

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

COVID-19 VARIANCE ATTESTATION FORM

FOR SANTA BARBARA 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: Santa Barbara County

County Contact: Van Do-Reynoso

Public Phone Number: 805-681-5102

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.

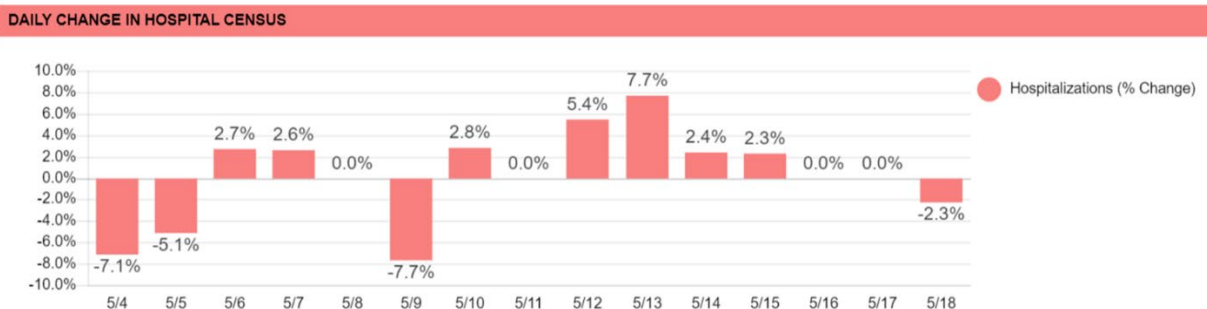
It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions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

Santa Barbara County has a stable number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in total number of hospitalized confirmed COVID-19 patients of <+5%. The average daily percent change from May 12 to May 18 is 2.2%.



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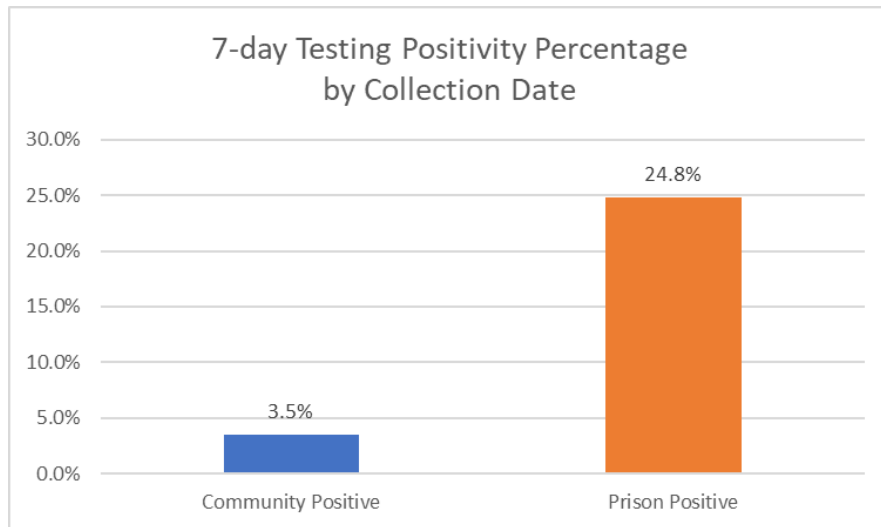
- o 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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.

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

Santa Barbara County meets the criteria testing positivity over the past 7 days of 8% criteria, at 3.5% for the period of May 12 to May 18. The Public Health Department is tracking the testing positivity rate for the Federal Corrections Institution in Lompoc (FCI) separately. For the same period, the testing positivity rate for the FCI is 24.8%.



- **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).

Health Officer Order No 2020 – 8.1 provides guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Health Officer Order 2020 - 8.1 requires a specific social distancing protocol (Attachment E), which must be completed, signed, and posted at a visible location in the workplace.

The Social Distancing Protocol is required for all essential businesses and explains how a business will achieve the following, as applicable:

- a. Limiting the number of persons who can enter into the facility and work areas at any one time to ensure that persons in the facility and work areas can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the Essential Business activity;
- b. Where lines may form at a facility, marking increments of six feet, at a minimum, establishing where individuals must stand to maintain adequate social distancing;
- c. Providing hand sanitizer, soap and water, or other effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees and in locations where there is high-frequency employee interaction with the public (e.g., cashiers);
- d. Providing for contactless payment systems or, if not feasible to do so, providing for disinfecting all payment portals, pens, and styluses after each use;
- e. Regularly cleaning and disinfecting other high touch surfaces;
- f. Posting a sign at the entrance of the facility and work area informing the public and employees that they should avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into their elbow; and not shake hands or engage in unnecessary physical contact.

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

Essential businesses have access to key critical supplies. While many orders through open market and are prioritized, the Public Health Department assists in the procurement of critical supplies via the state critical resource procurement process especially for other health care partners.

- **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.

Santa Barbara County needs to test approximately 675 people per day to meet the testing volume of 1.5 per 1,000 residents. The average tests per day over the past 14 days is 507. We are currently tracking testing volume at www.publichealthsb.org. However, testing capacity in Santa Barbara County exceeds the required 675 tests per day. Testing volume has not matched testing capacity because the stay well at home order has kept the numbers of symptomatic persons needing testing low. As CDPH's testing criteria have expanded to include mildly symptomatic and asymptomatic persons, Santa Barbara County has encouraged providers to test more widely, encouraged residents to seek testing, and is implementing surveillance testing for vulnerable populations. In addition, the number of tests per day is under-reported since commercial laboratories may not be diligent in entering all negative results in CalRedie.

As demonstrated by testing capacity and our plans to increase testing volume, Santa Barbara County will be able to meet our community's needs during Stage 2 of reopening. We estimate Santa Barbara's County's testing capacity as follows:

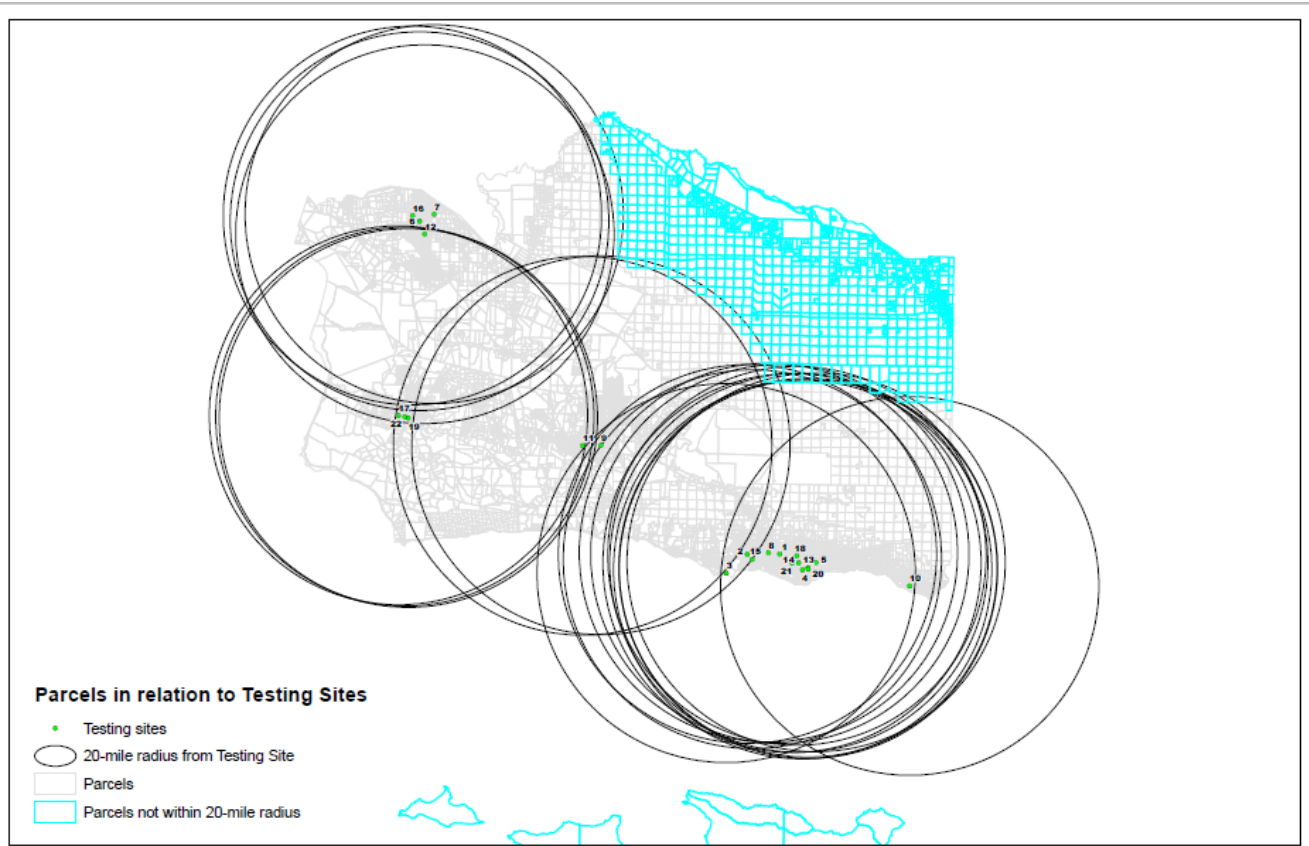
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| • Three OptumServe test sites: | 396 tests/day |
| • Public Health Laboratory: | 100 tests per/day capacity |
| • Hospitals Testing Capacity: | <u>194 tests/day</u> |
| | Total: 690 tests/day |
| • Outpatient sites using commercial laboratories:
(Lab Corp, Quest, Westpac) | Unlimited/day |

Total Available Testing Capacity in SBC:	Unlimited tests/day
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- 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.

Santa Barbara County maintains a list of area health care providers that are providing COVID testing at www.sbcphd.org. The direct link to these screening locations can be found at Public Health Website. Attached is the document as well.

Santa Barbara County also mapped all county and state sponsored testing locations and found that 98.8% of parcels are within 20 miles of a testing locations.



- 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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Santa Barbara County, with a population of 450,000, has the capacity to exceed the currently underestimated baseline of 1.35 tests per 1,000 population (per CDPH report shared on 5/17/2020). Between May 1-May 17, there was a total of 7,658 tests performed for county residents. With the Public Health Department's robust disease control and surveillance programs and as detailed in our Reopen In Safe Environment (RISE) Guide, ongoing testing and monitoring will occur as follows:

- Daily epidemiological analysis utilizing CalREDIE's Data Distribution Portal and other custom reports allowing for rapid identification and mitigation when deviations in priority metrics occur
- Comprehensive contact tracing and monitoring for all positive cases in Santa Barbara County
- Baseline surveillance and outbreak testing of SNF and HCP for SARS-CoV-2 by PCR. Pooled Sample Strategy for large population surveillance will be implemented in case of limited testing or human resources.
- UCSB is performing a prevalence study on students and staff (n=1500) for SARS-CoV-2 to be completed in June 2020, results will be shared with Public Health Department
- Local Sheriff's office had complete staff tested per SARS-CoV-2 PCR (n=380 with 0 positive cases).
- Sheriff and local Police departments are planning to screen all staff for IgG antibodies. Results will be shared with Public Health Department.
- Daily community testing per 3 OptumServe stations with capacity for 130 daily per site. Prevalence for SARS-CoV-2 was <1% during initial 2 weeks (May 3-12).
- Planned remote community testing events in remote area of county (City of Guadalupe) planned for May 30 and May 31 to reach agricultural/farmworker community
- Priority testing with same day turnaround is available in our Public Health Lab for up to 100 tests per day
- We have unlimited testing capabilities through commercial labs, including Quest, Lab Corp, and Westpac.

- **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:
 - 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).

To meet this criteria, Santa Barbara county must have 68 tracers trained and available for contact tracing. The Public Health Department currently has 48 trained tracers that are actively working in this role. We have an additional 34 staff throughout various county departments that have been trained and are ready to be deployed as needed. We also have plans to train an additional 31 staff from Family Services Agency this week. We anticipate our pool of tracers to be reflective of community racial, ethnic, and linguistic diversity. In total, we have 113 trained tracers available to support containment efforts. Lastly, there is a pool of 250 candidates in the pipeline eligible to be trained as tracers based on our HR recruitment efforts.

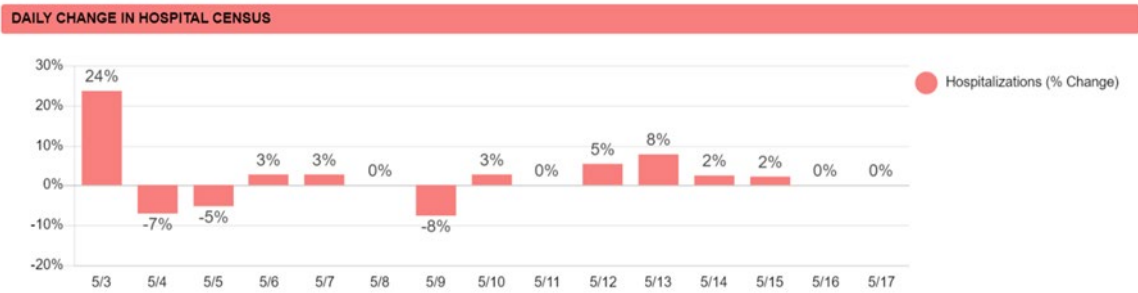
- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing 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.

Santa Barbara County 2019 Point in Time Survey indicate 1,803 persons were counted as homeless. To meet this criteria, Santa Barbara must have at least 270 temporary housing units to shelter county residents experiencing homelessness. The County current has 66 rooms in South County as part of Project Room Key to shelter 75 older adults experiencing homelessness and who also have underlying medical conditions. This site has the capacity to fill another 9 rooms. Currently 31 people are housed at the Santa Maria Shelter. Good Samaritan, our contracted provider, can accommodate 20 additional people at their shelter. In addition, the County has hotel contracts in place sufficient to accommodate additional rooms if needed. Currently, the County has an average of 5 people needing hotel rooms during their isolation and quarantine period, and we are able to accommodate the need.

- **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.

Three of five the hospitals in Santa Barbara County have substantial capacity, including ICU beds, ventilators, and adequate PPE available to handle standard health care capacity, current COVID-19 cases, and potential surge due to COVID-19. The remaining two hospitals are part of the larger hospital system included in the previous description. Currently there are 678 staffed and available hospital beds in the 3 local hospitals. The three hospitals have verified a surge capacity for 699 beds for COVID-19 patients. As of May 17, there were 44 COVID-19 individuals hospitalized in Santa Barbara County. However, COVID patients are a small percentage of local hospital census, averaging less than 3% over a 14-day period. We are tracking this information on www.sbcphd.org. The data below is for May 18, 2020.

