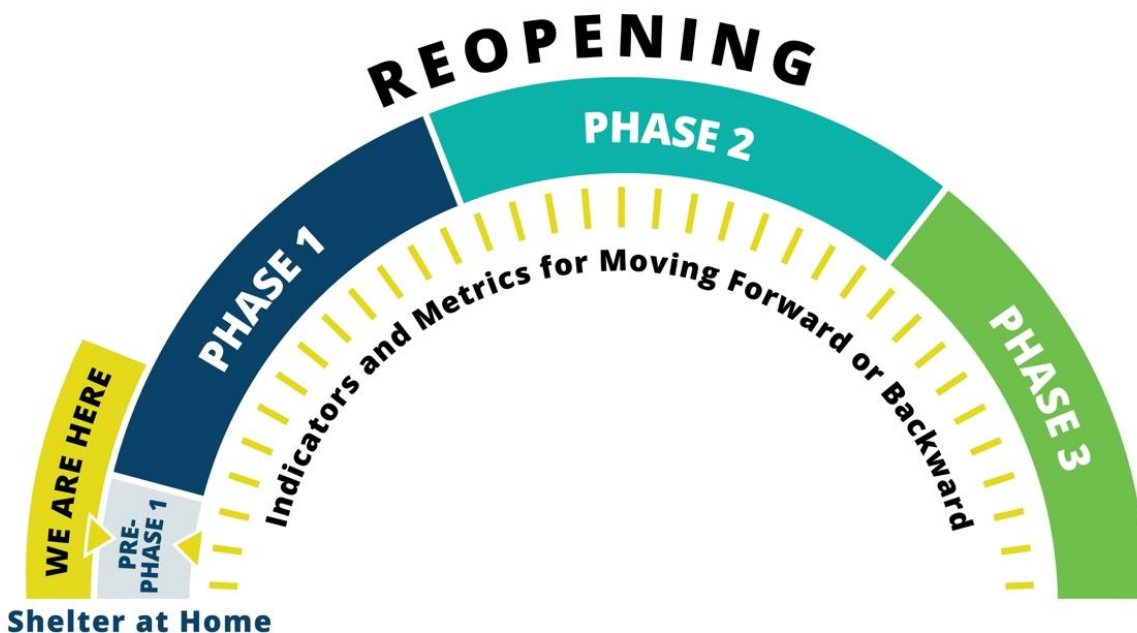


FIGURE 2. THE SPECTRUM OF REOPENING, FROM THE STAY-AT-HOME ORDER THROUGH THE THREE PHASES OF REOPENING. INDICATORS AND METRICS FOR MOVING FORWARD OR BACKWARD ARE OUTLINED IN TABLES 3 AND 4.

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The federal guidelines outlined 14-day periods before moving to the next Phases of reopening whereas the RSL report indicated 30 days. The SLO County START Guide uses the former to enter Phase One and the latter to enter Phases Two and Three. The reason for this is to develop a period of relative constancy for one month (in Phase One) after partial reopening to allow the consequent risk profile of the county to stabilize.

Loosening of restrictions. It should be made clear to the public that loosening of restrictions should be viewed as temporary. That is, even after restrictions are loosened, they **could be retightened** to varying degrees if the situation warrants. It should also be understood that **loosening of restrictions will be phased in gradually**, as not to give the impression that everything will return to “normal” immediately. State of California orders and guidelines, and those from other entities such as the California State University Chancellor’s Office, may also impact the dynamics of loosening and tightening restrictions in SLO County.

Phases. A phased reopening framework for the SLO START Guide is described below in general terms. Detailed criteria appear in **Section 5, Recommendations**.

- **Phase One** of reopenings should take place in venues and environments that are subject to manageable protocols for physical distancing and other preventive measures.
- **Phase Two** can begin 30 days after initiation of Phase One if the criteria to ease restrictions have not worsened or if they have improved. Further loosening of restrictions may include partial or phased reopenings not covered in Phase One, and further easing of restrictions on institutions covered in Phase One.
- **Phase Three** can begin 30 days after initiation of Phase Two if the criteria to ease restrictions have not worsened or if they have improved, or alternatively, if a vaccine becomes available and widely administered locally. In this Phase, all institutions and businesses reopen, and most types of gatherings may recommence. Physical distancing in Phase Three may also be eased.

Until such time that a vaccine is developed and widely available, the adaptive response (Figure 1) is recommended as a way to prevent infections and protect the public’s health.

Preventive strategies. It should be noted that some preventive actions should continue indefinitely. For example:

- Personal hygiene (washing hands frequently, covering coughs, staying at home when ill, using face masks in public when ill)
- Vulnerable individuals such as the elderly and those with pre-existing conditions should stay at home, self-isolate, or be cared for whenever possible. For infected patients who cannot be safely cared for at home (or if unhoused), designated facilities should be provided.
- Isolation of cases and quarantine of case contacts
- Quarantine of travelers from high-infection areas

Using data to inform strategy. Both patient *outcomes* (i.e. new infections, admissions, deaths) and system *capacity* (i.e. facilities, personnel, ability to trace contacts) may be drivers of County guidelines to loosen or tighten restrictions. It is critical to retighten restrictions when local or regional data show an increase in new infections or worsening of other key parameters.

It is challenging to predict when COVID-19 may reoccur in SLO County after the first epidemic wave. However, it is recommended that the County tighten restrictions or recommend preventive measures at the individual and institutional levels if infection rates or risk substantially increase. Data from other counties can also be used to assess risk and inform strategy.

SECTION 4. State and County Considerations

To date, the State of California has fared relatively well in the COVID-19 pandemic due to early and aggressive preventive measures.

Notwithstanding, as of April 28, the state has about 45,000 confirmed COVID-19 cases (out of a total of nearly 580,000 lab tests conducted) and an overall death rate of 4.0% (Figure 3) among confirmed cases.

Within the state, counties with relatively low population density and those geographically isolated from large urban centers have mostly been spared high infection rates.

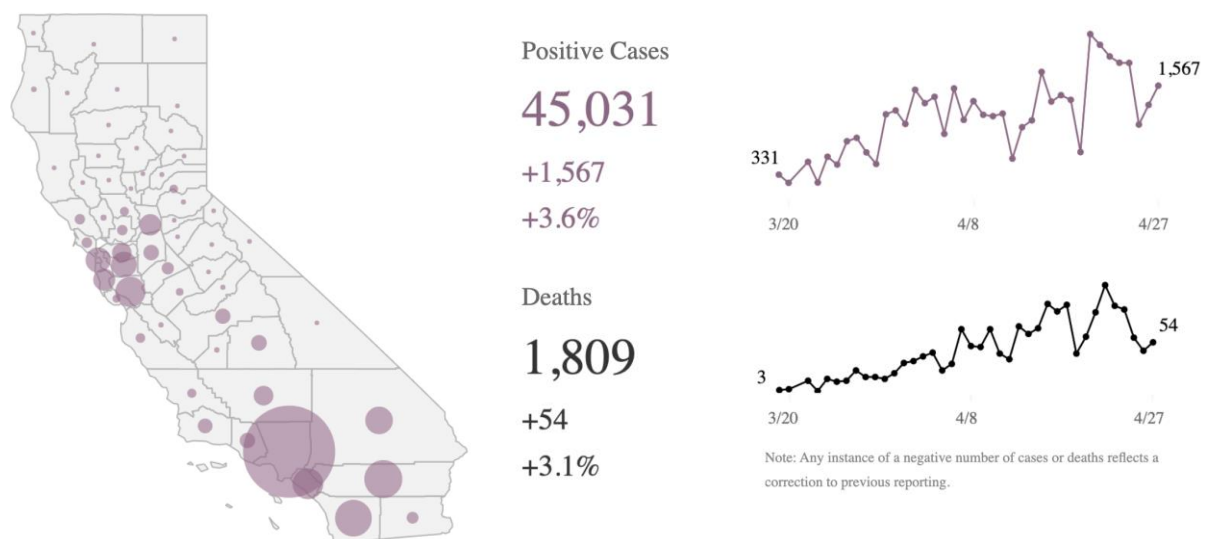


FIGURE 3. COVID-19 CASES IN CALIFORNIA, REFLECTING 45,031 CONFIRMED CASES AND 1,809 DEATHS. STATE OF CALIFORNIA PUBLIC DATASET. DATA FROM APRIL 28, 2020.

In line with this, SLO County has experienced a relatively low infection rate and as of April 30, 2020, the total number of infections stands at 184 with only one death and minimal hospitalizations (**Figure 4**). The number of new infections in the county is currently low, approximately 3 per day. However, the county's proximity to Los Angeles County, the current state epicenter of the outbreak with more than 20,000 confirmed cases, is concerning, especially as SLO County is on a well-traveled thoroughfare to and from Southern California.