TOTAL BEDS	BEDS OCCUPIED	PERCENT OCCUPIED	VENTILATORS
COVID-19 Treatment Beds 699	Total Hospitalized 43	COVID-19 Treatment Beds 6.2%	Total Ventilators: 130
Med/Surg Beds 569	Med/Surg Beds 29	Med/Surg Beds 5.1%	Ventilators In Use: 22
ICU Beds 131	ICU Beds 14	ICU Beds 10.7%	Percent In Use: 17%
			Ventilators In Use For COVID-19:



- o 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.

Per the daily CDPH Hospital Reports, the three hospitals are reporting sufficient PPE's for a 14-day period. Hospitals are utilizing their own vendors, finding new vendors, and will request resources from the MHOAC if needed. Santa Barbara Public Health Department has developed a Scarce Medical Resources Committee to provide a standardized approach to PPE distribution and prioritization of resources to our healthcare stakeholders. Below is the current PPE distributed to each of the hospitals as of May 18.

Cottage Health	N-95	105880
	Surgical Mask	13350
	Isolation Gowns	1540
	Gloves	0
	Eye Protection	1909

	Hand Sanitizer	24
	NP Swabs	1050
	Viral Transport Media	735
Marian Regional Medical Center	N-95	9380
	Surgical Mask	13650
	Isolation Gowns	500
	Gloves	0
	Eye Protection	80
	Hand Sanitizer	100
	NP Swabs	1375
	Viral Transport Media	530
Lompoc Valley Medical Center	N-95	2890
	Surgical Mask	5580
	Isolation Gowns	3240
	Gloves	0
	Eye Protection	90
	Hand Sanitizer	208
	NP Swabs	965
	Viral Transport Media	300

- **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.

Skilled nursing facility and long term care guidance will include:

- Testing strategy will be released that includes guidance for surveillance testing and facility wide testing for facilities with positive cases.
- Guidance for infection control, PPE support, and cohorting or transfer of positive cases.
- Requirements to report suspect and positive cases, PPE and staffing shortages, shared staff, and all transfers.
- Long Term Care discharge requirement guidance for hospitals and long term care/congregate care facilities
- Daily ReddiNet polls for reporting of cases, patient levels, and PPE
- Immediate communication between of cases at skilled and assisted living facilities
- Weekly conferences to review and discuss updated guidance and outbreaks

- 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.

PPE resources at SNFs is tracked by the county via the CDPH survey. Facilities are able to request supplies from the MHOAC through the Scarce Medical Resource Committee.

Facility Name	Facility Contact
Alto Lucero Transitional Care	Najib Yamak
Atterdag Care Center	Heather Anderson
Buena Vista Care Center	Cindy Jordan
Casa Dorinda	Vicky MacGregor
Country Oaks Care Center	Carolyn Beasley
Lompoc Skilled Nursing & Rehabilitation	Mark Hall
Lompoc Comprehensive Care Center	Lorraine Jones
Marian Extended Care Center	Deborah Mockler-Young
Mission Terrace	Eve Murphy
Santa Maria Post Acute	Bryan Tanner
The Californian	Jason Campbell
The Samarkand	Scott Bigler
Valle Verde Health Facility	Jeremiah Hovsepian Bearce
Villa Maria Post Acute	Jared Cullifer

- **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.

STAGE 2 SECTORS TIMELINE

Currently, the following sectors and workplaces are allowed

- Low-risk workplaces
Retail with the option of curbside pickup, including but not limited to bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists.
- Supply chains supporting the above businesses, in manufacturing and
- Logistical sectors
- Outdoor museums and open gallery spaces

Anticipated CDPH posting of Santa Barbara Attestation of Variance around May 22, 2020

Beginning week of May 25, 2020, **and** to follow as determined by Health Officer Orders

- Dine-in restaurants (**other facility amenities, like bars or gaming areas, are not permitted**)
- Outdoor dining
- Retail, including customer foot traffic
- Destination retail, including shopping malls and swap meets without on-site dining
- Office-based businesses (telework remains strongly encouraged)
- Personal services, limited to car washes, pet grooming, tanning facilities, and landscape gardening.
- Childcare will expand from serving children of essential service workers only to broader workforce. Childcare may be broadened to include summer day camps that are able to operate in accordance with childcare safety protocols outlined in Health Officer Orders
- Schools

- **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 following triggers for adjusting modifications were created by the Expert Health Panel for the ReOpening In Safe Environment (RISE) document, see attached Santa Barbara County Reopening in Safe Environment Rise Guide.

Table 5. Adapted mitigation measures needed when one or more criteria in at least 2 of 3 columns 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) ✓ 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 35% 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 35% increase in current caseload ✓ Insufficient PPE for all health care workers ✓ Insufficient face masks such that all patients seeking care have appropriate face coverings. ✓ 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 ✓ 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. ✓ Inability to test 2 per 1,000 residents, per day ✓ Greater than 7% test positivity over 7 days, average ✓ Increasing test positivity over prior 7 days

• **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 RISE document contains a containment plan created by an expert health panel to guide the SBC Public Health Department. The document is attached and available at <https://recoverycbc.org/the-rise-guide/>.

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?

1 - Testing	
Criterion	Status
Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?	Yes. In addition to community testing, hospitals, community health centers, and providers are also testing.
Is the average percentage of positive tests over the past 7 days <7% and stable or declining?	The positivity rate is 3.5%, when separated from the prison data.
Have specimen collection locations been identified that ensure access for all residents?	In Santa Maria, Lompoc, and Santa Barbara.
Have contracts/relationships been established with specimen processing labs?	Yes.
Is there a plan for community surveillance?	Yes. Please see response above in the Surveillance section.

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?

2 - Contact Tracing	
Criterion	Status
How many staff are currently trained and available to do contact tracing?	68 tracers required of the county; and we have 113, with more in the pipeline to be trained.
Are these staff reflective of community racial, ethnic and linguistic diversity?	Yes.
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?	Yes.
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?	We have hotel contracts in place sufficient to accommodate at least 15% of the homeless population in the county.

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?

3 - Protecting the Vulnerable																																		
Criterion	Status																																	
<p>How many congregate care facilities, of what types, are in the county?</p>	<p>We have the following licensed care facilities within our county</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Facility Type</th> <th style="text-align: center;"># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Skilled Nursing Facility (SNF)</td> <td style="text-align: center;">14</td> </tr> <tr> <td>Intermediate Care Facility (ICF)</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Residential Care Facility for the Elderly (RCFE)</td> <td style="text-align: center;">120</td> </tr> <tr> <td>Adult Residential Facility (ARF)</td> <td style="text-align: center;">43</td> </tr> <tr> <td>Hospice Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Social Rehabilitation Facility</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Enhanced Behavioral Support Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Psychiatric Health Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">192</td> </tr> </tbody> </table> <p><i>Data from CDPH and CCLD facility search.</i></p> <p>Additional unlicensed congregate care facilities that we should be concerned with:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Facility Type</th> <th style="text-align: center;"># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Homeless Shelter</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Independent Senior Living</td> <td style="text-align: center;">63</td> </tr> <tr> <td>Group Homes</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">79</td> </tr> </tbody> </table> <p><i>Data from Santa Barbara County PHD VP Database. These numbers are approximate and there may be more or less of these types of facilities within the county. VP Database is updated annually however facilities must provide updated information to PHD.</i></p> <p>An additional group we should be concerned about are private congregate settings that house UCP Work Inc and Tri-Counties Regional Center clients. We do not have numbers on how many locations there are.</p>				Facility Type	# of Facilities	Skilled Nursing Facility (SNF)	14	Intermediate Care Facility (ICF)	8	Residential Care Facility for the Elderly (RCFE)	120	Adult Residential Facility (ARF)	43	Hospice Facility	1	Social Rehabilitation Facility	4	Enhanced Behavioral Support Facility	1	Psychiatric Health Facility	1	TOTAL	192	Facility Type	# of Facilities	Homeless Shelter	7	Independent Senior Living	63	Group Homes	9	TOTAL	79
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<p>How many correctional facilities, of what size, are in the county?</p>	<p>There is one correctional facility for the Santa Barbara County Sheriff's Office. It has a rated capacity of around 800 inmates, but it currently houses 575 inmates.</p> <p>LP: approximately how many inmates and staff? Approximately 2,700 inmates; 450 staff</p>																																	
<p>How many homelessness shelters are in the county and what is their capacity?</p>	<p>Santa Barbara County has 21 Organizations; 766 Beds serving the homeless population.</p>																																	
<p>What is the COVID-19 case rate at each of these facilities?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Population Type</th> <th style="text-align: center;">Cases</th> <th style="text-align: center;">Denominator</th> <th style="text-align: center;">Rate per 100 (%)</th> </tr> </thead> <tbody> <tr> <td>FCI Prison Inmates</td> <td style="text-align: center;">854</td> <td style="text-align: center;">3000</td> <td style="text-align: center;">28.46666667</td> </tr> <tr> <td>Jail Inmates</td> <td style="text-align: center;">1</td> <td style="text-align: center;">575</td> <td style="text-align: center;">0.173913043</td> </tr> <tr> <td>Nursing Homes</td> <td style="text-align: center;">2</td> <td style="text-align: center;">950</td> <td style="text-align: center;">0.210526316</td> </tr> <tr> <td>Homeless</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1803</td> <td style="text-align: center;">0.221852468</td> </tr> </tbody> </table>				Population Type	Cases	Denominator	Rate per 100 (%)	FCI Prison Inmates	854	3000	28.46666667	Jail Inmates	1	575	0.173913043	Nursing Homes	2	950	0.210526316	Homeless	4	1803	0.221852468										
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<p>Do facilities have the ability to safely isolate COVID-19 positive individuals?</p>	<p>Yes, the county jail has a procedure already in place that isolates any positive individuals. There 17 negative pressure cells that COVID-19 positive individuals can be housed in. Additionally, there are entire dorm facilities that are separate from the main housing areas to place large quantities of COVID-19 positive individuals in.</p> <p>Prison: No.</p>																																	

	<p>Larger facilities like SNFs or large assisted living may have the ability to safely isolate COVID-19 positive individuals if they have sufficient space, PPE, and trained staff. Many small assisted living facilities (RCFEs) or ARFs may not have the ability to isolate COVID-19 positive individuals due to:</p> <ul style="list-style-type: none"> - Lack of space to isolate- shared bedrooms, bathrooms and eating areas - Small amount of staff- one staff for multiple individuals - Staff not adequately trained in PPE donning and doffing - Lack of PPE- many facilities did not order large amounts of PPE prior to COVID-19 and are now unable to order more if needed due to the fact that we are all on allocation <p>Also, facilities that serve developmentally disabled, mental health or memory care patients struggle with patients complying with isolation orders, wearing cloth masks within the house, handwashing etc.</p>
<p>Do facilities have the ability to safely quarantine individuals who have been exposed?</p>	<p>Currently the county jail has a procedure where all incoming inmates are placed into quarantine for 14 days, where they are medically monitored for COVID-19 symptoms, after their quarantine is up, they are checked and moved into a different housing area. If someone is exposed, they are placed into quarantine, tested, and medically monitored.</p> <p>Prison: No, they have ~100 isolation cells with open bars (Can house 2 patients, for a total of ~200), given the positive count, that far exceeds the capacity of that area. They brought in tents from VAFB, unknown on capacity</p>
<p>Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?</p>	<p>We have sufficient testing supplies to conduct a thorough outbreak investigation however we lack the necessary staff to conduct and coordinate the testing at facilities. If we require facilities like SNFs or assisted living to conduct screening testing every few weeks, it would be very hard for PHD to support them with staff to do the testing.</p>
<p>Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?</p>	<p>No, they do not have sufficient PPE for staff. Many facilities have some PPE but not enough if they have one or even multiple positive residents. They do have access to suppliers; however, all facilities are on allocation and are only receiving a specific amount each month. Smaller facilities did not order this level of PPE on a regular basis prior to COVID-19 and are now having issues ordering gowns, N95s, and eye protection.</p>
<p>Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?</p>	<p>Yes, they do have access to staffing agencies, however all the facilities share staff and they all utilize the same staffing agencies. The amount of staff that is shared between facilities is an issue for staffing as well as potential exposure in multiple facilities. In other counties we have seen issues occur when using staffing agencies such as staff not reporting or leaving facility when they find out facility has COVID-19 residents.</p>

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 Scarce Medical Resources Work Group is comprised of community stakeholders and has an objective and equitable methodology to distributed needed resources to agencies serving priority populations.

The EOC has a call center and wellness support line to assist community members to thrive and maintain their wellbeing. Community members with physical, mental, emotional, and financial needs are linked to community agencies or county services.

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?

4 - Acute Care Surge	
Criterion	Status
Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?	Yes, via CDPH hospital report.
Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?	Hospitals and other facilities are utilizing their own vendors, finding new vendors and still requesting resources from the MHOAC. Many facilities are unable to purchase isolation gowns, FDA hand sanitizer, healthcare disinfectant wipes, gloves, and surgical masks.
Are hospitals testing all patients prior to admission to the hospital?	Yes. Hospitals are testing patients on admission and prior to any operation. They are also required to test prior to discharge to a long-term care or congregate living facility. Cottage is also testing all in patients.
Do hospitals have a plan for tracking and addressing occupational exposure?	Yes, based on their infection control program and protocol.

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?

5 -Essential Workers	
Criterion	Status
How many essential workplaces are in the county?	Unable to determine.
What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?	The County has provided specific direction to all essential business through a Health Officer Order - Attachment E to that order sets forth a specific social distancing protocol and hygiene plan which must be completed, signed and posted.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes. Essential businesses have access to key critical supplies. While many orders through open market and are prioritized, the Public Health Department assists in the procurement of critical supplies via the state critical resource procurement process specifically for other health care partners.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, the Public Health Department has a testing plan for essential wo workers no are sick or symptomatic and has consistently tested individuals upon request.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, the county has secured a cadre of hotels in regions of the county to support the isolation and quarantine of essential workers.

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?

6 - Special Considerations	
Criterion	Status
Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID19 transmission, e.g. agriculture or manufacturing?	Yes, farm and agricultural workers. Special considerations, guidelines and best practices are contained the Santa Barbara County RISE Guide.
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?	Santa Barbara County has a mix of industries that will result in the county accelerating in certain areas, with respect to telework. However, the county also has a significant number of manufacturing, agriculture and service/retail workers who must be present at a physical work location.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes, based on self-attestation on Social Distancing Protocol (Attachment E) included in the HO Order 2020-8.1.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, via community testing sites, providers, workplace testing, and public health lab, as appropriate.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, for first responders and farm workers.
Are there unique populations which may need special consideration to reduce or contain COVID 19 transmission? (elderly, medically fragile)	Yes; farmworkers, housing insecure, elderly, medically fragile.
Are there limits to the size of gatherings at any stage? Readiness or containment	Based on Governor’s Executive Order: 10.

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?