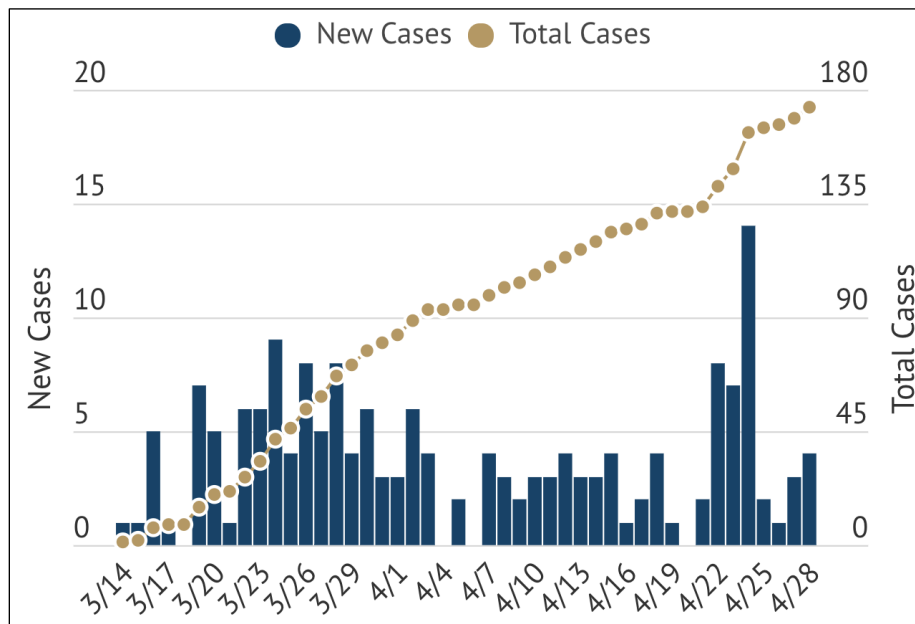


FIGURE 4. COVID-19 CASES IN SAN LUIS OBISPO COUNTY (184 CONFIRMED CASES AND 1 DEATH.)
COUNTY OF SAN LUIS OBISPO PUBLIC DATASET. DATA FROM APRIL 30, 2020.

Epidemics of communicable diseases tend to occur in waves, whereby a second or even third outbreak causes a spike in infection rates several months following the first wave (Figure 1).

Three main points of concern associated with the anticipated multiple waves of COVID-19 warrant attention:

- It is possible that the second epidemic wave of the COVID-19 outbreak could occur between summer and fall 2020. **That outbreak could be larger, infecting more people than the first.** This is especially possible when preventive measures are loosened following the first epidemic curve and Cal Poly resumes on-campus instruction and activities.
- It is estimated that by June 2020, **the grand majority of Americans will still be susceptible to the virus.** It is not expected that a COVID-19 vaccine will be in circulation in the near future. This suggests that infection rates in subsequent waves will not necessarily be lower than in the first wave, as often assumed, nor will individual-level risk of infection.
- COVID-19 antibody (or immunity) tests to identify individuals who were infected and recovered are not yet widely available nor is it known when they will be. It is also unknown whether those infected with SARS-CoV-2 can be reinfected or how long immunity will last. As such, **it will not be possible to identify which persons may be considered immune over an extended period of time.**

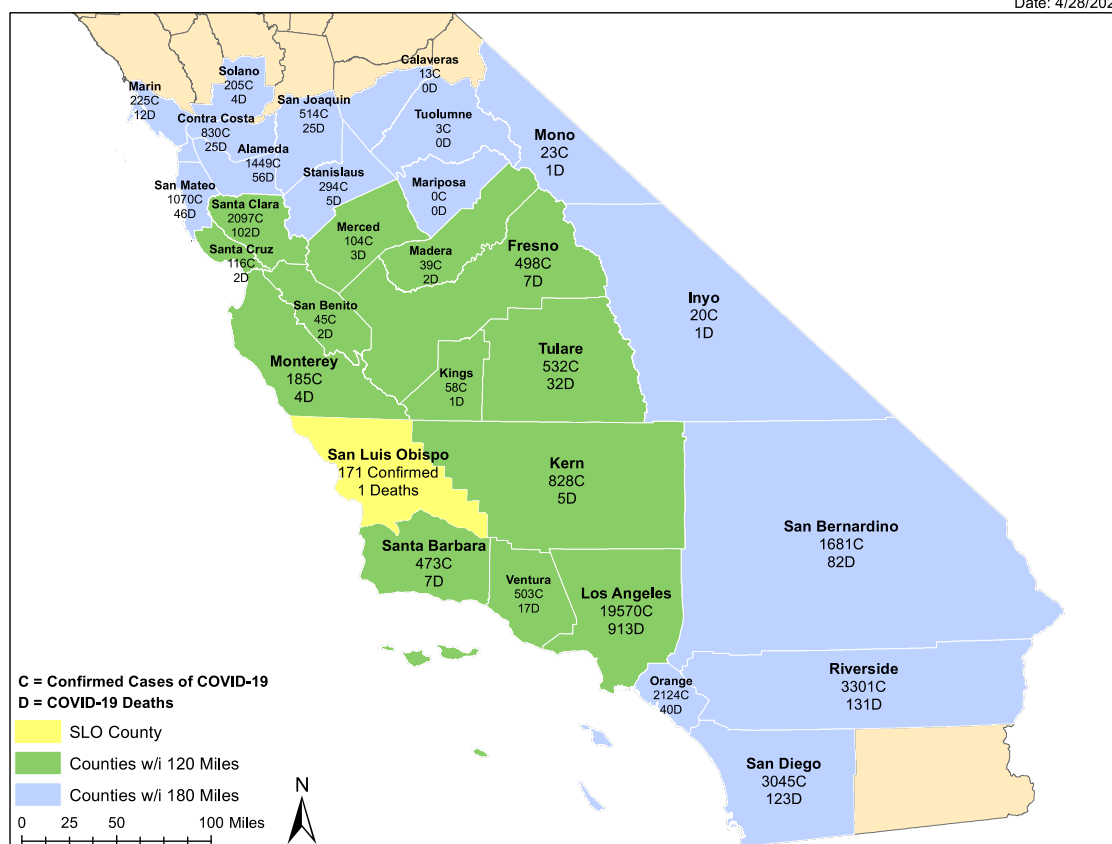


FIGURE 5. COVID-19 CASES AND DEATHS IN CALIFORNIA COUNTIES, SHOWING SLO COUNTY RELATIVE TO NEIGHBORING COUNTIES. DATA FROM APRIL 27, 2020.

Additional unique factors warranting consideration for SLO County include the following:

1. **The popularity of SLO County as a tourist destination.** It is likely that tourism will increase, albeit not likely to previous years' levels, as people tire of stay-at-home orders and the weather warms. It is also possible that visitors may perceive SLO County to be a low-risk travel destination (i.e. due to low population density and low infection rate), potentially making it a more attractive destination than the more urban regions of Northern or Southern California. (Figure 5)
2. **The influx of a significant number of college students** spending time outside of the area and potentially returning with COVID-19 with or without symptoms. With student populations of 11,500 and 22,000, respectively, Cuesta College and Cal Poly could significantly increase risk for the county population for three reasons: a) The sheer number of students coming into the city and county, b) The range of locations that students would be coming from include a number of state and national infection hot spots, and c) Likelihood of congregation in restaurants, bars, gyms, beaches, and on campus.
3. **A lack of immunity among a majority of residents** given a relatively low prevalence of COVID-19 during the first wave as compared to other areas of California. Although SARS-CoV-2 antibody (or immunity) tests may soon be available which will assist in identifying individuals who have been infected, recovered and potentially have at least short-term immunity, the performance characteristics of these tests and the durability of any conferred immunity has yet to be determined.

SECTION 5. Recommendations

The SLO County START Guide characterizes the timing and features of a phased reopening drawn from a combination of the federal guidelines, the State of California framework and Pandemic Roadmap, and criteria from RSL. Contextual factors specific to SLO County, including COVID-19 and health system data, were taken into consideration when producing the recommendations.

Businesses that have remained open through the epidemic per State and County guidelines are not affected by these guidelines. These guidelines are intended to be **instructive, not prescriptive, and no criteria by itself should be an automatic trigger for action**. Rather, the set of factors described below may be utilized and **interpreted based on patterns** evident in the community. It should be noted that **any reopening may be associated with an unpredictable amount of risk**. However, given existing scientific evidence and analysis of SLO County's risk profile, these guidelines are proportionate but should be utilized in the context of the **adaptive response** in the event of worsening criteria.

The START Standards and Guidelines (Supplemental Document 1) provides best practices that should be followed by all institutions and businesses in all Phases of reopening. Certification and acknowledgement of operating standards by institutions and businesses may be required.

TABLE 3. ADAPTED GUIDELINES FOR LOOSENING RESTRICTIONS, BY COLUMNS (CATEGORIES).