7 - Community Engagement	
Criterion	Status
Has the county engaged with its cities?	Yes, the county has consistently engaged each of the eight cities and one Community Services District throughout this event. Initially all were engaged via the EOC as a component of the operational areas call for general coordination and information, soon following elected and appointed leaders- mayors, city managers as well as the county legislative delegation held to 2 calls a week to provide information and solicit feedback. Most recently, each city was engaged as a critical stakeholder to inform the development of the Strategic Reopening Guide (RISE) - “Reopen In Safe Environment”- to ensure the unique needs of their jurisdiction are met.
Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?	The County has convened a broad group of stakeholders to provide information regarding the variance plan to ensure health and safety needs to suppress and contain COVID 19 and ensure the operational needs of businesses and non-profits are addressed. 27 stakeholder groups were convened representing over 350 individuals from a cross section of the County. These includes the following sectors: Ag and livestock, Auto dealerships, communications infrastructure, construction, delivery services, energy and utilities, food packing, hotels and lodging, life sciences, logistics and warehousing, facilities, manufacturing, mining and logging, offices and work spaces, ports, public transit and passenger rail, real-estate, and retail. The County Health Officer also sought input an expert medical panel to advise on criteria for reopening including epidemiological data, health care status and public health specific needs.
Have virtual community forums been held to solicit input into the variance plan?	Yes, multiple virtual community forums have occurred for each business sector. In addition, the Expert Panel has specifically engaged virtually to formulate readiness and containment criteria as outlined by the state.
Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?	Yes - the county of is committed to ensuring the cultural competency pf its work and has ensured the engagement is reflective of the racial, ethnic and linguistic diversity of the county. This has been accomplished through the composition of the stakeholder panels as well as engaging multiple community advisors to ensure all occurs in a culturally competent manner. All communication is in English and Spanish and targeted Mixteco communication plans are also employed.

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?

The data and analysis in the RISE Guide (Figures 3 & 5) is an important planning consideration that was weighted by Santa Barbara County. Both San Luis Obispo and Ventura County are working on their attestation process. Coordinating efforts are discussed. Further, San Luis Obispo and Santa Barbara County planning processes for reopening are complimentary and integrated.

In Stage 2, visitors should not spend time in Santa Barbara County, and hotels should not make reservations for out of area visitors, unless they are essential workers. However, the county is prepared and has developed a contact tracing program with capacity to support known patterns of normal travel.

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, Henning Ansorg, hereby attest that I am duly authorized to sign and act on behalf of Santa Barbara County. I certify that Santa Barbara County 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 Santa Barbara County, 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 Henning Ansorg, MD

Signature: *Henning Ansorg, MD*

Position/Title Santa Barbara County Health Officer

Date May 18, 2020

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

COVID-19 VARIANCE ATTESTATION FORM

FOR SANTA BARBARA 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: Santa Barbara County

County Contact: Van Do-Reynoso

Public Phone Number: 805-681-5102

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.

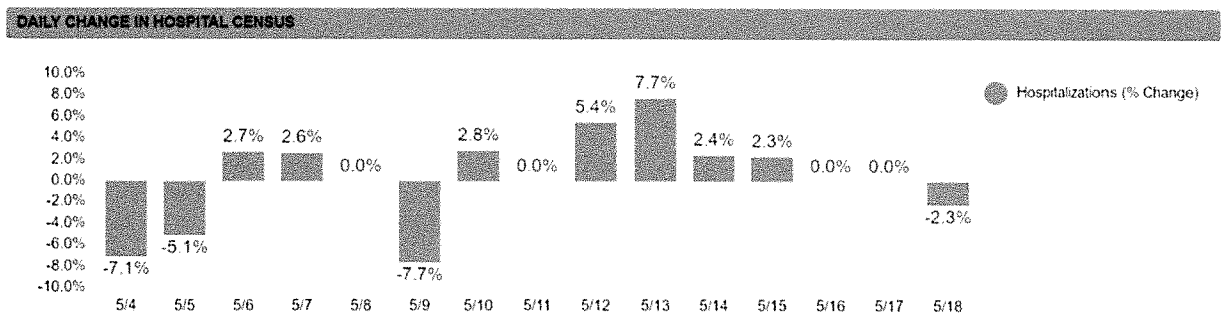
It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions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

Santa Barbara County has a stable number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in total number of hospitalized confirmed COVID-19 patients of <+5%. The average daily percent change from May 12 to May 18 is 2.2%.



He

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

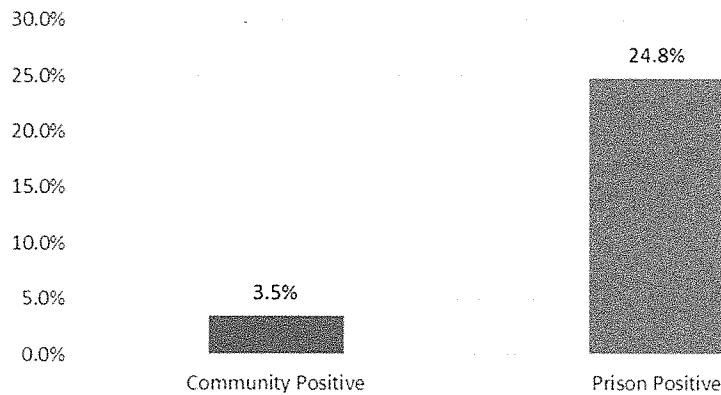
NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue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

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

Santa Barbara County meets the criteria testing positivity over the past 7 days of 8% criteria, at 3.5% for the period of May 12 to May 18. The Public Health Department is tracking the testing positivity rate for the Federal Corrections Institution in Lompoc (FCI) separately. For the same period, the testing positivity rate for the FCI is 24.8%.

7-day Testing Positivity Percentage
by Collection Date



- **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).

Health Officer Order No 2020 – 8.1 provides guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Health Officer Order 2020 - 8.1 requires a specific social distancing protocol (Attachment E), which must be completed, signed, and posted at a visible location in the workplace.

The Social Distancing Protocol is required for all essential businesses and explains how a business will achieve the following, as applicable:

- a. Limiting the number of persons who can enter into the facility and work areas at any one time to ensure that persons in the facility and work areas can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the Essential Business activity;
- b. Where lines may form at a facility, marking increments of six feet, at a minimum, establishing where individuals must stand to maintain adequate social distancing;
- c. Providing hand sanitizer, soap and water, or other effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees and in locations where there is high-frequency employee interaction with the public (e.g., cashiers);
- d. Providing for contactless payment systems or, if not feasible to do so, providing for disinfecting all payment portals, pens, and styluses after each use;
- e. Regularly cleaning and disinfecting other high touch surfaces;
- f. Posting a sign at the entrance of the facility and work area informing the public and employees that they should avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into their elbow; and not shake hands or engage in unnecessary physical contact.

Attached is the Health Officer Order No 2020-8.1

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

Essential businesses have access to key critical supplies. While many orders through open market and are prioritized, the Public Health Department assists in the procurement of critical supplies via the state critical resource procurement process especially for other health care partners.

- **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.

Santa Barbara County needs to test approximately 675 people per day to meet the testing volume of 1.5 per 1,000 residents. The average tests per day over the past 14 days is 507. We are currently tracking testing volume at www.publichealthsb.org. However, testing capacity in Santa Barbara County exceeds the required 675 tests per day. Testing volume has not matched testing capacity because the stay well at home order has kept the numbers of symptomatic persons needing testing low. As CDPH's testing criteria have expanded to include mildly symptomatic and asymptomatic persons, Santa Barbara County has encouraged providers to test more widely, encouraged residents to seek testing, and is implementing surveillance testing for vulnerable populations. In addition, the number of tests per day is under-reported since commercial laboratories may not be diligent in entering all negative results in CalRedie.

As demonstrated by testing capacity and our plans to increase testing volume, Santa Barbara County will be able to meet our community's needs during Stage 2 of reopening. We estimate Santa Barbara's County's testing capacity as follows:

• Three OptumServe test sites:	396 tests/day
• Public Health Laboratory:	100 tests per/day capacity
• Hospitals Testing Capacity:	<u>194 tests/day</u>
	Total: 690 tests/day
• Outpatient sites using commercial laboratories: (Lab Corp, Quest, Westpac)	Unlimited/day
Total Available Testing Capacity in SBC:	Unlimited tests/day

- o 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.

Santa Barbara County maintains a list of area health care providers that are providing COVID testing at www.sbcphd.org. The direct link to these screening locations can be found at Public Health Website. Attached is the document as well.

Santa Barbara County also mapped all county and state sponsored testing locations and found that 98.8% of parcels are within 20 miles of a testing locations.

(1 ATTACHMENT)
(1 GIS MAP)

- o 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.]

o

Santa Barbara County, with a population of 450,000, has the capacity to exceed the currently underestimated baseline of 1.35 tests per 1,000 population (per CDPH report shared on 5/17/2020). Between May 1-May 17, there was a total of 7,658 tests performed for county residents. With the Public Health Department's robust disease control and surveillance programs and as detailed in our Reopen In Safe Environment (RISE) Guide, ongoing testing and monitoring will occur as follows:

- Daily epidemiological analysis utilizing CalREDIE's Data Distribution Portal and other custom reports allowing for rapid identification and mitigation when deviations in priority metrics occur
- Comprehensive contact tracing and monitoring for all positive cases in Santa Barbara County
- Baseline surveillance and outbreak testing of SNF and HCP for SARS-CoV-2 by PCR. Pooled Sample Strategy for large population surveillance will be implemented in case of limited testing or human resources.
- UCSB is performing a prevalence study on students and staff (n=1500) for SARS-CoV-2 to be completed in June 2020, results will be shared with Public Health Department
- Local Sheriff's office had complete staff tested per SARS-CoV-2 PCR (n=380 with 0 positive cases).
- Sheriff and local Police departments are planning to screen all staff for IgG antibodies. Results will be shared with Public Health Department.

- Daily community testing per 3 OptumServe stations with capacity for 130 daily per site. Prevalence for SARS-CoV-2 was <1% during initial 2 weeks (May 3-12).
- Planned remote community testing events in remote area of county (City of Guadalupe) planned for May 30 and May 31 to reach agricultural/farmworker community
- Priority testing with same day turnaround is available in our Public Health Lab for up to 100 tests per day
- We have unlimited testing capabilities through commercial labs, including Quest, Lab Corp, and Westpac.

- **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:
 - 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).

To meet this criteria, Santa Barbara county must have 68 tracers trained and available for contact tracing. The Public Health Department currently has 48 trained tracers that are actively working in this role. We have an additional 34 staff throughout various county departments that have been trained and are ready to be deployed as needed. We also have plans to train an additional 31 staff from Family Services Agency this week. We anticipate our pool of tracers to be reflective of community racial, ethnic, and linguistic diversity. In total, we have 113 trained tracers available to support containment efforts. Lastly, there is a pool of 250 candidates in the pipeline eligible to be trained as tracers based on our HR recruitment efforts.

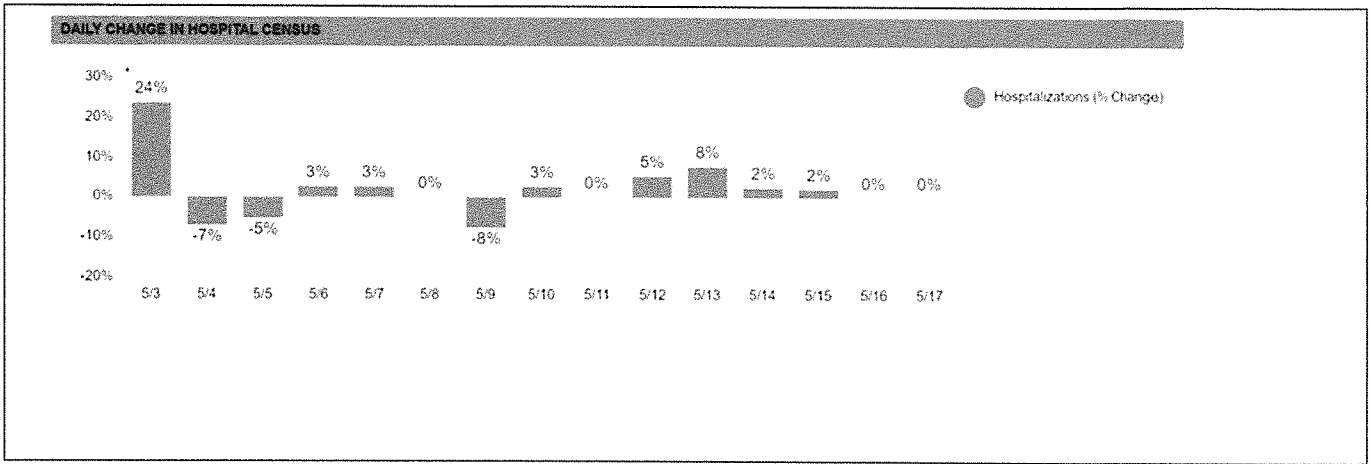
- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing 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.

Santa Barbara County 2019 Point in Time Survey indicate 1,803 persons were counted as homeless. To meet this criteria, Santa Barbara must have at least 270 temporary housing units to shelter county residents experiencing homelessness. The County current has 66 rooms in South County as part of Project Room Key to shelter 75 older adults experiencing homelessness and who also have underlying medical conditions. This site has the capacity to fill another 9 rooms. Currently 31 people are housed at the Santa Maria Shelter. Good Samaritan, our contracted provider, can accommodate 20 additional people at their shelter. In addition, the County has hotel contracts in place sufficient to accommodate additional rooms if needed. Currently, the County has an average of 5 people needing hotel rooms during their isolation and quarantine period, and we are able to accommodate the need.

- **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.

Three of five the hospitals in Santa Barbara County have substantial capacity, including ICU beds, ventilators, and adequate PPE available to handle standard health care capacity, current COVID-19 cases, and potential surge due to COVID-19. The remaining two hospitals are part of the larger hospital system included in the previous description. Currently there are 678 staffed and available hospital beds in the 3 local hospitals. The three hospitals have verified a surge capacity for 699 beds for COVID-19 patients. As of May 17, there were 44 COVID-19 individuals hospitalized in Santa Barbara County. However, COVID patients are a small percentage of local hospital census, averaging less than 3% over a 14-day period. We are tracking this information on www.sbcphd.org. The data below is for May 18, 2020.

TOTAL BEDS	BEDS OCCUPIED	PERCENT OCCUPIED	VENTILATORS
COVID-19 Treatment Beds 699	Total Hospitalized 43	COVID-19 Treatment Beds 6.2%	Total Ventilators: 130
Med/Surg Beds 569	Med/Surg Beds 29	Med/Surg Beds 5.1%	Ventilators In Use: 22
ICU Beds 131	ICU Beds 14	ICU Beds 10.7%	Percent In Use: 17%
			Ventilators In Use For COVID-19:



- o 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.

Per the daily CDPH Hospital Reports, the three hospitals are reporting sufficient PPE's for a 14-day period. Hospitals are utilizing their own vendors, finding new vendors, and will request resources from the MHOAC if needed. Santa Barbara Public Health Department has developed a Scarce Medical Resources Committee to provide a standardized approach to PPE distribution and prioritization of resources to our healthcare stakeholders. Below is the current PPE distributed to each of the hospitals as of May 18.