Epidemiology	Healthcare	Public health
<ul style="list-style-type: none"> ✓ No significant increase in disease prevalence for at least 14 days ✓ Decreasing proportion of cases not linked to a source case ✓ No significant increase in deaths ✓ Health care worker infections rare 	<ul style="list-style-type: none"> ✓ Ability – including staffing – to increase up to 30% number of patients treated in intensive care units from current census ✓ Ability – including staffing – to screen large numbers of symptomatic patients safely (e.g., outdoor tents, drive through) ✓ Sufficient PPE for all health care workers even if cases increase by 30% ✓ Sufficient face masks to provide to all patients seeking care even if cases increase by 30% ✓ Ensure at least baseline capacity in general health services, including through expansion of telemedicine for COVID-19 and usual care ✓ Health care facilities enforce policies and redesign to minimize possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ All cases interviewed for contact elicitation ✓ Contacts elicited for at least 90% of cases ✓ 100% of symptomatic contacts and others with symptoms undergo testing within 24 hours of identification of symptoms, unless definable as “probable case” per CDC ✓ Enough hand sanitizer to place at entry and strategically placed in buildings including workplaces ✓ Designated facilities for non-hospitalized COVID-19-infected people who can’t be safely cared for at home (e.g., because of space constraints, homelessness, medically vulnerable household members, or otherwise) ✓ Demonstrated ability to convey physical distancing recommendations that change behavior in most residents

Phase One

In Phase One, many businesses and institutions may reopen partially or in a modified manner, subject to compliance with County orders. This may commence following the lifting or modification of the California Stay-at-Home Order if the guidelines in Table 3 have been met for the preceding 14 days.

- 1) **Continue for individuals, institutions, and businesses**
 - a. Physical distancing measures at all venues and all times
 - b. Personal preventive hygiene and quarantine/isolation measures
 - c. Use of face coverings and masks in public especially when physical distancing is difficult or not possible
 - d. Monitoring of symptoms
 - e. Protection for vulnerable populations such as the elderly
- 2) **Individuals**
 - a. **Gatherings should be limited to 10 people**, physical distancing maintained as much as possible
 - b. Minimize non-essential travel
- 3) **All institutions and businesses**
 - a. **The START Standards and Guidelines best practices should be followed by all institutions and businesses in all Phases of reopening**
 - i. Required certification and acknowledgement of operating standards
 - b. Must adhere to strict operating standards for personal hygiene, sanitation of facilities and equipment, and physical distancing
 - c. Continue to support telework
 - d. Ensure enough hand sanitizer or hand washing stations at strategic locations
 - e. Close common or congregation areas at workplaces, and/or enforce strict physical distancing measures
 - f. Strongly consider special accommodations for personnel who are vulnerable
 - g. Minimize non-essential travel
- 4) **Specific types of institutions and businesses**
 - a. **Phased or partial reopening: General businesses, such as retail stores, offices, manufacturing, personal care services, hair/nail salons, barbers, and body art facilities**
 - i. May reopen only when physical distancing measures may be strictly enforced, masks or face coverings are worn when distancing not possible, limiting the number of clients in the establishment such as by instating an appointments-only policy or other modifications
 - b. **Phased or partial reopening: Sector specific businesses and institutions, such as restaurants, movie theaters, museums, and places of worship can operate under strict operating standards**
 - i. May reopen only when operating standards for physical distancing, personal hygiene, and sanitation of facilities and equipment can be enforced. Includes rearranging seating, limiting the number of people in the establishment, masks or face coverings for staff who come into close contact with others, and other procedures

- c. **Partial reopening: K-12 schools (summer school and special education classes only)**, with strict operating standards for personal hygiene, sanitation of facilities and equipment, and other preventive measures
- d. **Modified reopening: Fitness, such as gyms, exercise facilities or studios, and public swimming pools and public spa pools**, with strict operating standards for personal hygiene, sanitation of facilities and equipment, and physical distancing
- e. **Modified reopening: Parks and playgrounds**, with operating standards for personal hygiene, and sanitation of facilities and equipment
- f. **Remain open: Beaches, hiking and biking trails, and other outdoor activities** with operating standards for personal hygiene, and sanitation of facilities and equipment
- g. **Modified reopening: Campgrounds**, with strict operating standards for personal hygiene, sanitation of facilities and equipment, physical distancing, and other preventive measures
- h. **Resume: Health Care** including non-urgent surgeries when health care facilities and hospitals ready with sufficient staffing and PPE
- i. **Still closed: Body massage, steam or sauna facilities, events, venues and attractions that gather more than 10 non-household members, post-secondary institutions, and visits to senior facilities and hospitals**

Phase Two

If guidelines in Table 3 continue to be met for a minimum of an additional 30 days at the county level, some further restrictions may be loosened, and loosened restrictions from Phase One may be slightly eased, subject to compliance with County orders.

1) Continue for individuals, institutions, and businesses

- a. Physical distancing measures at all venues and all times
- b. Personal preventive hygiene and quarantine/isolation measures
- c. Use of face coverings and masks in public especially when physical distancing is difficult or not possible
- d. Monitoring of symptoms
- e. Protection for vulnerable populations such as the elderly

2) Individuals

- a. Gatherings should be limited to 50 people, physical distancing maintained as much as possible
- b. Minimize non-essential travel

3) All institutions and businesses

- a. **The START Standards and Guidelines best practices should be followed by all institutions and businesses in all Phases of reopening**
 - i. Required certification and acknowledgement of operating standards
- b. **Must adhere to modified operating standards** for personal hygiene, sanitation of facilities and equipment, and physical distancing standards
- c. Continue to support telework
- d. Ensure enough hand sanitizer or hand washing stations at strategic locations
- e. Modified reopening of common or congregation areas at workplaces, with operating standards for use by staff

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- f. Strongly consider special accommodations for personnel who are vulnerable
- g. Minimize non-essential travel
- 4) **Specific types of institutions and businesses**
 - a. **Remain open: General businesses**, such as retail stores, offices, manufacturing, personal care, hair/nail salons, barbers, and body art facilities.
 - i. Modified operating standards for personal hygiene, and sanitation of facilities and equipment. Limiting number of people inside establishment may be eased under certain circumstances.
 - b. **Remain open: Sector specific businesses and institutions**, such as restaurants, movie theaters, museums and places of worship
 - i. Modified operating standards for personal hygiene, and sanitation of facilities and equipment. Limiting number of people inside establishment may be eased under certain circumstances.
 - c. **Modified reopening: K-12 schools, childcare centers, and summer camps (summer/special education classes only)** with operating standards for personal hygiene, sanitation of facilities and equipment, and other preventive measures
 - d. **Remain open: Fitness**, such as gyms, exercise facilities or studios, and public swimming pools and public spa pools, with modified operating standards for personal hygiene and sanitation of facilities and equipment.
 - e. **Modified reopening: Body massage and steam or sauna facilities** with operating standards for personal hygiene, sanitation of facilities and equipment, and other preventive measures
 - f. **Remain open: Parks, playgrounds, beaches, hiking and biking trails, campgrounds, and other outdoor activities**, with modified operating standards for personal hygiene, sanitation of facilities and equipment
 - g. **TBD: Post-secondary institutions**
 - h. **Still Closed: Events, venues and attractions that gather more than 50 individuals; and visits to senior facilities and hospitals**

Phase Three

If guidelines in Table 3 continue to be met for a minimum of an additional 30 days at the county level, some further restrictions may be loosened, and loosened restrictions from Phase Two may be further eased, subject to compliance with County orders.

- 1) **Continue for individuals, institutions, and businesses**
 - a. Personal preventive hygiene and quarantine/isolation measures
 - b. Monitoring of symptoms
 - c. Protection for vulnerable populations
- 2) **Individuals**
 - a. Vulnerable populations can resume public interactions but should continue physical distancing and minimizing exposure
 - b. **Ease physical distancing**
 - c. **Gatherings**, with restrictions on number of people: TBD
 - d. Low-risk populations should consider **minimizing time spent in crowded environments**
- 3) **All institutions and businesses**

- a. **The START Standards and Guidelines best practices should be followed by all institutions and businesses in all Phases of reopening**
 - i. Required certification and acknowledgement of operating standards
 - b. Resume unrestricted staffing and operations (most institutions and businesses)
 - c. Adhere to standard sanitation and operating standards
- 4) Specific types of institutions and businesses**
- a. **Fully reopen: General businesses**
 - b. **Fully reopen: Sector specific businesses and institutions**
 - c. **Fully reopen: K-12 schools, child care centers and summer camps**
 - d. **Fully reopen: Fitness**, such as gyms and exercise facilities or studios, and public swimming pools and public spa pools
 - e. **Fully reopen: Parks, playgrounds, beaches, hiking and biking trails, and campgrounds and other outdoor activities**
 - f. **Fully reopen: Clubs, lodges, meeting halls**
 - g. **Modified reopening: Post-secondary institutions**, with operating standards for personal hygiene, sanitation of facilities and equipment, and other preventive measures
 - h. **Modified reopening: Large entertainment and sporting venues**, with operating standards for personal hygiene, sanitation of facilities and equipment, and other preventive measures
 - i. **Resume with strict physical distancing protocols: Visits to senior facilities and hospitals** (to be eased after an additional 14 days if loosening criteria continue to be met)

Through the phased reopening. The START Guide follows an adaptive response to individual- and institutional-level restrictions for retightening restrictions.