Cottage Health	N-95	105880
	Surgical Mask	13350
	Isolation Gowns	1540
	Gloves	0
	Eye Protection	1909
	Hand Sanitizer	24
	NP Swabs	1050
	Viral Transport Media	735
Marian Regional Medical Center	N-95	9380
	Surgical Mask	13650
	Isolation Gowns	500
	Gloves	0
	Eye Protection	80
	Hand Sanitizer	100
	NP Swabs	1375

	Viral Transport Media	530	
Lompoc Valley Medical Center	N-95	2890	
	Surgical Mask	5580	
	Isolation Gowns	3240	
	Gloves	0	
	Eye Protection	90	
	Hand Sanitizer	208	
	NP Swabs	965	
	Viral Transport Media	300	

- **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:
 - o 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.

Skilled nursing facility and long term care guidance will include:

- Testing strategy will be released that includes guidance for surveillance testing and facility wide testing for facilities with positive cases.
- Guidance for infection control, PPE support, and cohorting or transfer of positive cases.
- Requirements to report suspect and positive cases, PPE and staffing shortages, shared staff, and all transfers.
- Long Term Care discharge requirement guidance for hospitals and long term care/congregate care facilities
- Daily ReddiNet polls for reporting of cases, patient levels, and PPE
- Immediate communication between of cases at skilled and assisted living facilities
- Weekly conferences to review and discuss updated guidance and outbreaks

- o 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.

PPE resources at SNFs is tracked by the county via the CDPH survey. Facilities are able to request supplies from the MHOAC through the Scarce Medical Resource Committee.

Facility Name	Facility Contact
Alto Lucero Transitional Care	Najib Yamak
Atterdag Care Center	Heather Anderson
Buena Vista Care Center	Cindy Jordan
Casa Dorinda	Vicky MacGregor
Country Oaks Care Center	Carolyn Beasley
Lompoc Skilled Nursing & Rehabilitation	Mark Hall
Lompoc Comprehensive Care Center	Lorraine Jones
Marian Extended Care Center	Deborah Mockler-Young
Mission Terrace	Eve Murphy
Santa Maria Post Acute	Bryan Tanner
The Californian	Jason Campbell
The Samarkand	Scott Bigler
Valle Verde Health Facility	Jeremiah Hovsepien Bearce
Villa Maria Post Acute	Jared Cullifer

- **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.

STAGE 2 SECTORS TIMELINE

Currently, the following sectors and workplaces are allowed

- Low-risk workplaces
Retail with the option of curbside pickup, including but not limited to bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists.
- Supply chains supporting the above businesses, in manufacturing and
- Logistical sectors
- Outdoor museums and open gallery spaces

Anticipated CDPH posting of Santa Barbara Attestation of Variance around May 22, 2020

Beginning week of May 25, 2020, **and** to follow as determined by Health Officer Orders

- Dine-in restaurants (**other facility amenities, like bars or gaming areas, are not permitted**)
- Outdoor dining
- Retail, including customer foot traffic
- Destination retail, including shopping malls and swap meets without on-site dining
- Office-based businesses (telework remains strongly encouraged)
- Personal services, limited to car washes, pet grooming, tanning facilities, and landscape gardening.
- Childcare will expand from serving children of essential service workers only to broader workforce. Childcare may be broadened to include summer day camps that are able to operate in accordance with childcare safety protocols outlined in Health Officer Orders
- Schools

- **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 following triggers for adjusting modifications were created by the Expert Health Panel for the ReOpening In Safe Environment (RISE) document, see attached Santa Barbara County Reopening in Safe Environment Rise Guide.

Table 5. Adapted mitigation measures needed when one or more criteria in at least 2 of 3 columns 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) ✓ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days from a mass 	<ul style="list-style-type: none"> ✓ Inability to scale up to 35% 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 35% increase in current caseload ✓ Insufficient PPE for all health care workers ✓ Insufficient face masks such that all patients seeking care have 	<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 ✓ 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.

<p>gathering or long-term care facility) ✓ Increasing number of new health care worker infections averaged over a 7-day period</p>	<p>appropriate face coverings. ✓ 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</p>	<p>✓ Inability to test 2 per 1,000 residents, per day ✓ Greater than 7% test positivity over 7 days, average ✓ Increasing test positivity over prior 7 days</p>
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• **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 RISE document contains a containment plan created by an expert health panel to guide the SBC Public Health Department. The document is attached and available at <https://recoverycbc.org/the-rise-guide/>.

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?

1 - Testing	
Criterion	Status
Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?	Yes. In addition to community testing, hospitals, community health centers, and providers are also testing.
Is the average percentage of positive tests over the past 7 days <7% and stable or declining?	The positivity rate is 3.5%, when separated from the prison data.
Have specimen collection locations been identified that ensure access for all residents?	In Santa Maria, Lompoc, and Santa Barbara.
Have contracts/relationships been established with specimen processing labs?	Yes.
Is there a plan for community surveillance?	Yes. Please see response above in the Surveillance section.

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?

2 - Contact Tracing	
Criterion	Status
How many staff are currently trained and available to do contact tracing?	68 tracers required of the county; and we have 113, with more in the pipeline to be trained.
Are these staff reflective of community racial, ethnic and linguistic diversity?	Yes.
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?	Yes.
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?	We have hotel contracts in place sufficient to accommodate at least 15% of the homeless population in the county.

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?

3 - Protecting the Vulnerable																															
Criterion	Status																														
How many congregate care facilities, of what types, are in the county?	<p>We have the following licensed care facilities within our county</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Facility Type</th> <th style="text-align: center;"># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Skilled Nursing Facility (SNF)</td> <td style="text-align: center;">14</td> </tr> <tr> <td>Intermediate Care Facility (ICF)</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Residential Care Facility for the Elderly (RCFE)</td> <td style="text-align: center;">120</td> </tr> <tr> <td>Adult Residential Facility (ARF)</td> <td style="text-align: center;">43</td> </tr> <tr> <td>Hospice Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Social Rehabilitation Facility</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Enhanced Behavioral Support Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Psychiatric Health Facility</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">192</td> </tr> </tbody> </table> <p><i>Data from CDPH and CCLD facility search.</i></p> <p>Additional unlicensed congregate care facilities that we should be concerned with:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Facility Type</th> <th style="text-align: center;"># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Homeless Shelter</td> <td style="text-align: center;">7</td> </tr> <tr> <td>Independent Senior Living</td> <td style="text-align: center;">63</td> </tr> <tr> <td>Group Homes</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: center;">79</td> </tr> </tbody> </table> <p><i>Data from Santa Barbara County PHD VP Database. These numbers are approximate and there may be more or less of these types of facilities within the county. VP Database is updated annually however facilities must provide updated information to PHD.</i></p> <p>An additional group we should be concerned about are private congregate settings that house UCP Work Inc and Tri-Counties Regional Center clients. We do not have numbers on how many locations there are.</p>	Facility Type	# of Facilities	Skilled Nursing Facility (SNF)	14	Intermediate Care Facility (ICF)	8	Residential Care Facility for the Elderly (RCFE)	120	Adult Residential Facility (ARF)	43	Hospice Facility	1	Social Rehabilitation Facility	4	Enhanced Behavioral Support Facility	1	Psychiatric Health Facility	1	TOTAL	192	Facility Type	# of Facilities	Homeless Shelter	7	Independent Senior Living	63	Group Homes	9	TOTAL	79
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How many correctional facilities, of what size, are in the county?	<p>There is one correctional facility for the Santa Barbara County Sheriff's Office. It has a rated capacity of around 800 inmates, but it currently houses 575 inmates.</p> <p>LP: approximately how many inmates and staff? Approximately 2,700 inmates; 450 staff</p>																														
How many homelessness shelters	<p>Santa Barbara County has 21 Organizations; 766 Beds serving the homeless population.</p>																														

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<p>What is the COVID-19 case rate at each of these facilities?</p>	<table border="1"> <thead> <tr> <th>Population Type</th> <th>Cases</th> <th>Denominator</th> <th>Rate per 100 (%)</th> </tr> </thead> <tbody> <tr> <td>FCI Prison Inmates</td> <td>854</td> <td>3000</td> <td>28.46666667</td> </tr> <tr> <td>Jail Inmates</td> <td>1</td> <td>575</td> <td>0.173913043</td> </tr> <tr> <td>Nursing Homes</td> <td>2</td> <td>950</td> <td>0.210526316</td> </tr> <tr> <td>Homeless</td> <td>4</td> <td>1803</td> <td>0.221852468</td> </tr> </tbody> </table>	Population Type	Cases	Denominator	Rate per 100 (%)	FCI Prison Inmates	854	3000	28.46666667	Jail Inmates	1	575	0.173913043	Nursing Homes	2	950	0.210526316	Homeless	4	1803	0.221852468			
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<p>Do facilities have the ability to safely isolate COVID-19 positive individuals?</p>	<p>Yes, the county jail has a procedure already in place that isolates any positive individuals. There 17 negative pressure cells that COVID-19 positive individuals can be housed in. Additionally, there are entire dorm facilities that are separate from the main housing areas to place large quantities of COVID-19 positive individuals in.</p> <p>Prison: No.</p> <p>Larger facilities like SNFs or large assisted living may have the ability to safely isolate COVID-19 positive individuals if they have sufficient space, PPE, and trained staff. Many small assisted living facilities (RCFEs) or ARFs may not have the ability to isolate COVID-19 positive individuals due to:</p> <ul style="list-style-type: none"> - Lack of space to isolate- shared bedrooms, bathrooms and eating areas - Small amount of staff- one staff for multiple individuals - Staff not adequately trained in PPE donning and doffing - Lack of PPE- many facilities did not order large amounts of PPE prior to COVID-19 and are now unable to order more if needed due to the fact that we are all on allocation <p>Also, facilities that serve developmentally disabled, mental health or memory care patients struggle with patients complying with isolation orders, wearing cloth masks within the house, handwashing etc.</p>																							
<p>Do facilities have the ability to safety quarantine individuals who have been exposed?</p>	<p>Currently the county jail has a procedure where all incoming inmates are placed into quarantine for 14 days, where they are medically monitored for COVID-19 symptoms, after their quarantine is up, they are checked and moved into a different housing area. If someone is exposed, they are placed into quarantine, tested, and medically monitored.</p> <p>Prison: No, they have ~100 isolation cells with open bars (Can house 2 patients, for a total of ~200), given the positive count, that far exceeds the capacity of that area. They brought in tents from VAFB, unknown on capacity</p>																							
<p>Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?</p>	<p>We have sufficient testing supplies to conduct a thorough outbreak investigation however we lack the necessary staff to conduct and coordinate the testing at facilities. If we require facilities like SNFs or assisted living to conduct screening testing every few weeks, it would be very hard for PHD to support them with staff to do the testing.</p>																							
<p>Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to</p>	<p>No, they do not have sufficient PPE for staff. Many facilities have some PPE but not enough if they have one or even multiple positive residents. They do have access to suppliers; however, all facilities are on allocation and are only receiving a specific amount each month. Smaller facilities did not order this level of PPE on a regular basis prior to COVID-19 and are now having issues ordering gowns, N95s, and eye protection.</p>																							

suppliers for ongoing PPE needs?	
Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?	Yes, they do have access to staffing agencies, however all the facilities share staff and they all utilize the same staffing agencies. The amount of staff that is shared between facilities is an issue for staffing as well as potential exposure in multiple facilities. In other counties we have seen issues occur when using staffing agencies such as staff not reporting or leaving facility when they find out facility has COVID-19 residents.

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 Scarce Medical Resources Work Group is comprised of community stakeholders and has an objective and equitable methodology to distributed needed resources to agencies serving priority populations.

The EOC has a call center and wellness support line to assist community members to thrive and maintain their wellbeing. Community members with physical, mental, emotional, and financial needs are linked to community agencies or county services.

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?

4 - Acute Care Surge	
Criterion	Status
Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?	Yes, via CDPH hospital report.
Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?	Hospitals and other facilities are utilizing their own vendors, finding new vendors and still requesting resources from the MHOAC. Many facilities are unable to purchase isolation gowns, FDA hand sanitizer, healthcare disinfectant wipes, gloves, and surgical masks.

Are hospitals testing all patients prior to admission to the hospital?	Yes. Hospitals are testing patients on admission and prior to any operation. They are also required to test prior to discharge to a long-term care or congregate living facility. Cottage is also testing all in patients.
Do hospitals have a plan for tracking and addressing occupational exposure?	Yes, based on their infection control program and protocol.

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?

5 -Essential Workers	
Criterion	Status
How many essential workplaces are in the county?	Unable to determine.
What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?	The County has provided specific direction to all essential business through a Health Officer Order - Attachment E to that order sets forth a specific social distancing protocol and hygiene plan which must be completed, signed and posted.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes. Essential businesses have access to key critical supplies. While many orders through open market and are prioritized, the Public Health Department assists in the procurement of critical supplies via the state critical resource procurement process specifically for other health care partners.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, the Public Health Department has a testing plan for essential wo workers no are sick or symptomatic and has consistently tested individuals upon request.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, the county has secured a cadre of hotels in regions of the county to support the isolation and quarantine of essential workers.

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?

6 - Special Considerations	
Criterion	Status
Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID19 transmission, e.g. agriculture or manufacturing?	Yes, farm and agricultural workers. Special considerations, guidelines and best practices are contained the Santa Barbara County RISE Guide.
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?	Santa Barbara County has a mix of industries that will result in the county accelerating in certain areas, with respect to telework. However, the county also has a significant number of manufacturing, agriculture and service/retail workers who must be present at a physical work location.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes, based on self-attestation on Social Distancing Protocol (Attachment E) included in the HO Order 2020-8.1.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, via community testing sites, providers, workplace testing, and public health lab, as appropriate.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, for first responders and farm workers.
Are there unique populations which may need special consideration to reduce or contain COVID 19 transmission? (elderly, medically fragile)	Yes; farmworkers, housing insecure, elderly, medically fragile.
Are there limits to the size of gatherings at any stage? Readiness or containment	Based on Governor’s Executive Order: 10.

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?

7 - Community Engagement	
Criterion	Status
Has the county engaged with its cities?	Yes, the county has consistently engaged each of the eight cities and one Community Services District throughout this event. Initially all were engaged via the EOC as a component of the operational areas call for general coordination and information, soon following elected and appointed leaders- mayors, city managers as well as the county legislative delegation held to 2 calls a week to provide information and solicit feedback. Most recently, each city was engaged as a critical stakeholder to inform the development of the Strategic Reopening Guide (RISE) - "Reopen In Safe Environment"- to ensure the unique needs of their jurisdiction are met.
Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?	The County has convened a broad group of stakeholders to provide information regarding the variance plan to ensure health and safety needs to suppress and contain COVID 19 and ensure the operational needs of businesses and non-profits are addressed. 27 stakeholder groups were convened representing over 350 individuals from a cross section of the County. These includes the following sectors: Ag and livestock, Auto dealerships, communications infrastructure, construction, delivery services, energy and utilities, food packing, hotels and lodging, life sciences, logistics and warehousing, facilities, manufacturing, mining and logging, offices and work spaces, ports, public transit and passenger rail, real-estate, and retail. The County Health Officer also sought input an expert medical panel to advise on criteria for reopening including epidemiological data, health care status and public health specific needs.
Have virtual community forums been held to solicit input into the variance plan?	Yes, multiple virtual community forums have occurred for each business sector. In addition, the Expert Panel has specifically engaged virtually to formulate readiness and containment criteria as outlined by the state.
Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?	Yes - the county of is committed to ensuring the cultural competency pf its work and has ensured the engagement is reflective of the racial, ethnic and linguistic diversity of the county. This has been accomplished through the composition of the stakeholder panels as well as engaging multiple community advisors to ensure all occurs in a culturally competent manner. All communication is in English and Spanish and targeted Mixteco communication plans are also employed.