If COVID-19 related parameters worsen and the criteria are met for retightening restrictions, the County would move to the previous Phase of operation (see Figure 2). If moving back to Phase One or Two is required, the loosening criteria (Table 3) must then be met for 30 days prior to moving forward again.

The guidelines for retightening restrictions are when one or more criteria in at least two of three columns in Table 4 are met.

Some preventive actions should continue indefinitely. Personal hygiene (washing hands frequently, covering coughs, using face masks if ill), **vulnerable individuals** such as the elderly and those with pre-existing conditions should be protected, stay at home, or self-isolate whenever possible, **isolation of cases** and quarantine of case contacts, and **quarantine of travelers** from high-infection areas.

TABLE 4. ADAPTED MITIGATION MEASURES NEEDED WHEN ONE OR MORE CRITERIA IN AT LEAST 2 OF 3 COLUMNS (CATEGORIES) ARE MET.

Epidemiology	Healthcare	Public health
<ul style="list-style-type: none"> ✓ Increasing new case counts of at least 10% for 5 consecutive days above a stable baseline in the context of no substantial increase in testing ✓ Doubling time of cases less than 5 days (from a stable baseline) ✓ More than 3 unlinked chains (clusters) of transmission in a 14-day period ✓ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days from a mass gathering or long-term care facility) ✓ Increasing number of new health care worker infections averaged over a 7-day period 	<ul style="list-style-type: none"> ✓ Inability to scale up to 30% the number of ICU patients from current census (including staffing) ✓ Can no longer screen large numbers of symptomatic patients safely, including staffing (e.g., outdoor tents, drive through) ✓ Less than 4 weeks supply of PPE for 30% increase in current case load ✓ Insufficient PPE for all health care workers ✓ Insufficient face masks to provide to all patients seeking care ✓ Do not have baseline capacity in general health services, including through expansion of telemedicine for COVID-19 and usual care ✓ Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ Cannot elicit contacts for 20% or more of cases ✓ 10% or more of non-household symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset ✓ Insufficient hand sanitizer to place at entry of buildings including workplaces ✓ No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise) ✓ No longer have the ability to convey physical distancing recommendations which change behavior in residents

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Appendices

APPENDIX 1. FEDERAL GUIDELINES FOR “GATING CRITERIA” TO MOVE FROM RESTRICTIONS INTO ANY PHASE.

Symptoms	Cases	Hospitals
Downward trajectory of influenza-like illness (ILI) within a 14-day period AND Downward trajectory of COVID-19-like syndromic cases within a 14-day period	Downward trajectory of documented cases within a 14-day period OR Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)	Treat all patients without crisis care AND Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

APPENDIX 2. SUMMARY OF FEDERAL GUIDELINES FOR INDIVIDUALS, EMPLOYERS, AND SPECIFIC TYPES OF EMPLOYERS IN EACH OF THREE PHASES.

	Phase One	Phase Two	Phase Three
Individuals	All vulnerable people continue to shelter in place Physical distancing Gatherings of no more than 10 people Minimize non-essential travel	All vulnerable people continue to shelter in place Physical distancing Gatherings of no more than 50 people Non-essential travel can resume	Vulnerable people can resume public interactions, but should practice physical distancing and minimizing exposure Low-risk populations should consider minimizing time spent in crowded environments
Employers	Continue to encourage telework Return to work in phases Minimize non-essential travel Close common or congregation areas or enforce strict physical distancing measures Strongly consider special accommodations for personnel who are vulnerable	Continue to encourage telework Close common or congregation areas or enforce moderate physical distancing measures Strongly consider special accommodations for personnel who are vulnerable	Resume unrestricted staffing
Specific Types of Employers	Schools and organized youth activities remain closed Visits to senior facilities and hospitals remain prohibited Large venues (restaurants, theaters, sporting venues, places of worship) can operate under strict physical distancing protocols Elective surgeries can resume (out-patient only) Gyms can reopen if operating under strict physical distancing and sanitation protocols Bars remain closed	Schools and organized youth activities can open Visits to senior facilities and hospitals remain prohibited Large venues can operate under moderate physical distancing protocols Elective surgeries can resume (in- and out-patient) Gyms can remain open under strict physical distancing and sanitation protocols Bars may open with physical distancing protocols	Visits to senior facilities and hospitals remain can resume Large venues can operate under limited physical distancing protocols Gyms can remain open if they adhere to standard sanitation protocols Bars may open with increased occupancy

6 Indicators for Modifying Stay-at-Home Order

- Ability to test, contact trace, isolate, and support the exposed
- Ability to protect those at high risk for COVID-19
- Surge capacity for hospital and health systems
- Therapeutic development to meet the demand
- Ability of businesses, schools, and childcare facilities to support physical distancing
- Determination of when to reinstitute measures like Stay-At-Home

APPENDIX 4. CALIFORNIA STATE'S RESILIENCE ROADMAP STAGES 1-4.



APPENDIX 5. CRITERIA FOR LOOSENING PREVENTIVE MEASURES. (REPRODUCED FROM RESOLVE TO SAVE LIVES).

Epidemiology	Health Care	Public Health
<ul style="list-style-type: none"> ✓ Decreasing cases in the context of increasing testing (or stable testing with decreasing positivity) for at least 14 days ✓ Decreasing numbers and proportions of cases not linked to a source case (goal less than 3 unlinked cases per 2-week period) ✓ Steady decrease in ILI in syndromic surveillance for at least 14 days ✓ Decline in deaths for at least 14 days ✓ Decreasing health care worker infections such that infections are now rare 	<ul style="list-style-type: none"> ✓ Ability – including staffing – to double number of patients treated in intensive care units from current census ✓ Ability – including staffing – to screen large numbers of symptomatic patients safely (e.g., outdoor tents, drive through) ✓ Sufficient PPE for all health care workers even if cases double ✓ Sufficient face masks to provide to all patients seeking care even if cases double ✓ More discharges than admissions for COVID-19 ✓ Ensure at least baseline capacity in general health services, including through expansion of telemedicine for Covid-19 and usual care ✓ Health care facilities enforce policies and redesign to minimize possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ All cases interviewed for contact elicitation ✓ Contacts elicited for at least 90% of cases ✓ 100% of symptomatic contacts and others with symptoms undergo testing within 12 hours of identification of symptoms ✓ Enough hand sanitizer to place at entry and strategically placed in buildings including workplaces ✓ Designated facilities for non-hospitalized covid-infected people who can't be safely cared for at home (e.g., because of space constraints, homelessness, medically vulnerable household members, or otherwise) ✓ Demonstrated ability to convey physical distancing recommendations that change behavior in most residents

APPENDIX 6. ACTIONS THAT CAN HAPPEN OVER TIME FOLLOWING LOOSENING OF RESTRICTIONS. (REPRODUCED FROM RESOLVE TO SAVE LIVES).

Action	Initial re-opening only if all criteria above met	4-8 weeks later if no significant increase in cases and criteria remain met	8-16 weeks later if no significant increase in cases and criteria remain met
Wash hands often	Continue	Continue	Continue
Cover coughs	Continue	Continue	Continue
Don't go out if ill	Continue	Continue	Continue
Face mask if ill persons go out	Continue	Continue	Continue
Surface and object cleaning	Continue	Continue	Continue
Enhanced ventilation	Continue	Continue	Continue
Isolation of cases	Continue	Continue	Continue
Quarantine of contacts of cases	Continue	Continue	Continue
Physical distancing to 6 feet when possible – avoid crowding	Continue	Pause physical distancing	Pause physical distancing
Stop visits to nursing homes, hospitals, congregate facilities	Continue	Continue	Continue
Ban all gatherings including religious (above 10, 50 people)	Continue - 10	50	Allow all gatherings
Restaurant closures	Reopen with physical distancing*	Reopen	Reopen
Bar closures	Continue	Reopen with physical distancing*	Reopen
General business closures	Partial reopening*	Additional phased reopening	Reopen
Special situation business closures**	Partial reopening*	Reopen	Reopen
Post-secondary ed closures	Continue	Consider reopening	Reopen
K-12 in-person closures	Reopen*	Reopen*	Reopen
Day care closures	Reopen*	Reopen*	Reopen
Quarantine of travelers from high-prevalence areas	Continue, informed by data on spread	Continue, informed by data on spread	Continue, informed by data on spread

*People over age 60, including employees and those who are medically vulnerable continue to shelter in place, including employees. Online education/ work encouraged wherever possible.

**Special business situations include strategically important entities (e.g., infrastructure); entities which can reopen while ensuring safe commute, physical distancing, exclusion of anyone ill, and mandatory handwashing/sanitizing at entry and periodically during day.

Note: Decisions on both when and what to open must be made based on evolving knowledge (e.g., infectivity of children), availability of treatment, community acceptance and adherence, and other evolving knowledge and experience. Other restrictions, such as limitations on crowding in public transport, also necessary with graduated reopening.

APPENDIX 7. CRITERIA FOR TIGHTENING PREVENTIVE MEASURES, NOT ADAPTED TO SLO COUNTY. (REPRODUCED FROM RESOLVE TO SAVE LIVES).

Epidemiology	Health Care	Public Health
<ul style="list-style-type: none"> ✓ Increasing new case counts of at least 10% for 3 consecutive days in the context of no substantial increase in testing ✓ Doubling time of cases less than 5 days (from most recent nadir) ✓ More than 3 unlinked chains of transmission in a 14-day period ✓ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days) from a mass gathering or long-term care facility) ✓ Steady increase in ILI in syndromic surveillance for at least 10 days above seasonal average ✓ Increasing number of new health care worker infections for 5 consecutive days 	<ul style="list-style-type: none"> ✓ Inability to scale up to 2x the number of ICU patients from current census (including staffing) ✓ Can no longer screen large numbers of symptomatic patients safely (e.g., outdoor tents, drive through) (including staffing) ✓ Less than 4 weeks supply of PPE for double the current case load ✓ Insufficient face masks to provide to all patients seeking care even if cases double ✓ More admissions than discharges for COVID-19 over 3 consecutive days ✓ Do not have baseline capacity in general health services, including through expansion of telemedicine for Covid-19 and usual care ✓ Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ Cannot elicit contacts for 20% or more of cases ✓ 10% or more of symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset. ✓ Insufficient hand sanitizer to place at entry of buildings including workplaces ✓ No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise) ✓ No longer have the ability to convey physical distancing recommendations which change behavior in residents

APPENDIX 8. ACTIONS TO TIGHTEN RESTRICTIONS IN THE EVENT OF REGRESSION. (REPRODUCED FROM RESOLVE TO SAVE LIVES).

Action	Tighten immediately (if not already on)	Maximum tightening
Wash hands often	Already on	Continue
Cover coughs	Already on	Yes
Don't go out if ill	Already on	Yes
Face mask if ill go out	Already on	Yes
Face mask for all in community	No	Consider
Surface and object cleaning	Already on	Yes
Increase ventilation	Already on	Yes
Quarantine of contacts of cases	Already on	Yes
Physical distancing to 6 feet when possible – avoid crowding	Turn on	Yes
Stop visits to nursing homes, hospitals, congregate facilities	Already on	Yes
Ban all gatherings including religious (above 10, 50 people)	Yes for 50 or more*	Yes, all non-household
Restaurant closures	Open – only delivery/to go	Open – only delivery/to go
Bar closures	Open – only delivery/to go	Turn on
Special situation business closures**	Partial closure*	Yes, all
General business closures (non-essential)	Turn on	Yes
University closures	Yes (online encouraged)	Yes (online encouraged)
K-12 closures	Yes (online encouraged)	Yes (online encouraged)
Day care closures	Yes	Yes
Quarantine of travelers from high-prevalence areas	Yes, voluntary	Yes, mandatory

*People over age 60 and those who are medically vulnerable, including employees, continue to shelter in place, including employees.

**Special business situations include strategically important entities (e.g., infrastructure), entities which can reopen while ensuring safe commute, physical distancing, exclusion of anyone ill, and mandatory handwashing/sanitizing at entry and periodically during day.

Note: Decisions should be made based on evolving knowledge (e.g., infectivity of children), availability of treatment, community burden, acceptance and adherence, and other factors.

SUPPLEMENTAL DOCUMENTS

SUPPLEMENTAL DOCUMENT 1 TO THE TO THE
STEPS TO ADAPT AND REOPEN TOGETHER (START) GUIDE

DRAFT STANDARDS AND GUIDELINES

DRAFT STANDARDS AND GUIDELINES

Introduction

The County developed the following draft supplemental document to convey initial recommendations for best practices and guidance for businesses in the first phase of reopening. These are initial standards and guidelines describing how businesses can operationalize and reopen in Phase 1 of the START Guide. Employers should read the pages applicable to their industry or business and consider what it would take for them to comply with the best practices specified, knowing that direction closely aligned with these best practices will come as part of the modified, replaced or lifted County Shelter At Home Order.

Structurally, employers/businesses should use this document as follows: Section 1 includes draft recommended guidelines and best practices that all employers/businesses should follow. Subsequent Sections provide additional measures identified for specific industry sectors and specific business types, as listed on the table of contents below. Those specific industries should reference both Section 1 and the section(s) applicable to its business. For example, a hotel with an on-site restaurant would reference Section 1, Section 3 and Section 4 collectively.

All Businesses Guidelines													
with additional Guidelines for specific industries or business types													
Beverage Industry Facility	Restaurants (Retail Food)	Lodging	Retail Stores	Manufacturing	Certified Farmers Market	Agriculture	Building/Dvlpmt/Constru	Faith-Based/Community	Public Swmng/Spa Pools	Body Art	Hair & Nail Salons/Barbers	Gyms	Events/Venues/Attractions
Other industries identified													

The County will continue to monitor State and Federal guidance materials to determine modifications needed, if any, to create alignment. The County will further monitor public comments on the START Guide and this supplemental document, and consider modifications needed, if any, before finalizing a set of Phase 1 guidelines and issuing new or modified Orders. The County will also continue to work with specific industries and business types to seek input on the feasibility of implementing such initial recommended measures.

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SECTION 1. ALL EMPLOYERS

Section 1 includes draft recommended guidelines and best practices that all employers should follow. The best practices are written to describe the current understanding of actions that can be taken to limit or mitigate the spread of COVID-19 in the workplace. It is recognized that not all the best practices can be implemented in all workplaces.

In addition to these measures, additional best practices and guidelines have been identified for specific industry sectors and specific business types, as listed on the table of contents. Those specific industries should reference both Section 1 and the section(s) applicable to its business.

A. Training:

- i. Train employees on all measures and protocols applicable to their function or role prior to returning to work at place of business.

B. Signage:

Template signage to be used can be found on the County's website at: www.ReadySLO.org.

- i. Provide signage at each entrance of the facility to inform employees and customers of common COVID-19 symptoms and that they must not enter the facility if they are sick with or suspect they may be experiencing COVID 19 symptoms.
- ii. Provide signage regarding the social / physical distancing protocol at the facility; persons to maintain a minimum six-foot distance from non-household members as much as practicable and not engage in any unnecessary physical contact.
- iii. Provide signage regarding proper hand washing technique at all hand-wash sinks.
- iv. Provide signage encouraging regular hand washing in breakrooms and other locations where employee information is provided.

C. Measures to Protect Employee Health:

- i. Direct all employees to stay home if sick.
- ii. Instruct employees to notify a supervisor if they are experiencing symptoms of COVID-19, such as fever, cough, gastrointestinal symptoms.
- iii. Direct sick employees with symptoms associated with COVID-19 to be evaluated for testing by their doctor or urgent care.
- iv. Direct all employees to self-monitor for symptoms of COVID-19.
- v. Direct all employees to maintain at least six feet distance from customers and from each other, as much as practicable.
- vi. Provide face coverings to employees and encourage employees to use face covering when physical distancing is not feasible.
- vii. Encourage customers to utilize face coverings when entering the facility.
- viii. Separate workstations by at least six feet.
- ix. Do not share office supplies, tools, etc.
- x. Provide separate seating in common areas such as break rooms and conference rooms.
- xi. Utilize and encourage virtual meetings where possible.
- xii. Encourage telecommuting where possible.

- xiii. Discourage congregation of employees during breaks and lunches, unless physical distancing can be maintained.
- xiv. Instruct cleaning staff to wear applicable Personal Protective Equipment (PPE) such as disposable gloves and eye protection for all tasks in the cleaning process, including handling trash. Direct staff to wash their hands immediately after removing disposable gloves.
- xv. Disinfect high contact surfaces in break rooms, restrooms, and other common areas (i.e. door handles, lobbies, etc.) frequently. Those areas receiving more traffic should be disinfected more often. As a best practice, all businesses should disinfect on the following schedule and maintain a log capturing actions, at a minimum:
 - 1. Public Restrooms: Twice daily
 - 2. Employee Breakrooms: Daily
 - 3. Employee Restrooms: Daily
 - 4. Other employee shared areas: Daily
 - 5. High contact surfaces (door handles, light switches, etc.): At least daily and more frequently if needed
- xvi. Sanitize incoming packages, products or materials as part of the receiving process.
- xvii. Direct employees to regularly clean their workstations daily, or at the start and end of their shift for shared workstations and areas.
- xviii. Make sanitizer / disinfectant and related cleaning supplies available to all employees at specified locations.
- xix. Ensure employees frequently wash hands using soap, water and single-use paper towels. In situations where hand washing facilities are not available, provide hand sanitizer that contains at least 60% alcohol.
- xx. Provide hand sanitizer containing at least 60% alcohol to all employees and customers at common points of ingress/egress and in common areas such as conference rooms, breakrooms, or other locations used by multiple employees.
- xxi. Provide hand sanitizer to employees at their workstation when their role requires regular interaction with customers.
- xxii. Post copies of measures and protocols being taken related to COVID-19 in a conspicuous place and provide to all employees.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers in the facility at any one time to the maximum number which allows for customers (or groups of household members) and employees to easily maintain at least six-foot distance from one another, at all practicable times.
- ii. At retail counters or in other locations where queueing is possible, placing tape or other markings at least six feet apart in customer areas inside the facility and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance. If groups of household members often wait together, increase distances between markings so that separation of household groups of at least six feet is maintained.
- iii. Where long lines can form, assign an employee to monitor lines in order to ensure that the maximum number of customers in the facility is not exceeded.
- iv. Limit use of lobbies / waiting rooms. Develop a system(s) that allows customers to wait in cars or other locations.