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?

The data and analysis in the RISE Guide (Figures 3 & 5) is an important planning consideration that was weighted by Santa Barbara County. Both San Luis Obispo and Ventura County are working on their attestation process. Coordinating efforts are discussed. Further, San Luis Obispo and Santa Barbara County planning processes for reopening are complimentary and integrated.

In Stage 2, visitors should not spend time in Santa Barbara County, and hotels should not make reservations for out of area visitors, unless they are essential workers. However, the county is prepared and has developed a contact tracing program with capacity to support known patterns of normal travel.

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

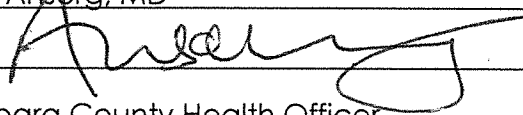
All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov.

I, Henning Ansorg, hereby attest that I am duly authorized to sign and act on behalf of Santa Barbara County. I certify that Santa Barbara County 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 Santa Barbara County, 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 Henning Ansorg, MD

Signature _____



Position/Title Santa Barbara County Health Officer

Date May 18, 2020



Post Office Box 689
400 West Pueblo Street
Santa Barbara, CA 93102-0689
p: 805-682-7111
w: CottageHealth.org

May 18, 2020

Van Do-Reynoso, Ph.D.
Director
Santa Barbara County Public Health Department
300 N. San Antonio Road
Santa Barbara, CA 93110

Dear Dr. Do-Reynoso:

I am writing in support of Santa Barbara County Public Health's attestation that the Santa Barbara County hospitals have the necessary capacity, including ICU beds and ventilators, and adequate PPE's to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19.

Santa Barbara Cottage Hospital was pleased to participate in the Santa Barbara County Health Expert Panel to help develop the metrics the County will use to determine the ability to loosen, and if necessary tighten, restrictions. These metrics are contained in the *Reopening In Safe Environment* (RISE), the County's reopening plan.

Please feel free to contact me if you have any questions.

Sincerely,

Ron Werft
President and Chief Executive Officer
Cottage Health

RCW/jp

Facility Name	Site Address
Sansum Clinic	215 Pesetas Lane, Santa Barbara, CA 93110
SBNC Isla Vista Neighborhood Clinic	970 Embarcadero Del Mar, Isla Vista, CA 93117
SBNC Westside Neighborhood Clinic	628 Micheltorena St, Santa Barbara, CA 93101
SBNC Goleta Neighborhood Clinic	5580 Calle Real, Goleta, CA 93111
SBNC Eastside Neighborhood Clinic	923 North Milpas Street, Santa Barbara, CA 93103
SBNC Integrated Care	115 West Anapamu Street #B151, Santa Barbara, CA 93101
Community Health Care Del Valle	430 S. Blosser Road, Santa Maria, CA 93458
Santa Barbara Health Care Center	245 Camino Del Remedio, Santa Barbara, CA 93110
Lompoc Health Care Center	301 North R Street, Lompoc, CA 93436
Santa Maria Health Care Center	2115 S. Centerpointe Pkwy, Santa Maria, CA 93455
Carpinteria Health Care Center	931 Walnut Ave, Carpinteria, CA 93013
The MedCenter	2954 State St, Santa Barbara, CA 93105
Zugan Health Urgent Care	1015 De La Vina St E, Santa Barbara, CA 93101
Santa Ynez Tribal Health Clinic	90 Via Juana Rd, Santa Ynez, CA 93460
State Testing: Santa Maria	Santa Maria Fairpark 937 Thronburg Street, Santa Maria, CA 93458
State Testing: Santa Barbara	Earl Warren Showgrounds 3400 Calle Real, Santa Barbara, CA 93105
State Testing: Lompoc	Anderson Recreation Center 125 West Walnut Ave, Lompoc, CA 93436
Lompoc Valley Medical Center	515 E Ocean Ave, Lompoc, CA 93436
Marian Regional Medical Center	1400 E Church St, Santa Maria, CA 93454
Santa Barbara Cottage Health	400 W. Pueblo St.Santa Barbara, CA 93105
Santa Ynez Valley Cottage Health	2020 Viborg Rd, Solvang, CA 93463
Goleta Valley Cottage Health	351 S. Patterson Ave. Goleta, CA 93111

HEALTH OFFICER ORDER NO. 2020-8.1
COUNTY OF SANTA BARBARA

FOR THE CONTROL OF COVID-19
STAY WELL AT HOME ORDER
DEFINED ESSENTIAL BUSINESSES AND DEFINED LOWER-RISK BUSINESSES
WITHIN SANTA BARBARA COUNTY

Health Officer Order No. 2020-8.1
Supersedes and Replaces Health Officer Order No. 2020-8

Effective Date: May 8, 2020, 5:00pm PDT

(The underlined language is changed from HO 2020-8.)

Please read this Order carefully. Violation of or failure to comply with this Order may constitute a misdemeanor punishable by fine of up to \$1,000, imprisonment, or both. (Health and Safety Code §§ 101029, 120295 et seq.) Violators are also subject to civil enforcement actions including fines or civil penalties per violation per day, injunctive relief, and attorneys' fees and costs.

WHEREAS, on March 4, 2020, Governor Newsom declared a state of emergency for conditions caused by a novel coronavirus, COVID-19, and on March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, and on March 12, 2020, the County of Santa Barbara declared a local emergency and a local health emergency in relation COVID-19 in the community; and

WHEREAS, in the County of Santa Barbara as well as throughout California and the nation, there are insufficient quantities of critical healthcare infrastructure, including hospital beds, ventilators and workers, capable of adequately treating mass numbers of patients at a single time – should the virus spread unchecked; and

WHEREAS, in direct response to the lack of healthcare infrastructure, governments across the nation are taking actions to slow the spread of COVID-19 in order to “flatten the curve” of infection and reduce the numbers of individuals infected at any one time by minimizing situations where the virus can spread; and

WHEREAS, in furtherance of this effort, on March 19, 2020, Governor Newsom issued Executive Order N-33-20, which is attached hereto as Attachment F and incorporated by this reference, requiring all persons residing in the State to remain in their homes or places of residence, except as needed to maintain the continuity of operations for critical infrastructure (the “State Stay-at-Home Order”); and

WHEREAS, also on March 19, 2020, the State Public Health Officer ordered all individuals living in the State of California to stay home or at their place of residence, except as needed to maintain continuity of operations for the federal critical infrastructure sectors, which was updated on March 28, 2020, attached hereto as Attachment G and incorporated by this reference; and

WHEREAS, on March 20, 2020, the State Public Health Officer designated a list of Essential Critical Infrastructure Workers, to help state, local, tribal, and industry partners as they work to protect communities, while ensuring continuity of functions critical to protect public health and safety, which was updated on March 22, 2020, attached hereto as Attachment H and incorporated by this reference; and

WHEREAS, on May 4, 2020, Governor Newsom issued Executive Order N-60-20, which is attached hereto as Attachment I and incorporated by this reference, to allow reopening of lower-risk businesses and spaces ("Stage Two Resilience Roadmap"); and

WHEREAS, the County Health Officer intends to define and specify jobs and functions within the Essential Critical Infrastructure Workers, and to implement the Stage Two Resilience Roadmap, for the County of Santa Barbara; and

WHEREAS, the County Health Officer finds: (1) the County has received repeated reports that some businesses described herein refuse to comply with the State Stay-at-Home Order; (2) the reported activities are inconsistent with the State Stay-at-Home Order and/or the Stage Two Resilience Roadmap; (3) guidance for these businesses is required to prevent the potential increased spread of COVID-19 which would add strain to the County of Santa Barbara health care system; (4) without the guidance and restrictions described herein some businesses are likely to continue to impair efforts at mitigating the spread of the illness both within the County and statewide; and (5) distinctions made in this Order are to minimize the spread of COVID-19 that could occur through proximity and duration of contact between individuals.

WHEREAS, the intent of this Order is to order businesses in the County of Santa Barbara regarding operations under the State Stay-at-Home Order and the Stage Two Resilience Roadmap, and to slow the spread of COVID-19 to the maximum extent possible. All provisions of this Order should be interpreted to effectuate this intent.

ACCORDINGLY, UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, TITLE 17 CALIFORNIA CODE OF REGULATIONS SECTION 2501, THE HEALTH OFFICER OF THE COUNTY OF SANTA BARBARA ORDERS:

1. This Order 2020-8.1 is effective 5:00 p.m. (PDT) May 8, 2020 and continuing until 5:00 p.m. (PDT), on May 31, 2020 or until it is extended, rescinded, superseded, or amended in writing by the County of Santa Barbara Health Officer ("Health Officer"). This Order applies in the incorporated and unincorporated areas of Santa Barbara County ("County").
2. **Social Distancing Protocol.** All defined essential businesses and defined lower-risk businesses shall implement social distancing protocol, except when closer contact is required for fire, law enforcement, first responders, childcare, adult or senior care, care to individuals with special needs, and patient care. Social distancing is: 1) maintaining at least a six-foot distance from all individuals who are not part of the same household or living unit; and 2) not gathering in groups.

All defined essential businesses and defined lower-risk businesses must prepare and post a "Social Distancing Protocol", Attachment E, for each of their facilities in the County frequented by the public or employees. The Social Distancing Protocol must be posted at or near the entrance of the relevant facility and shall be easily viewable by the public and employees. A copy of the Social Distancing Protocol must also be provided to each employee performing work at the facility. All defined essential businesses and defined lower-risk businesses shall implement the Social Distancing Protocol, and shall designate a specific on-duty employee to monitor and enforce compliance with the Social Distancing Protocol at all times the business is open to the public. Defined essential businesses and defined lower-risk businesses shall provide evidence of its implementation to any authority enforcing this Order upon demand.

Completion and posting of the Social Distancing Protocol, Attachment E, is required for compliance with this Order. The Social Distancing Protocol must explain how the defined essential business or defined lower-risk business is achieving the following:

- a. Limiting the number of persons who can enter into the facility and work areas at any one time to ensure that persons in the facility and work areas can easily maintain a minimum six-foot distance from one another at all times;
 - b. Where lines may form at a facility, marking increments of six feet, at a minimum, establishing where individuals must stand to maintain adequate social distancing;
 - c. Providing hand sanitizer, soap and water, or other effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees and in locations where there is high-frequency employee interaction with the public (e.g., cashiers);
 - d. Providing for contactless payment systems, or if not feasible to do so disinfect payment systems for the next customer by disinfecting all payment portals, keypads, pens, and styluses after each use;
 - e. Regularly cleaning and disinfecting other high-touch surfaces;
 - f. Posting a sign at the entrance of the facility and work area informing the public and employees that they should avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into their elbow; and not shake hands or engage in unnecessary physical contact; and
 - g. Any additional social distancing measures being implemented.
3. Unless otherwise ordered by the Health Officer, people may leave their residences:

(a) to obtain or perform essential services (such as grocery shopping, medical visits, or to work in defined essential businesses); (b) for outdoor recreation; or, (c) to obtain goods or services, or to perform work for, defined lower-risk businesses. People who leave their residences for any of these approved reasons still must comply with social distancing requirements at all times.

4. **Defined essential businesses that may remain open with social distancing** are listed in Attachment A, as attached hereto and incorporated by this reference. This list may be amended from time to time, as required for our region's response to COVID-19.
5. **Defined essential businesses and defined lower-risk businesses that may remain open with modified operations and social distancing** are listed in Attachment B, as attached hereto and incorporated by this reference. This list may be amended from time to time, as required for our region's response to COVID-19.
6. **Businesses that must close physical locations** are listed in Attachment C, as attached hereto and incorporated by this reference. Businesses listed in Attachment C may continue to provide services so long as those services can be provided remotely and without individuals physical present at the business location. Maintenance to prevent property damage of the businesses listed in Attachment C is allowed. This list may be amended from time to time, as required for our region's response to COVID-19.

This Health Officer Order No. 2020-8.1 supersedes and replaces Health Officer Order No. 2020-8 that was effective April 24, 2020.

This Order is issued as a result of the worldwide pandemic of COVID-19 which has infected at least 3,971,955 individuals worldwide, in 212 countries and territories, including 722 cases, and ten deaths in the County, and is implicated in over 273,823 worldwide deaths.

This Order is issued based on evidence of increasing transmission of COVID-19 both within the County and worldwide, scientific evidence regarding the most effective approach to slow transmission of communicable diseases generally and COVID-19 specifically, as well as best practices as currently known and available to protect the public from the risk of spread of or exposure to COVID-19.

This Order is issued because of the propensity of the virus to spread person to person and also because the virus physically is causing property loss or damage due to its proclivity to attach to surfaces for prolonged periods of time.

This Order is intended to reduce the likelihood of exposure to COVID-19, thereby slowing the spread of COVID-19 in communities worldwide. As the presence of individuals increases, the difficulty and magnitude of tracing individuals who may have been exposed to a case rises exponentially.

This Order is issued in accordance with, and incorporates by reference: the March 4, 2020 Proclamation of a State Emergency issued by Governor Gavin Newsom; the March 12, 2020 Declaration of Local Health Emergency and Proclamation of Emergency based on an imminent and proximate threat to public health from the introduction of novel COVID-19 in the County; the March 17, 2020 Resolution of the Board of Supervisors ratifying the County Declaration of Local Health Emergency and Proclamation of Emergency regarding COVID-19; the guidance issued on March 11, 2020 by the California Department of Public Health regarding large gatherings of 250 people or more; Governor Gavin Newsom's Executive Order N-25-20 of March 12, 2020 preparing the State to commandeer hotels and other places of temporary residence, medical facilities, and other facilities that are suitable as places of temporary residence or medical facilities as necessary for quarantining, isolating or treating individuals who test positive for COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period; the March 13, 2020 Presidential Declaration of a National Emergency due to the national impacts of COVID-19; the guidance issued on March 15, 2020 by the Centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials through the United States and around the world recommending the cancellation of gatherings involving more than fifty (50) or more persons in a single space at the same time; the March 16, 2020 order of the State Public Health Officer prohibiting all gatherings with expected presence above ten (10) individuals; Governor Newsom's Executive Order N-33-20 of March 19, 2020 ordering all persons to stay at home to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19; the March 22, 2020, Presidential Declaration of a Major Disaster in California beginning on January 20, 2020 under Federal Emergency Management Agency (FEMA) Incident DR-4482-CA; and, Governor Newsom's Executive Order N-60-20 of May 4, 2020 to allow reopening of lower-risk businesses and spaces ("Stage Two"), and then to allow reopening of higher-risk businesses and spaces ("Stage Three"), and directing the Public Health Officer to establish criteria and procedures to determine whether and how particular local jurisdictions may implement public health measures that depart from the statewide directives of the State Public Health Officer.