- v. Offer service by appointment-only.
- vi. Offer and encourage on-line product ordering with curbside pickup or delivery.
- vii. Create one-way shopping aisles in higher traffic areas.
- viii. Separate order areas from pickup and delivery areas to prevent customers from gathering.
- ix. Implement protections for cashiers, pharmacy workers, and other workers who normally have regular, close interaction with the public with engineering controls such as Plexiglas screens or other physical barriers, or spatial distance of at least six feet.
- x. Develop restroom occupancy plans that will help ensure 6 foot physical distancing can be accomplished, limit restrooms to single user if necessary.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitation / Disinfection:

- i. Provide contactless payment systems or, if not feasible, sanitize payment systems frequently, depending on volume of use.
- ii. Provide hand sanitizers at check-out stands/stations.
- iii. Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure(s) for employee or customer use where appropriate.
- iv. Eliminate or restrict use of self-service sampling unless provided from a single use container (personal care products, foods, etc.).
- v. Assign employee(s) to disinfect high-contact surfaces frequently (point of sale terminals, counters, common tables, restroom surfaces, doorknobs, phones, keyboards, light switches, etc.).

F. Additional Measures to Protect Health:

- i. Discourage customers from bringing their own bags, mugs, or other reusable items from home.
- ii. Clean visibly dirty surfaces with soap and water prior to disinfecting.
- iii. Use EPA-approved disinfectant against COVID-19 and read the label to make sure it meets your needs and application. A list of approved disinfectants can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- iv. Only allow service animals into your facilities.

G. Other Considerations for Employers:

- i. Review and follow guidelines by the Center for Disease Control (CDC) to develop, implement, maintain, and revise your cleaning and disinfecting plan as new information becomes available.
- ii. Read instructions and wear gloves and other Personal Protective Equipment (PPE) as specified by the manufacturer for the cleaning and disinfecting products you are using.
- iii. Consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. You can find additional reopening guidance for cleaning and disinfecting in the CDC's [Reopening Decision Tool](#).
- iv. Implement flexible sick leave and supportive policies and practices.

- v. Consider how your facilities will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children.
- vi. Prepare to perform cleaning and disinfection if persons suspected or confirmed to have COVID-19 have been in your facilities.

Note: Throughout these Standards and Guidelines, face coverings shall refer to material that fully covers a person's nose and mouth.

SECTION 2. BEVERAGE INDUSTRY FACILITY

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

- A. Training:** No additional measures. See Section 1.
- B. Signage:** No additional measures. See Section 1.
- C. Measures to Protect Employee Health:** No additional measures. See Section 1.
- D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:**
 - i. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded and physical distancing is being maintained.
 - ii. Control physical distancing of people consuming food and beverage by limiting bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.
- E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection (beyond requirements in California Retail Food Code):**
 - i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
 - ii. Discontinue self-serve operations, such as salad bars, buffets, food sampling, and beverage service stations that require customers to use common utensils or dispensers.
 - iii. Offer single use disposable utensils or containers and provide packets of condiments, not bulk dispensed items.
 - iv. Provide cups, lids, stir sticks etc. upon request and do not provide them via self-service
 - v. Use online ordering, menu boards, single use disposable menus, or use menus which can be sanitized between use (i.e. laminated).
 - vi. Evaluate the use of physical barriers for employees that normally have close interaction with customers such as at check-out counters, wine tasting staff, servers, bartenders, etc.
 - vii. Assign employee(s) to disinfect high-contact surfaces frequently (e.g. point of sale terminals, counters, tables, restroom surfaces, etc.).
- F. Additional Measures to Protect Health:**
 - i. Provide handwashing stations and hand sanitizer (at least 60% alcohol) for public use.

SECTION 3. RESTAURANTS (RETAIL FOOD)

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this industry should implement the following additional measures:

A. Training: See Section 1. No additional measures. See Section 1.

B. Signage: See Section 1. No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. High contact surfaces in break rooms, restrooms, and other common areas should be disinfected on the following schedule:

Public Restrooms: Hourly

- ii. Ensure employees more frequently wash hands using soap, warm water and single use paper towels at hand wash sinks.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Designate an employee who will monitor that the maximum number of customers in the facility is not exceeded and physical distancing is maintained.
- ii. Provide seating by reservation.
- iii. Encourage to-go service, where applicable.
- iv. Control physical distancing of people consuming food and beverage by limiting at-bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection (beyond requirements in California Retail Food Code):

- i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
- ii. Discontinue self-serve operations, such as salad bars, buffets, food sampling, and beverage service stations that require customers to use common utensils or dispensers. Consider single use disposable utensils or containers and provide packets of condiments, not bulk dispensed items.
- iii. Provide cups, lids, stir sticks etc. upon request and do not provide them via self-service.
- iv. Utilize online ordering, menu boards, single use disposable menus, or utilize menus which can be sanitized between use (i.e. laminated).
- v. Consider physical barriers for employees that normally have close interaction with customers such as at cashier stands or check-out counters.
- vi. Assign employee(s) to disinfect high-contact surfaces frequently (point of sale terminals, counters, tables, restroom surfaces, etc.).

SECTION 4. LODGING

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Eliminate buffet style breakfasts where self-service is required.
- ii. Discourage use of lounge and other common areas where 6 foot physical distancing cannot be maintained between parties.
- iii. Encourage to-go service, where applicable.
- iv. Control physical distancing of people consuming food and beverage by limiting at-bar service, separating dining tables and restricting table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Do not allow customers to sit or stand within 6 feet of food, glassware, consumables, or other materials that will be provided to other customers. In bar situations, if 6 feet of separation from such materials is not possible, install Plexiglas or other smooth and easily cleanable shielding materials to prevent contamination.
- ii. Continue to rotate rooms such that the longest possible period of time between occupants is provided.
- iii. Remove items that are strictly for convenience of guests (e.g. hair dryers, coffee makers, etc.), particularly in hotel rooms, if those will not be disinfected after each guest's stay ends.
- iv. High touch items such as TV remote controls, alarm clocks, and other convenience items that cannot be removed should be disinfected:
 1. Daily, if stayover service is provided.
 2. Between guests for all other situations.

Note: Normal cleaning may be appropriate, as opposed to disinfecting, if the room or lodging has been vacant (empty) for more than 7 days.

- v. Provide in-room sanitizer and hand wipes to all guests.

F. Additional Measures to Protect Health:

- i. Launder items (where possible) according to the manufacturer's instructions, using the warmest appropriate water setting and dry items completely. Or, disinfect items with an EPA-registered household disinfectant.

- ii. Do not shake dirty laundry as it may increase the possibility of dispersing the virus through the air.
- iii. Clean and disinfect hampers or other carts used for transporting laundry.
- iv. Ask guests how they are feeling when they check out. If they are complaining of COVID-19 symptoms, follow your detailed plans for cleaning and disinfecting the room they used.

SECTION 5. RETAIL STORES

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

<<To be determined, e.g. best practices related to on trying on clothes, clothing returns, is still pending>>

F. Additional Measures to Protect Health:

- i. Offer special hours or appointments for immuno-compromised and other vulnerable populations.
- ii. Clean and sanitize dressing rooms daily, or at least twice per day if there is high use.

SECTION 6. MANUFACTURING

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. In addition to normal PPE that is worn by employees, offer face coverings for all employees where air flow is limited, physical distancing is difficult, or risk of transmission is increased due to materials being used. Before requiring face coverings, ensure they meet applicable safety guidelines.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing: No additional measures. See Section 1.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.
- ii. Evaluate the use of smooth and easily cleanable barriers if employees work side by side without at least a six-foot separation in assembly line type manufacturing operations.

SECTION 7. CERTIFIED FARMERS' MARKETS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Post signage at each public entrance of the Certified Farmers' Market to inform vendors, employees, and customers that they must not enter the market/event if they are sick with COVID-19 symptoms.
- ii. Post signage regarding the Social Distancing Protocol at the market/event, instruct persons to maintain a minimum six-foot distance from non-household members as much as practicable and to not engage in any unnecessary physical contact.