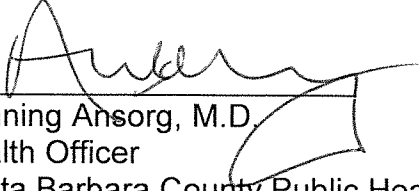
This Order is made in accordance with all applicable State and Federal laws, including but not limited to: Health and Safety Code sections 101040 and 120175; Health and Safety Code sections 101030 et seq., 120100 et seq.; and Title 17 of the California Code of Regulations section 2501.

If any provision of this Order or the application thereof to any person or circumstance is held to be invalid by a court of competent jurisdiction, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

The violation of any provision of this Order constitutes a threat to public health. Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code sections 101029 and 120295, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order.

Copies of this Order shall promptly be: (1) made available at the County Public Health Department; (2) posted on the County Public Health Department's website (publichealthsb.org); and (3) provided to any member of the public requesting a copy of this Order.

IT IS SO ORDERED:

A handwritten signature in black ink, appearing to read "Ansorg", written over a horizontal line. The signature is fluid and cursive.

Henning Ansorg, M.D.
Health Officer
Santa Barbara County Public Health Department

ATTACHMENT A

HEALTH OFFICER ORDER NO. 2020-8.1 COUNTY OF SANTA BARBARA

Defined Essential Businesses that May Remain Open with Social Distancing

1. Agriculture and related businesses and industries
2. Airlines
3. Alarm and security companies
4. Animal boarding, pet supply, grooming, rehabilitation and veterinary services, necessary for the health of the animal
5. Auto repair, parts and service
6. Banks and other financial services
7. Blood donation centers
8. Businesses that supply supplies or items required to work from home.
9. Cemeteries/mortuaries funeral parlor and internment services Community gardens for food production
10. Convenience stores
11. Distribution and delivery of essential consumer or business goods
12. Domestic violence shelters
13. Drug stores
14. Dry cleaners and laundromats
15. Electricians
16. Essential Government services
17. Exterminators
18. Farmer's markets, produce stands
19. Faith-based services:
 - a. May be provided through streaming or other technology; or
 - b. If provided in person all of the following protocols are followed:
 - i. all activity must occur outdoors;
 - ii. all persons attending the activity must be inside a motor vehicle occupied only by persons from the same household or living unit, not exceeding five persons;
 - iii. all motor vehicles at the gathering must maintain at least a minimum distance of six feet from all other vehicles
 - iv. all persons must remain in the vehicle in which they arrived at all times during the event;
 - v. no restroom facilities shall be made available to persons at the facility during the event; and

- vi. no tangible items of any kind, including food products, may be transferred to persons in the motor vehicles.
 - c. Notwithstanding the above, one or more persons, not exceeding five, may enter nearby buildings as necessary to put on the presentation.
20. Food and goods delivery services
 21. Food banks and other organizations that provide assistance to the disadvantaged
 22. **Food preparation facilities:** Food facility workers may not work while ill. "Food facility" or "food facilities" means all licensed food facilities, as defined by Section 113789 of the Health and Safety Code. No food facility worker or volunteer may work or volunteer in a food facility with symptoms of COVID-19.
 - a. The symptoms requiring exclusion from a food facility as defined by the Santa Barbara County Health Officer are found in Attachment A.
 - b. Food facility workers or volunteers who have had symptoms of COVID-19 as defined by the Santa Barbara County Health Officer (Attachment A) shall return to work only when they have been free of symptoms for at least 72 hours without medication AND at least seven (7) days have elapsed since the onset of symptoms.
 - c. The Health Officer recommends food facility operators actively screen all workers and/or volunteers, including those from outside services (such as HVAC, plumbing, or electrical contractors) for COVID-19 symptoms upon each individual's arrival at the food facility. Individuals who exhibit symptoms consistent with COVID-19 as defined by the Santa Barbara County Health Officer in Attachment D shall be immediately excluded from the facility.
 23. Gas stations
 24. Grocery stores
 25. Hardware stores
 26. Healthcare providers-doctors, dentists, mental health professionals, nurses, hospice and those who provide administrative support to such facilities
 27. Home-based healthcare
 28. Home repair and maintenance (plumbers, electricians, pool service, repairs)
 29. Homeless service providers, shelters
 30. Hospitals, clinics, and medical offices
 31. Information technology support (e.g., providers, repair shops)
 32. Liquor stores
 33. Mailing and shipping services
 34. Manufacturing of essential consumer and business goods
 35. Media
 36. Moving companies (to move individuals, families, belongings to new residence)
 37. Online wholesale or retail sales
 38. **Outdoor activities:** provided persons comply with social distancing requirements, such as, for example, visiting or walking through botanical gardens, walking, hiking, running, bicycling, pleasure driving, and working around

their places of residence, including gardening.

39. Pharmacies
40. Professional services (legal, insurance, title, accounting, mortgage brokers, payroll, and others as needed to assist with legally mandated or essential services)
41. Property management
42. Public transit, buses
43. Railroads
44. Ranching and related businesses and industries
45. Re-entry or rehabilitation facilities
46. Residential care facilities
47. Solid waste facilities and haulers
48. Storage facilities
49. Trucking and moving services
50. Utility providers: water, power, gas, cable, internet, cell service
51. Wholesale food facilities

ATTACHMENT B

HEALTH OFFICER ORDER NO. 2020-8.1 COUNTY OF SANTA BARBARA

Defined essential businesses and defined lower-risk businesses that may remain open with modified operations and social distancing

The following businesses and the supply chains supporting them, including their associated manufacturing and logistical sectors may remain open with modified operations described below, and shall require social distancing protocols for staff and customers at all times, including completing and posting the required Social Distancing Protocol included in Attachment E of this Order:

1. Antique stores for curbside pickup or delivery only
2. Auto dealerships but test drives accompanied by sales persons are not allowed; phone, online, and delivery when possible.
3. Bookstores for curbside pickup or delivery only
4. Bicycle repair shops for drop off or pick up only.
5. Cannabis retailers for take out only.
6. Car washes that are drive through or self-serve only; no mobile car washes.
7. Childcare facilities are overseen by Community Care Licensing and must follow the procedures outlined here https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-04-CCP.pdf.
8. Clothing stores for curbside pickup or delivery only
9. Craft stores for curbside pickup or delivery only
10. Construction, architecture, engineering services related to housing, care facilities, and essential infrastructure may continue (workplace safety plans shall be in place, including those for disease transmission prevention).
11. Florists for curbside pickup or delivery only
12. **Food Facilities and Restaurant Restrictions:** All licensed food facilities, as defined by Section 113789 of the Health and Safety Code, (referred to as “food facility” or “food facilities”) may only prepare and offer food that is provided to customers via delivery service, via pick-up for takeout dining, and via drive-thru. Restaurants, bars, nightclubs, and coffee shops that offer food to consumers may remain open only for purposes of continuing to prepare and offer food to consumers via delivery service, pick-up, or drive-thru.
 - a. **Procedures for take-out restaurants and entities.** Licensed food facilities that are allowed to prepare and offer food via delivery service, pick-up, or drive-thru must comply with the following procedures:
 - i. **Containers required.** All food must be completely contained in a suitable container before being transferred to a customer. For example, ice cream cones are not allowed; ice cream scoops in a covered container are allowed. A slice of pizza on a paper plate is not allowed; a slice of pizza in a covered box or securely wrapped in aluminum foil is

allowed.

- ii. **Facial covers required.** “Facial covers” means a cloth cover that fully covers the tip and nostrils of the nose and the mouth. All food workers shall wear protective facial covering while engaged in food preparation, serving, and kitchen maintenance activities. Facial covers shall be provided by the employer and shall be maintained in a clean and sanitary manner.
 - iii. **Must consume food away from premises.** The exception for take-out food activities is designed to enable persons who are confined to their places of residence to obtain prepared food to take back to their places of residence for consumption. The take-out food shall not be consumed anywhere within the line-of-sight of a person standing in front of the facility that sold the food. No on-site dining, whether inside or outside (including shared patios, courtyards, or food courts) is permitted. Facilities shall remove, rearrange, or otherwise make unavailable for use all tables, chairs, or other customer seating, or dining fixtures on their premises.
 - b. **Six-foot spacing must be maintained.** Licensed food facilities that provide and offer food to consumers for pick up must require patrons who are ordering food and beverages to be and remain at least six (6) feet apart from each other while inside the facility. All persons waiting in line or otherwise congregating outside a food facility selling food via take-out, delivery, or drive-thru shall maintain a distance of at least six feet from all other persons. Food facilities shall be responsible for assuring that the six-foot social distancing requirement is observed at all times.
 - c. **Violators subject to permit suspension.** Food facilities not adhering to the State’s Stay-at-Home Order or this Order may be subject to immediate permit suspension and mandatory closure for the duration of this Order, including extensions of this Order.
13. **Golf Courses, Public and Private:** to provide accommodations for persons who wish to golf as a form of outdoor activity, public and private golf courses may operate provided they strictly enforce social distancing requirements and enforce the following additional protocols:
- a. Only single occupant motorized carts are allowed and each cart must be sanitized before next use;
 - b. No more than four golfers are allowed per group and each group must be stable (i.e., persons may not substitute in or out of the group);
 - c. A distance of at least 30 feet shall be maintained between groups of golfers at all times;
 - d. All ball washers shall be covered and flag pins shall be removed and the cup on each green shall be inverted or otherwise installed to eliminate high-frequency touch services on the greens and tees;
 - e. Persons may use a driving range provided that range balls are properly sanitized before distribution to customers (stand-alone golf driving ranges may also operate);
 - f. Practice putting greens shall remain closed;

- g. The "Pro Shop" or similar facility designed for the sale of golf-related equipment and supplies shall remain closed; and
 - h. The snack shop(s) and restaurant(s) shall remain closed for in-room dining, and may only offer food to consumers via delivery service, pick-up, or drive-thru as described in the guidelines for Food Facilities and Restaurant Restrictions referenced in Attachment B, item 7.
- 14. Gun Shops but shooting range must be closed.
 - 15. Home and furnishing stores for curbside pickup or delivery only
 - 16. Hotels and motels, bed and breakfasts, agricultural homestays and short-term rentals for occupancy related to defined essential business, not vacation or leisure.
 - 17. Housekeeping, janitorial, and sanitation services for defined essential businesses, defined lower-risk businesses, or for medical necessity.
 - 18. Jewelry stores for curbside pickup or delivery only
 - 19. Landscape services for vector and weed abatement, but not for beautification.
 - 20. Music stores for curbside pickup or delivery only
 - 21. Second hand and thrift stores for curbside pickup or delivery only
 - 22. Shoe stores for curbside pickup or delivery only
 - 23. Sporting goods stores for curbside pickup or delivery only
 - 24. **Swimming Pools and Spas Outdoors Only:**
 - a. Regardless of the size or volume of a pool, public pools and spas located outdoors, including those in a home owner's association (HOA), apartment complex, hotel, motel, country or private club, county or city pool, and gym or fitness club may allow individuals of a single living unit at one time (one household at a time), limited to six individuals from the single living unit, to swim, or to use the deck area and pool restrooms and showers.
 - b. A community center, gym, or fitness club with a pool or spa must keep all other areas closed in compliance with this Order.
 - c. Medical or therapy pools that provide medically prescribed, medically necessary supervised therapy may continue to operate. Therapy sessions should employ social distancing standards of at least six feet at all times possible.
 - d. Public and semi-public pools and spas located indoors must remain closed.
 - e. Notwithstanding the one living unit per pool restriction described above, pools with clearly delineated lanes for swimming laps may allow one swimmer in every other lane; lap swimmers must observe social distancing of at least 6 feet from individuals from other households at all times, and lounging on deck or in the pool enclosure shall not be permitted when individuals from more than one living unit are using the lap pool. Lanes for swimming shall be of standard width and be clearly marked by approved means.
 - f. Deck or pool enclosure furniture including tables, chairs, benches and chaise lounges shall be removed, roped off, or otherwise rendered unusable by pool users.

- g. The pool operator shall comply with the Social Distancing Protocols required in this Order, and shall arrange for frequent cleaning and disinfection of high-touch surfaces at the pool, including handrails, grab rails, gate latches, locks, and restroom and shower fixtures.
 - h. Pools and spas located at a single-family residence, which shall be used only by members of the household residing at the single-family residence, may remain open.
 - i. Splash pads, saunas and steam rooms shall remain closed, except for those located at a single-family residence and used only by members of the household residing at the single-family residence.
25. Smoke and tobacco shops that do not sell cannabis for take out service only; no on-site smoking lounges of any type may operate, whether indoors or outdoors.
26. Real estate sales and marketing for closings and telephonic activities; no open houses.
27. Rideshare, taxis, Uber, Lyft may transport non-symptomatic riders only; must provide social distancing of six or more feet including while in the vehicle; must follow recommended cleaning/precautions for sanitizing following each ride.
28. **Schools:** public and private distance learning and/or administration only.
- a. Graduations may be provided through streaming or other technology; or
 - b. Outdoor graduations may be provided in person if all of the following protocols are followed:
 - i. All activity must occur outdoors. Inside ceremonies are prohibited;
 - ii. All persons attending the activity must be inside a motor vehicle occupied only by persons from the same household or living unit, not exceeding five persons;
 - iii. All motor vehicles at the gathering must maintain at least a minimum distance of six feet from all other vehicles;
 - iv. All persons must remain in the vehicle in which they arrived at all times during the event;
 - v. No restroom facilities shall be made available to persons at the facility during the event; and
 - vi. No tangible items of any kind, including food products, may be transferred to persons in the motor vehicles.
 - c. Notwithstanding the above, one or more persons, not exceeding five, may enter nearby buildings as necessary to put on the presentation.
 - d. Protection against COVID-19:
 - i. Vulnerable individuals shall not attend.
 - ii. Individuals with symptoms of COVID-19 as described in Attachment D of this Order, as well as individuals who should self-isolate due to exposure to a COVID-19 case or a positive COVID-19 test, shall not attend.
 - iii. Nothing shall be handed out such as diplomas, awards, medals, programs.
 - iv. Sharing or exchanging materials of any kind must not occur for example throwing graduation caps, "sign-in" practices, gifts, flowers.