C. Measures to Protect Employee Health:

- i. Ensure vendors and employees more frequently wash hands using soap, water and single use paper towels at each booth/vendor station. Provide hand sanitizer containing at least 60% alcohol at each booth/vendor station.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Implement foot traffic directional patterns (one-way) to limit customer interactions.
- ii. Consider designating a foot traffic control monitor to ensure social distancing requirements are maintained.
- iii. Designate, with signage and/or physical barriers (ropes, warning tape), separate order and delivery/pickup areas to prevent customers from gathering at one location.
- iv. Eliminate or reduce food and beverage consumption areas. If provided, separate dining tables and restrict table use to keep household parties separated from others by a minimum of 6 feet.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Provide stocked handwashing stations and hand sanitizer (at least 60% alcohol) for public use.
- ii. Use gloves to avoid direct bare hand contact with ready-to-eat foods.
- iii. Separate booth(s) and mobile food facilities by at least six feet.
- iv. Make face coverings available for vendors and employees for voluntary use. Ask vendors and employees to use face covering when physical distancing of six feet is not feasible, including at booths or tables .
- v. Vendors should regularly sanitize/disinfect customer contact and touch points such as tables and surfaces, on the following schedule:

1. Counter and tables: Every 30 minutes
 2. Sneeze guards: Where utilized, before each market and if they become dirty or soiled
- vi. Designated employees should accept payment and handle produce/restock tables. If this cannot be accomplished, then handwashing or use of a hand sanitizer should take place between each transaction.

SECTION 8. AGRICULTURE

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

- A. Training:** No additional measures. See Section 1.
- B. Signage:** No additional measures. See Section 1.
- C. Measures to Protect Employee Health:**
 - i. Ensure that portable toilets are cleaned at least once daily.
 - ii. Provide agricultural workers with materials needed to regularly wash their hands (soap, water, single use towels).
 - iii. Provide agricultural workers with face coverings when physical distancing cannot be maintained.
- D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:** No additional measures. See Section 1.
- E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:**
 - i. Sanitize shared equipment, tools and other materials after use, to ensure the next user is protected.
- F. Additional Measures to Protect Health:** No additional measures. See Section 1.

SECTION 9. BUILDING, DEVELOPMENT & CONSTRUCTION

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. In addition to normal PPE that is worn by employees, evaluate the use of face coverings for all employees where air flow is limited, physical distancing is difficult, or risk of transmission is increased due to materials being used. Before requiring face coverings, ensure they meet applicable safety guidelines.
- ii. Limit use of office trailers on job sites by multiple trades or teams (e.g., restrict to construction management team).
- iii. Provide workers with materials needed to regularly wash their hands (soap, water, single-use towels).
- iv. Provide single serve bottles of drinking water / discontinue use of bulk water dispensers.
- v. Sanitize portable restrooms at least once daily.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Coordinate on-site scheduled work so that trades/teams can maintain physical distance.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Sanitize shared equipment, tools and other materials after use, to ensure next user is protected.

F. Additional Measures to Protect Health:

- i. Consider special services for immune-compromised and other vulnerable populations.

SECTION 10. FAITH-BASED AND COMMUNITY ORGANIZATIONS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health: No additional measures. See Section 1.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Evaluate whether you can offer on-line or video gatherings.
- ii. Ensure, through empty rows and seats, 6 feet of separation between family groups.
- iii. Implement one-way foot traffic directional patterns to limit attendee interactions.
- iv. Designate a foot traffic control monitor to ensure social distancing requirements are maintained.
- v. Control ingress/egress to eliminate crowding or bunching of attendees. Implement phased entrance and release, as opposed to everyone moving at once. Use ushers to provide seating assignments.
- vi. Consider adding additional services to minimize number of attendees

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection: No additional measures. See Section 1.

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.
- ii. Funeral ceremonies are allowed to continue but should follow all physical distancing and other protocols to limit the spread of COVID-19.
 1. Provide disposable tissues to all attendees and provide trash receptacles.
 2. Provide portable hand sanitizing stations, preferably touchless.
- iii. Eucharist/Communion: Use no-interaction approaches such as placing a wafer/host in a small plastic cup or small paper candy/muffin type cup/tin and passing to the recipient via a tray on a pole or basket with a pole.
- iv. Collection of Donations/Money: Use no-interaction approaches such as having parishioners place gifts/tithes/donations in a basket with a pole through a vehicle and/or drop in a basket upon leaving the service. For example, have a basket/box on a table that worshippers can leave money in as they leave the service. Any person that is responsible for retrieving the donations should immediately wash their hands after handling.

SECTION 11. PUBLIC SWIMMING POOLS, PUBLIC SPA POOLS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. Disinfect high contact surfaces in break rooms, restrooms, and other common areas on the following schedule:
 - 1. Check-in Counters: At least twice daily while in operations
 - 2. Restrooms: At least twice daily for high use restrooms

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of users in the pool facility at any one time to the maximum number which allows for customers (or groups of household members) and employees to easily maintain at least six-foot distance from one another, at all practicable times. Physical distancing shall be maintained both in the water and out.
- ii. Assign an employee to monitor that the maximum number of users in the facility is not exceeded and that social distancing is maintained.
- iii. Place tape or other markings at least 6 feet apart in user line areas or any other area in the pool where users congregate.
- iv. Public swimming pools, therapy and lap swimming pools that do not have employees, lifeguards, or coaches on deck to monitor social/physical distancing shall remain closed until the Shelter-at-Home Order is modified, replaced, or lifted.
- v. Keep spa pools (those with jets) closed until the Shelter-at-Home Order is modified, replaced, or lifted. If the pool and spa pool share the same enclosure, indicate how the spa pool will be closed (caution tape, signage, barriers, etc.).
- vi. Separate seating for users and other onlookers to assure minimum six feet distancing.
- vii. Instruct all employees to maintain at least six feet distance from users and from each other, as much as practicable.

E. Measures to Prevent Unnecessary Hand Contact/Increase Sanitization/Disinfection:

- i. Assign employee(s) to disinfect high-contact surfaces often (point of sale terminals, counters, restroom surfaces, handrails, pool gates if not hands free, etc.).

F. Additional Measures to Protect Health:

- i. Offer special services for immune-compromised and other vulnerable populations.

SECTION 12. BODY ART (TATTOO, PERMANENT COSMETICS, AND BODY PIERCING FACILITIES)

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Use signage to warn customers that face coverings or masks must be worn because social/physical distancing is not possible.

C. Measures to Protect Employee Health:

- i. Ensure practitioners wash hands more frequently and customers wash hands prior to procedure.
- ii. Ensure practitioners don disposable gloves after washing hands and prior to each procedure.
- iii. Instruct customers to wear face coverings or masks.
- iv. Provide sanitizers or EPA-registered disinfectants and related cleaning supplies to all employees.
- v. Evaluate the use of face shields to provide additional protection to employees and customers.
- vi. Keep the facility as well ventilated as possible for increased exchange of outside air.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers so there is at least a 6-foot physical separation between workstations during each procedure. Perform procedures by appointment only, with no walk-in customers.
- ii. Develop systems that allow clients to wait in their cars until their practitioner is ready to perform the procedure, rather than waiting inside the facility.
- iii. Limit people inside the facility to employees/practitioners and clients only.
- iv. Leverage technology to conduct consultations remotely rather than in-person.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Provide practitioners with hand sanitizer and medical-grade surgical (face) masks that completely cover the nose and mouth to use during a procedure.
- ii. Use only medical-grade surgical masks and gloves that are changed with each procedure.
- iii. Do not use cell phones while procedures are being conducted.
- iv. Require sanitization/disinfection of workstations, equipment, tables, chairs, and other surfaces touched by clients between each procedure and maintain documentation logs.

F. Additional Measures to Protect Health:

- i. Prohibit procedures that include tattooing or piercing genitals, or other respiratory anatomy such as the lips and the nose until the Shelter-at-Home Order is modified, replaced, or lifted.
- ii. Evaluate establishing a customer self-certification checklist that certifies they are free of COVID-19 related symptoms before having a procedure performed.

SECTION 13. HAIR SALONS, BARBERS, AND NAIL SALONS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage:

- i. Post signage that warns customers that masks are needed because social/physical distancing is not possible.
- ii. Post signage that non-clients are prohibited from entering the facility.

C. Measures to Protect Employee Health:

- i. Require face coverings for both practitioners and clients.
- ii. Require that practitioners wash hands before starting a new client, immediately after working on a client, and after cleaning up post-client.
- iii. Require that practitioners wash hands (using soap, water and single use paper towels) before donning gloves and after removing them .
- iv. Provide sanitizers or EPA-registered disinfectants and related cleaning supplies to all practitioners and employees.
- v. Evaluate the use of face shields to provide additional protection to employees and customers.
- vi. Keep the facility as well ventilated as possible for increased exchange of outside air.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Limit the number of customers so there is at least a 6-foot physical separation between workstations during service delivery.
- ii. Limit procedures to be conducted by appointment only, with no walk-in customers.
- iii. Encourage clients to wait in their cars until their practitioner is ready, rather than waiting inside the facility.
- iv. Limit people inside the facility to employees and clients only.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Provide practitioners with hand sanitizer and surgical (case) masks that completely cover the nose and mouth to use during a procedure.
- ii. Use only medical-grade surgical masks and gloves that are changed with each procedure.
- iii. Do not use cellphones while services are being delivered.
- iv. Require sanitization/disinfection of workstations, equipment, tables, chairs, and other surfaces touched by clients between each procedure and maintain documentation logs

F. Additional Measures to Protect Health:

- i. Install Plexiglas or other smooth and easily cleanable shielding materials if services can be delivered from a fixed position.