29. Tennis and/or pickleball Outdoors Only: to provide accommodations for persons who wish to play tennis and/or pickleball as a form of outdoor activity, public and private tennis and pickleball courts may operate, provided that individuals strictly follow social distancing requirements and the following additional protocols:
- a. Only outdoor courts may operate.
 - b. Clubhouses, pro shops, lounge areas, spectator seating, and other parts of the club or courts are not allowed to operate under this Order shall remain closed.
 - c. Types of play allowed:
 - i. Singles play (two individuals on the court at one time) may be played with people from the same household or living unit or with people from different households.
 - ii. Doubles play (four individuals on the court at one time) shall only be played with individuals residing in the same household or living unit. Individuals residing in separate households are restricted to singles play only.
 - d. Protection against COVID-19:
 - i. Individuals with symptoms of COVID-19 as described in Attachment D of this Order, as well as individuals who should self-isolate due to exposure to a COVID-19 case or a positive COVID-19 test, shall not play.
 - ii. Wash hands or use an alcohol-based hand sanitizer (consisting of at least 60% alcohol) before and after play.
 - iii. Disinfect equipment and shared surfaces (such as gate or enclosure handles, racquets, ball containers, water bottles) before and after play. Do not share racquets or any other equipment such as wristbands, grips, hats or towels.
 - iv. Players from different households should provide their own tennis or pickleball balls, and should avoid touching or handling tennis or pickleball balls brought or touched by players from other households.
 - e. Congregating in or around the courts is not allowed. Players shall arrive and depart from the courts promptly. Benches, tables and chairs located at the courts must be removed or otherwise made unavailable for use.
 - f. No onsite consumption of food is allowed. Drinking fountains shall be closed or made unavailable for use. Players may supply their own drinking water for use during play.
 - g. Players shall maintain the required minimum 6 feet of physical distancing between players at all times.
30. Toy stores for curbside pickup or delivery only
31. Trophy shops and trophy businesses for curbside pickup or delivery only

ATTACHMENT C

HEALTH OFFICER ORDER NO. 2020-8.1 COUNTY OF SANTA BARBARA

Businesses that Must Close Physical Locations

1. Amphitheaters, concert halls, performing arts centers
2. Amusement parks
3. Arcades
4. Archery ranges, shooting ranges
5. Arenas
6. Art galleries
7. Banquet halls
8. Barbers, hair salons, and hairstylists
9. Bars that do not serve food
10. Body piercing parlors and body art facilities
11. Bowling alleys
12. Campground and RV parks, except that persons who certify that their RV is their primary residence may be permitted to stay in the RV park. All persons residing in an RV shall comply with all State and County Health Orders otherwise applicable to residents
13. Casinos and cardrooms
14. Climbing gyms
15. Dance halls or studios, dances
16. Day spas and massage parlors, except those required for medical necessity
17. Fairs, public exhibitions
18. Fitness centers, gyms, community centers, tennis or pickleball clubhouses except those at private single-family residences for use of the residents of the private single-family residence only
19. Health clubs, yoga centers, martial arts studios
20. Historical sites
21. Libraries
22. Live performance venues
23. Model homes
24. Movie theaters, drive-in theaters
25. Museums
26. Music events, concerts
27. Nail salons, manicurist, and pedicurist, except those required for medical necessity, such as treatment for diabetes, or persons taking prescribed blood thinners

28. Nightclubs that do not serve food
29. Pawn Shops
30. Pool and billiards lounges
31. Private social clubs
32. Raceways
33. Recreation Centers
34. Recyclers, including electronics recyclers
35. Rodeos, public equestrian events
36. Roller skating rinks, roller derby
37. Sports stadiums and facilities
38. Swap meet and flea markets
39. Tattoo parlors, tattoo businesses, tattoo artists
40. Trampoline and bounce houses
41. Water parks and aquatic centers, unless able to meet requirements described in Attachment B, section 24 swimming pools. Diving boards, slides, flumes, splashpads, or other water attractions must remain closed.
42. **Wineries, breweries, and tap rooms, except for:**
 - a. Venues that as of March 16, 2020 were authorized to provide off sale beer and wine to be consumed off premises; or
 - b. Venues that include meals provided by a full kitchen should follow Sections for Food Facilities and Restaurant Requirements and food preparation facilities.
43. Zoos

ATTACHMENT D

**HEALTH OFFICER ORDER NO. 2020-8.1
COUNTY OF SANTA BARBARA**

COVID-19 SELF-EVALUATION

The County Health Officer has defined COVID-19 symptoms as follows:

**Mild to Moderate Symptoms Related to or
Other Respiratory Illness such as:**

Sore Throat

Runny Nose

Fever

Chills

Not Feeling Well

Sneezing

Coughing

Gastro-Intestinal symptoms such as:

Soft Stool

Stomach Cramps

New loss of smell and/or taste

ATTACHMENT E

Social Distancing Protocol

Business name: _____ Facility Address: _____

Approximate gross square footage of space open to the public: _____

Defined essential businesses and defined lower-risk businesses must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the defined essential business or defined lower-risk business.

Signage:

- Signage at each public entrance of the facility to inform all employees and public that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; and not shake hands or engage in any unnecessary physical contact.
- Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

Measures To Protect Employee Health (check all that apply to the facility):

- Everyone who can carry out their work duties from home has been directed to do so.
- All employees have been told not to come to work if sick.
- All desks or individual work stations are separated by at least six feet.
- Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:
 - Break rooms: _____
 - Bathrooms: _____
 - Other: _____
- Disinfectant and related supplies are available to all employees at the following location(s):
 - Hand sanitizer effective against COVID-19 is available to all employees at the following location(s): _____
 - Soap and water are available to all employees at the following location(s): _____
 - Copies of this Protocol have been distributed to all employees.
 - Optional—Describe other measures: _____

Measures To Prevent Crowds From Gathering (check all that apply to the facility):

- Limit the number of public in the store at any one time to _____, which allows for public and employees to easily maintain at least six-foot distance from one another at all practicable times.
- Post an employee at the door to ensure that the maximum number of persons in the facility set forth above is not exceeded.
- Placing per-person limits on goods that are selling out quickly to reduce crowds and lines. Explain: _____
- Optional—Describe other measures: _____

Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)

- Placing signs outside the store reminding people to be at least six feet apart, including when in line.
- Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.
- Separate order areas from delivery areas to prevent persons from gathering.
- All employees have been instructed to maintain at least six feet distance from the public and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.
- Optional—Describe other measures: _____

Measures To Prevent Unnecessary Contact (check all that apply to the facility):

- Preventing people from self-serving any items that are food-related.
 - Lids for cups and food-bar type items are provided by staff; not to customers to grab.
 - Bulk-item food bins are not available for self-service use.
- Not permitting customers to bring their own bags, mugs, or other reusable items from home.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe: _____
- Optional—Describe other measures (e.g. providing senior-only hours): _____

Measures To Increase Sanitization (check all that apply to the facility):

- Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shopping baskets.
- Employee(s) assigned to disinfect carts and baskets regularly.
- Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.
- Disinfecting all payment portals, keypads, pens, and styluses after each use.
- Disinfecting all high-contact surfaces frequently.
- Optional—Describe other measures: _____

* Any additional measures not included here should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Name: _____ **Phone number:** _____

May 18, 2020

Dr. Henning Ansorg, MD
Santa Barbara County Health Officer
Santa Barbara County Public Health Department
300 N. San Antonio Road
Santa Barbara, CA 93110

Dr. Ansorg,

I am writing in support of Santa Barbara County Public Health's attestation that the Santa Barbara County hospitals have the necessary capacity, including ICU beds and ventilators, and adequate PPEs to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19.

Lompoc Valley Medical Center was pleased to participate in the Santa Barbara County Health Expert Panel to help develop the metrics the County will use to determine the ability to loosen, and if necessary, tighten, restrictions. These metrics are contained in the Reopening In Safe Environment (RISE), the County's reopening plan.

Please feel free to contact me if you have any questions.

Sincerely,



Stephen D. Popkin
Chief Executive Officer

DAS WILLIAMS

First District

GREGG HART

Second District, Chair

JOAN HARTMANN

Third District,

PETER ADAM

Fourth District, Vice Chair

STEVE LAVAGNINO

Fifth District



BOARD OF SUPERVISORS

County Administration Building
105 East Anapamu Street
Santa Barbara, CA 93101
Telephone: (805) 568-2190
www.countyofsb.org

COUNTY OF SANTA BARBARA

May 19, 2020

Honorable Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

Dr. Sonia Y. Angell, Director
Department, California 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,

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.

The Santa Barbara County Public Health team has completed the Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order Covid-19 County Variance Attestation Form. In addition, the County has also prepared a science, data, and public health based Containment Plan entitled Reopening In Safe Environment, or RISE, for moving into Stage 2 of California's Pandemic Roadmap. With the Attestation Form including the Containment Plan, Dr. Henning Ansorg, Santa Barbara County Health Officer, has attested 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 are evidence that our County is ready and has capacity to increase our pace through the State's Stage 2.

We agree and fully support Dr. Ansorg'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.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregg Hart". The signature is fluid and cursive, with the first name "Gregg" and the last name "Hart" clearly distinguishable.

Gregg Hart

Chair, Santa Barbara County Board of Supervisors

cc: Cliff Berg, Government Advocates
Mona Miyasato, County Executive Officer
Van Do-Reynoso, County Public Health Director
Santa Barbara County Unified Command



Dignity Health.
Marian Regional Medical Center

Arroyo Grande Campus
345 South Halcyon Road
Arroyo Grande, CA 93420
direct: 805.473.7600
fax: 805.473.7603

Santa Maria Campus
1400 East Church St.
Santa Maria, CA 93454
direct: 805.739.3600
fax: 805.739.3075

May 18, 2020

Santa Barbara County Public Health Department
300 N. San Antonio Road
Santa Barbara, CA 93110

To Whom It May Concern,

I am writing in support of Santa Barbara County Public Health's attestation that the Santa Barbara County hospitals have the necessary capacity, including ICU beds and ventilators, and adequate PPEs, to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19.

Marian Regional Medical Center was pleased to participate in the Santa Barbara County Health Expert Panel to help develop the metrics the County will use to determine the ability to loosen, and if necessary, tighten restrictions. These metrics are contained in the *Reopening In Safe Environment* (RISE), the County's reopening plan.

Please feel free to contact me if you have any questions.

Sincerely,

Sue Andersen
President & CEO
Marian Regional Medical Center

SA:jb



Santa Barbara County

Reopening In Safe Environment - RISE Guide

A Local Supplement to the Governor's Resilience Roadmap

Introductory Letter

Dr. Ansorg (Public Health Officer), Chairman Hart, and members of the Board of Supervisors:

This guide, “Reopening in Safe Environment” (RISE), offers a framework for how to safely reopen the economy and our communities.

At your direction, this framework was developed to provide a recommended path for the phased reopening of our county. Midway through the development of this guide, the state released the Resilience Roadmap which set forth the stages and timing of reopening across all California counties. As the guidance and direction from the State is rolling out over time, local decisions and latitude to reopen will remain dynamic, requiring ongoing evaluation. Thus, the RISE Guide serves as an important supplement to the state plan –unique route along the roadmap - with specifics on managing the virus and reopening society, here in Santa Barbara County. In some cases, we offer an alternative perspective, or what many in the medical profession refer to as a “second opinion” on elements of State criteria that necessitate further consideration.

A LOCAL RESPONSE TO A GLOBAL CHALLENGE

While the pandemic is transpiring globally, it is borne and managed locally, by county governments, public health officials, hospitals, medical professionals and, of course, all individuals in our community. As a representative panel of medical and public health experts, we considered the capacity and resources necessary to effectively manage the spread of COVID-19 in Santa Barbara County as well as the risks surrounding likelihood of transmission through a phased reopening of the community.

The RISE Guide was developed with the acknowledgement that this virus will be with us moving forward and resuming our lives and livelihoods will require the coordination and partnership of public health, hospitals, business, and community through many stages.

That is why the development of this guide included the participation of over 350 individuals in a series of 27 roundtable meetings that included, including city leaders, local elected officials, chambers of commerce, industry sectors, faith-based communities, representatives of essential workers and organizations that regularly work with minority and underserved populations.

These stakeholders provided valuable insight on the practicalities of what reopening means across diverse communities and uncovered ideas for how to reopen safely across a broad range of community settings.

A SANTA BARBARA COUNTY PLAYBOOK

The result of our work is comprised of three parts:

- **Core framework:** An analysis of local medical and epidemiological factors and conditions to supplement the state Resilience Roadmap as well as criteria for moving between stages and key indicators for loosening and tightening restrictions. This will be a tool for decision making for public health for managing the disease.

- **Industry sector guidelines:** An integration of state and county guidance and best practices aimed at standardizing industry practices in reopening with three goals: 1) safety and prevention of infection spread; 2) certainty and standardization for businesses and community; 3) and confidence for employees and customers to enter the workplace and civic life. These guidelines are a snapshot in time, but they will continue to evolve with more guidance from the state, and best practices developed by our local stakeholders.
- **Readiness and containment plan:** A full-spectrum plan for successfully combating Covid-19 that considers testing, tracing, treatment, healthcare capacity, PPE supplies, community engagement and unique local factors.

It is important to note this guide is a living document that will change to reflect additional input, changing conditions and new information. It is designed to evolve and adapt to meet the needs of public health as well as economic well-being.

RECOMMENDATIONS MOVING FORWARD

We will be managing and treating COVID-19 in the weeks and months ahead, and it is imperative that the County of Santa Barbara continue to evaluate the State guidance with a critical eye and through the lens of the health and safety of all Santa Barbara County residents.

Portions of the current state criteria will unnecessarily hold the county at a standstill. Therefore, we recommend advocating for a change to these criteria to ensure the county, and its residents, are not adversely impacted. The long-term health and safety of our residents requires us to safely and methodically reopen our communities while protecting vulnerable populations and ensuring the readiness of our healthcare system. This guide provides the guidance for the county to achieve these ends, while following the requirements in the State Resilience Roadmap.

Furthermore, in developing this guide, we have learned that it is not just about creating a plan. It's about a community coming together to put ideas into practice and share the responsibility of safely and responsibly reopening. Through this process there has been a tremendous amount of goodwill built that needs to be nurtured. Moving forward, it will be essential to communicate clearly and often to the community about the rationale for decisions, if public trust is to be maintained.

Thank you for the opportunity to participate. We stand ready to support the Public Health Officer and the Board of Supervisors in service to our community moving forward.

Sincerely,

Melissa Smith, M.D. (Chair)
Dr. J. Trees Ritter, D.O., FIDSA
Lynn Fitzgibbons, M.D.
Kevin Ferguson, M.D.
Paige Batson, M.A., R.N.