SECTION 14. FITNESS CENTERS/GYMS

In addition to the measures listed in Section 1 All Businesses, additional measures have been identified for specific industry sectors and specific business types. Employers within this Industry should implement the following additional measures:

A. Training: No additional measures. See Section 1.

B. Signage: No additional measures. See Section 1.

C. Measures to Protect Employee Health:

- i. Disinfect high contact surfaces in break rooms, restrooms, and other common areas on the following schedule:
 - 1. Public Bathrooms: Twice daily
 - 2. Employee Breakrooms: Daily
 - 3. Employee Restrooms: Daily
 - 4. Other employee shared areas: Daily
 - 5. High contact surfaces (door handles, light switches, etc.): Daily or more frequently if needed
 - 6. Gym equipment: After each user.

D. Measures to Prevent Crowds from Gathering / Encourage Physical Distancing:

- i. Evaluate only allowing access via appointment.
- ii. Assign an employee to monitor that the maximum number of customers in the facility is not exceeded.
- iii. Use an “every other machine” approach to ensure 6 foot distancing.
- iv. In the early stages of reopening, only open cardio and strength equipment areas; do not conduct classes such as spin, aerobics, Zumba, Pilates, martial arts, etc.
- v. Common equipment touch points on all equipment need to be disinfected between each user.
- vi. Develop systems for those waiting to use a piece of equipment.

E. Measures to Prevent Unnecessary Hand Contact / Increase Sanitization / Disinfection:

- i. Stop use of water fountains, shared water bottles, and water stations - provide or encourage customers to use individual water bottles.
- ii. Provide disinfecting wipes containing an EPA-registered disinfectant or other disinfection measure for customers to wipe down equipment after each use.

F. Additional Measures to Protect Health:

- i. Offer special hours or appointments for immuno-compromised and other vulnerable populations.
- ii. Implement mid-day halts, where gym members are stopped from entering the facility and a full, secondary cleaning can be completed.

SECTION 15. EVENTS, VENUES, AND ATTRACTIONS

Events, venues, and attractions that gather more than 10 non-household members together, indoors or outdoors, are currently prohibited under the County Executive Order. This includes amphitheaters, concert halls, performing arts centers, amusement parks, arcades, sporting venues and arenas, banquet halls, casinos, cardrooms, clubs, lodges (e.g., Elk Lodge), meeting halls, country clubs, social clubs, dance halls, water parks, and other similar venues, whether public or privately owned.

Further guidance on events, venues, and attractions will be provided at a later date.

TBD: OTHER SECTORS

Note: Other sectors are under consideration but require further effort and discussion. These include areas such as Healthcare, Education Institutions/Facilities, Child Care, Transit/Transportation, Tourism, and more. As such they are not included in this draft Standards and Guidelines document.

SUPPLEMENTAL DOCUMENT 2 TO THE TO THE
STEPS TO ADAPT AND REOPEN TOGETHER (START) GUIDE

SLO County's Readiness to Meet California's Six Indicators for Modifying The Stay-at-Home Order

County of San Luis Obispo Public Health Department

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SLO County's Readiness to Meet California's Six Indicators for Modifying the Stay-at-Home Order

This supplement to the County of San Luis Obispo's **Steps to Adapt and Reopen Together ("START") Guide** is written to provide feedback and signal to State officials and the public the state of readiness with respect to the six indicators for modifying the California Stay-at-Home Order and the County's Shelter At Home Order.

For each indicator listed below, situational status is provided in an effort to share evidence of the County's alignment with each specification.

1. The ability to monitor and protect our communities through testing, contact tracing, isolating, and support for those who are positive or exposed
 - ✓ Testing – there are an estimated¹ 4,100 SLO County residents who have been tested to date since PCR testing for the SARS-CoV-2 (COVID-19) virus came online. Over the past two weeks, an average 600 residents have been tested per week across the County Public Health Laboratory, hospital-based laboratories and commercial laboratories.
Beginning the first week of May, capacity for testing an additional 1,320 residents per week will be added through the California contract with Optum. Shortly thereafter, through a County contract with U.S. Health Fairs and a surveillance study conducted in partnership with the Infectious Diseases Branch of the California Department of Public Health, an additional 200-250 tests per week will commence.
All told, these efforts will yield testing capability of over 300 residents daily. While the exact level of adequate testing is unknown, this number puts the county within reasonable reach of the Harvard University recommendation of 152/100,000 population² (pop. = 280,000; $2.8 \times 152 = 425$).
 - ✓ Contact tracing – the County Public Health Department has sufficient resources to continue its consistent pattern of 100% case investigation and complete contact tracing. If necessary, additional contact tracing resources are available through the County's Disaster Service Worker (DSW) program.
 - ✓ Isolation – every person with a positive COVID-19 test result is issued a Health Officer's Order for isolation. Contacts are issued quarantine orders to themselves and employers when indicated.
 - ✓ Support for those who are positive or exposed – each individual who tests positive for COVID-19 receives a daily telephone call from a Public Health Nurse (PHN) to determine their health status, wraparound needs and to answer any questions the person may have. When Centers for Disease Control and

Prevention (CDC) criteria are met, the person is provided a clearance letter from Public Health. High-risk exposed persons also receive daily check-in from a PHN to ascertain symptoms if any and need for testing or health care.

2. The ability to prevent infection in people who are at risk for more severe COVID-19

- ✓ Persons who work or live in high-risk settings are eligible for priority, quick (< 24 hr.) turnaround testing at the Public Health Lab to allow rapid isolation from high-risk peers, residents and co-workers.
- ✓ Extensive testing of staff and persons living in congregate setting such as skilled-nursing facilities or corrections institutions is performed within one day of new case identification and includes testing of asymptomatic people.
- ✓ The County maintains contracts with four geographically distributed motels in order to house COVID-19-positive persons who either are homeless or cannot safely isolate at home.
- ✓ SLO County maintains a food and medication distribution program to homes of older and medically vulnerable persons so that they need not leave their homes for these items. To date, 4,788 packages of food and 82 medication deliveries have been home-delivered.

3. The ability of the hospital and health systems to handle surges

- ✓ To date, 12.7% of all cases of COVID-19 have spent one or more days in an acute care hospital; 3.4% have needed ICU care.
- ✓ Daily hospital bed counts are monitored and the lowest single day percent of licensed beds available has been 12% (when influenza was still widespread); the average percent available general beds for the past three weeks stands at 31.8%.
- ✓ Across the local hospital system, there is surge capacity for an additional 562 beds or 140% of routinely staffed beds.
- ✓ Hospital ICU bed occupancy has averaged 22.5%.
- ✓ One hospital system added 11 ventilators to its inventory early in the local outbreak for an increase of 18% over baseline; the County has procured an additional 55 ventilators for use across the four community hospitals.
- ✓ In partnership with the California Polytechnic (Cal Poly) State University, the County has stood up a 629-bed Alternate Care Site, with the opportunity to add 300 additional beds in an adjoining gymnasium. The ACS has the ability to provide acute and sub-acute care, including oxygen support and intravenous hydration, should hospital surge capacity be exceeded.

4. The ability to develop therapeutics to meet the demand

- ✓ The local blood bank, Vitalent, in partnership with the hospitals, a local immunologist and the Public Health Department have a program to procure and utilize convalescent plasma in critically-ill COVID-19 patients.
- ✓ All community hospitals have a supply of hydrochloroquine for use in selected cases.
- ✓ Patient proning (placing patient face down) is used as a treatment modality as indicated.

5. The ability for businesses, schools, and childcare facilities to support physical distancing

- ✓ A detailed plan, known as the START Guide, has been completed. With development from a panel of epidemiologists, physicians, and an attorney, and in conjunctions with teams of 22 business and organizational sector representatives (~250 participants), the START Guide provides criteria and timing for moving through three-phases of reopening over a minimum period of ten weeks. Specific guidance for maintenance of non-pharmaceutical interventions, social distancing and use of infection control measures is included in the document. Phasing of reopening actions is based upon the nature and risk profile of the business or organization including schools, childcare, higher education and faith-based institutions.
- ✓ Monitoring out of town travel is conducted on a weekly basis through obtaining occupancy rates of hotels, motels and vacation rentals from *Visit SLOCAL*.

6. The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary

- ✓ The SLO County START Guide has specific measures delineated, based in large measure upon the Results to Save Lives³ framework, that will inform the County and the County Health Officer as to when new protective measures or full or partial reversion to a “stay-at-home” order may be necessary.

Notes:

1 – actual number of tests performed to date is not possible as private lab reporting of negative results was not available for a major local lab until April 3, 2020.

2 – Ashish Jha, Harvard Global Health Institute, Harvard T.H. Chan School of Public Health

3 – Resolve to Save Lives is an initiative of the global public health organization Vital Strategies