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Project Collaboration

Santa Barbara County Public Health

- Van Do-Reynoso, Ph.D., Director of Public Health
- Henning Ansorg, M.D., Health Officer

Expert Panel

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

- Melissa Smith, M.D. (Chair)
- J. Trees Ritter, DO, FIDSA
- Lynn Fitzgibbons, M.D.
- Kevin Ferguson, M.D.
- Paige Batson, M.A., PHN

Santa Barbara County Board of Supervisors

The following individuals steered the overall RISE Guide effort:

- Gregg Hart, Chair, Second District
- Peter Adam, Vice Chair, Fourth District
- Das Williams, First District
- Joan Hartmann, Third District
- Steve Lavagnino, Fifth District

Project Team

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

- Mona Miyasato, CEO, County of Santa Barbara
- Nancy Anderson, Assistant CEO, County of Santa Barbara
- Terri Maus-Nisich, Assistant CEO, County of Santa Barbara
- Melissa James, CEO, REACH
- Andrew Hackleman, VP, REACH

Project Contributors

The following stakeholder leaders from business, education, faith, and community sectors convened over 350 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:

Sector	Team Lead	Team Chair
City of Guadalupe	Todd Bodem	Mayor Ariston Julian
City of Santa Maria	Jason Stillwell	Mayor Alice Patino
City of Lompoc	Jim Throop	Mayor Jenelle Osborne
City of Buellton	Scott Wolfe	Mayor Holly Sierra
City of Solvang	Xenia Bradford	Mayor Ryan Toussaint
City of Goleta	Michelle Greene	Mayor Paula Perotte
City of Santa Barbara	Paul Casey	Mayor Murillo, Cathy
City of Carpinteria	Dave Durlinger	Mayor Wade Nomura
Isla Vista	Jonathan Abboud	Spencer Brandt
County Special Districts	Charlotte Holifield	
General Business	Glenn Morris	Kristen Miller
Education	Kirsten Zimmer Deshler	
Faith	Tim Mossholder,	Father Jon Hedges
Lodging	Kathy Janega-Dykes	Andrew Firestone
Agribusiness	Claire Wineman	Andy Rice
Building & Dev.	Laurie Tamura	Derek Hansen
Beverage Industry	Alison Laslett	
Restaurants	Tom Patton	Sherry Villanueva
Technology	Larry Doris	Sachi Thompson
Manufacturing	Primit Parikh	
Transportation/Energy	Marje Kirn	Eric & Samantha Onnen
Events/Venues	Rich Block	Mark Booher
Hispanic Business	Luis Villegas	Esmerelda Mendoza
Non-Profits	Kathy Simas	Michael Baker
Thought Leaders	Brian Goebel (Individual)	Peter Rupert, Ph.D (Individual)

The following organizations hosted discussions and provided input a feedback:

- Tri Counties Labor Council
- Central Coast Labor Council
- Solvang Chamber of Commerce
- Buellton Chamber of Commerce
- Santa Maria Valley Chamber of Commerce
- Just Communities
- Pan Asian Network
- Santa Maria – Lompoc NAACP
- Lideres Campesinas
- Santa Barbara/Goleta Chamber of Commerce
- Lompoc Chamber of Commerce
- EconAlliance
- Central Coast Alliance for Sustainable Community (CAUSE)
- Mixteco Community Organizing Project (MICOP)

Executive Summary

Purpose: Within the framework of the Governor’s Resilience Roadmap, the County of Santa Barbara has produced a companion guide to support the implementation of the roadmap for phased reopening. The guide was developed by experts who live and work in the region, supported by feedback from many sectors of the community. To create a science-based framework for Santa Barbara County residents, businesses, and organizations by which to reopen in a phased manner while prioritizing public health and protecting our most vulnerable populations. If and when local discretion is permitted by the State, it is anticipated the RISE framework will inform strategy, policy and decision making.

The Santa Barbara County RISE 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 Guidebook by stakeholder groups representing public agencies, community groups, essential workers and business sectors.

Table 1. Guide Overview and Purpose.

The Santa Barbara County RISE Guide
Describes the conditions under which the County may begin to reopen institutions and businesses safely while prioritizing public health, upon approval by the State
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 Santa Barbara County based on State guidance

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 Santa Barbara County RISE Guide draws on four 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);
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 Santa Barbara County RISE Guide.
4. The San Luis Obispo START Guide, Developed by Dr. Aydin Nazmi, and an expert health care panel.

It is challenging to predict when COVID-19 may reoccur in Santa Barbara 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 RISE Guide is supplemented by two accompanying documents:

1. State and Local Guidance for Industry Sectors
2. Santa Barbara County Readiness and Containment Plan

Six unique factors warrant concern for Santa Barbara County as the epidemic evolves:

1. The popularity of Santa Barbara County as a tourist destination. It is likely that tourism, especially from other California regions, as well as cruise ships, 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. If these campuses decide to re-open, there could be an increased risk at the community level.
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.

4. The dynamic movement of the farmworker labor force.
5. An ever-increasing population of residents struggling with insecure housing.
6. Lompoc penitentiary is a large congregate living environment.

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 four stages 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 Santa Barbara 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.

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
Incidence & Prevalence	Prevalence refers to proportion of persons who have a condition at or during a particular time period, whereas incidence refers to the proportion or rate of persons who develop a condition during a particular time period.
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
Readiness & Containment Plan	A state mandated plan with 8 criteria to manage and contain COVID-19 at the county level
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 Santa Barbara County RISE Guide

Purpose

Drawing on the State Resilience Roadmap, create a science-based framework for Santa Barbara County residents, businesses, and organizations by which to reopen in a phased manner while prioritizing public health and protecting our most vulnerable populations. The framework provides supplemental guidance to the State Resilience Roadmap, and if and when local or county discretion are permitted, it is anticipated the RISE Guide will inform strategy, policy and decision making.

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](#)." On May 8, 2020, the State of California published the "Resilience Roadmap," which prescribes 4 Stages of reopening.

In order to account for and attend to the unique factors in Santa Barbara County, a supplementary plan to the State Resilience Roadmap for reopening our community is important for policy makers, health and other essential workers, employers, and other sectors of society to provide clarity and a framework for safely lifting or modifying public health orders. **The Santa Barbara County RISE Guide** outlines the steps for reopening that can be safely taken in the 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, essential workers, and business sectors. The Santa Barbara County RISE Guide is intended to be a **living document that remains dynamic with the evolution of the epidemic and emergence of new data**. This Santa Barbara County document draws significantly on the San Luis Obispo County re-opening guided; a detailed and rigorous effort led by Aydin Nazmi, Ph.D, Epidemiology, Associate Professor, Cal Poly, in collaboration with an expert health care panel.

The RISE Guide: Integrating Frameworks

The RISE Guide supplements the State Resilience Roadmap and draws from and integrates four 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 Santa Barbara County based on the State Resilience Roadmap, baseline COVID-19 data, anticipated and emerging risk factors, and the region's unique**

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 Santa Barbara County in light of county characteristics and current data.
- **Section 4, State and County Considerations**, highlights factors that are relevant to Santa Barbara 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 SANTA BARBARA COUNTY RISE 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	Six Critical Indicators & Update on the Pandemic Roadmap & Resilience Roadmap	April 14 & 28; May 8
Resolve to Save Lives (RSL), an Initiative of Vital Strategies	When and How to Reopen After COVID-19	April 1
San Luis Obispo County	SLO County START Guide	May 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 RISE Guide is a supplement to the State Resilience Roadmap, and it also adapts and integrates the content of other cited sources in the context of demographic, geographic, and other characteristics of Santa Barbara 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 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 four sources used to develop the Santa Barbara County RISE 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 three 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

The State also released an [Update on the Pandemic Roadmap](#) (**Appendix 5**) that describes “**Reopening Stages**” whereby lower and higher risk workplaces are reopened sequentially:

Stage 1- Safety and Preparedness

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

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

Stage 4- End of Stay-at-Home Order

Move to **Stage 2** when Stay-at-Home Order is lifted or modified, and criteria have been met
 Move to **Stages 3 and 4** when guidelines are met (Table 4)
 Move to the **previous Stage** when **one or more criteria** substantially worsen (Table 5)

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 Stages	Stage 1	Stage 2	Stage 3	Stage 4
Individuals	Continue to practice good personal hygiene Stay home when sick Protect vulnerable populations	Stay at home, except for essential activities	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 Sections 1&2 of Industry Sector Supplement for: Physical distancing, protective equipment, sanitation, disinfection, and business travel	Safety and Preparedness; only essential business and activity	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	Safety and Preparedness; only essential business and activity	Early Stage 2: General businesses (e.g. curbside retail, manufacturing and assoc. supply chain), limited personal services, open spaces phased/partial reopening, outdoor museums/galleries Late Stage 2: Restaurants (limited dine-in seating), beaches, outdoor activities remain open with modifications, shopping malls/swap meets 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	Post-secondary institutions TBD Modified personal care, body art, bars and lounges, gyms/fitness center, hotels for leisure and tourism, places of worship 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 *Expert Panel aligned reopening to State guidance, but would have accelerated some business/organization openings in Late Stage 2 vs. Stage 3.	

Table 3. Stage Transition table for Individuals, businesses and organizations.

Subsequently, on May 8, 2020, the State published a detailed Resilience Roadmap detailing the four Stages, previously released. The Resilience Roadmap also contains guidelines for “essential industry,” drawing on Cal-OSHA and California Department of Health guidance. The Resilience Roadmap is the primary document for which this guide is intended as a supplement.

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)

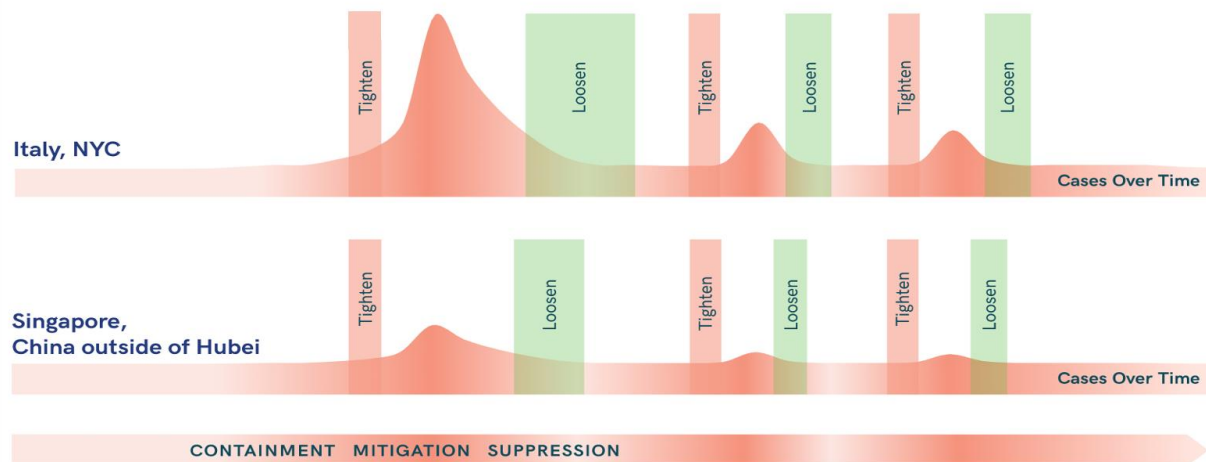


FIGURE 1. THE ADAPTIVE RESPONSE TO COVID-19. (REPRODUCED FROM RESOLVE TO SAVE LIVES)

The RSL report indicates that COVID-19 physical distancing measures can be loosened when all of 18 criteria are met (Appendix 6). Once these criteria are met, loosening restrictions can happen over time to reopen (Appendix 7). Strict mitigation measures are needed when one or more criteria in at least two of three columns are met (Appendix 8). If the criteria are met, tightening of restrictions should occur (Appendix 9). 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 Santa Barbara County.

The RISE Guide: Integrating Frameworks

The Guide supplements the State RISE Guide and draws from and integrates four 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 Santa Barbara County based on the State Resilience Roadmap, baseline COVID-19 data, anticipated and emerging risk factors, and the region's unique factors.**

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 Santa Barbara County in light of county characteristics and current data.
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- **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.

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 RISE Guide is a supplement to the State Resilience Roadmap, and it also adapts and integrates the content of other cited sources in the context of demographic, geographic, and other characteristics of Santa Barbara 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 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 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**).

The federal guidelines outlined 14-day periods before moving to the next Phases of reopening whereas the RSL report indicated 30 days. The Santa Barbara County RISE Guide follows the Stages outlined in the Resilience Roadmap which base movement between Stages on key medical and epidemic indicators.

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 re tightened** 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 University of California Chancellor's Office, may also impact the dynamics of loosening and tightening restrictions in Santa Barbara County.

The Roadmap Stages for Santa Barbara County are contained in the [Resilience Roadmap](#):

- Stage 1: Safety and Preparedness
- Stage 2: Lower Risk Workplaces
- Stage 3: Higher Risk Workplaces
- Stage 4: End of Stay at Home Order

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 Santa Barbara 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 tested persons.

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

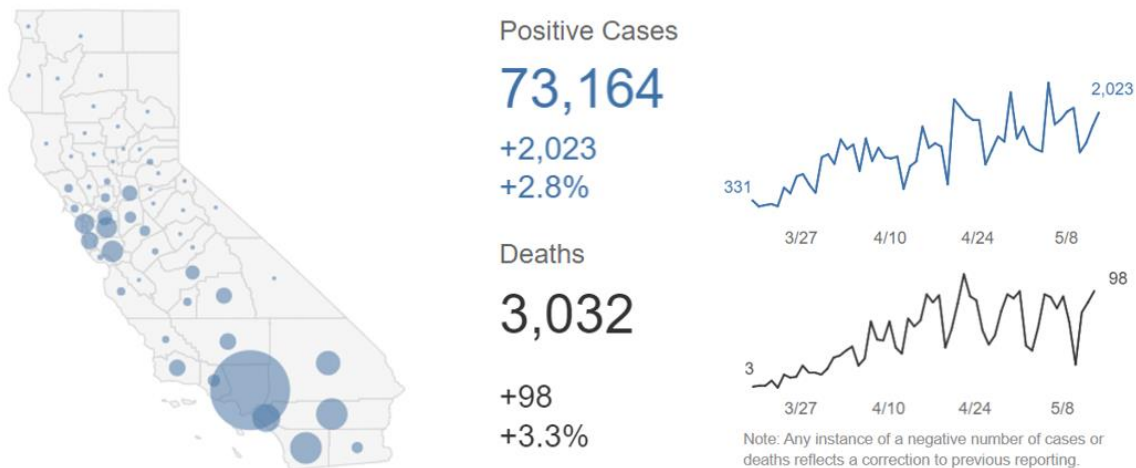


FIGURE 2. COVID-19 CASES IN CALIFORNIA, REFLECTING 73,164 CONFIRMED CASES AND 3,032 DEATHS. STATE OF CALIFORNIA PUBLIC DATASET. DATA FROM MAY 13, 2020.

In line with this, Santa Barbara County as of May 14, 2020, has had 1,387 total cases (includes 893 in Lompoc Penitentiary), 11 deaths and 26 hospitalizations (**Figure 4**). The number of new infections in the county is currently low, averaging approximately 7 per day. However, the county's proximity to Los Angeles County, the current state epicenter of the outbreak with more than 31,000 confirmed cases, is concerning, especially as Santa Barbara County is on a well-traveled thoroughfare to and from Southern California.

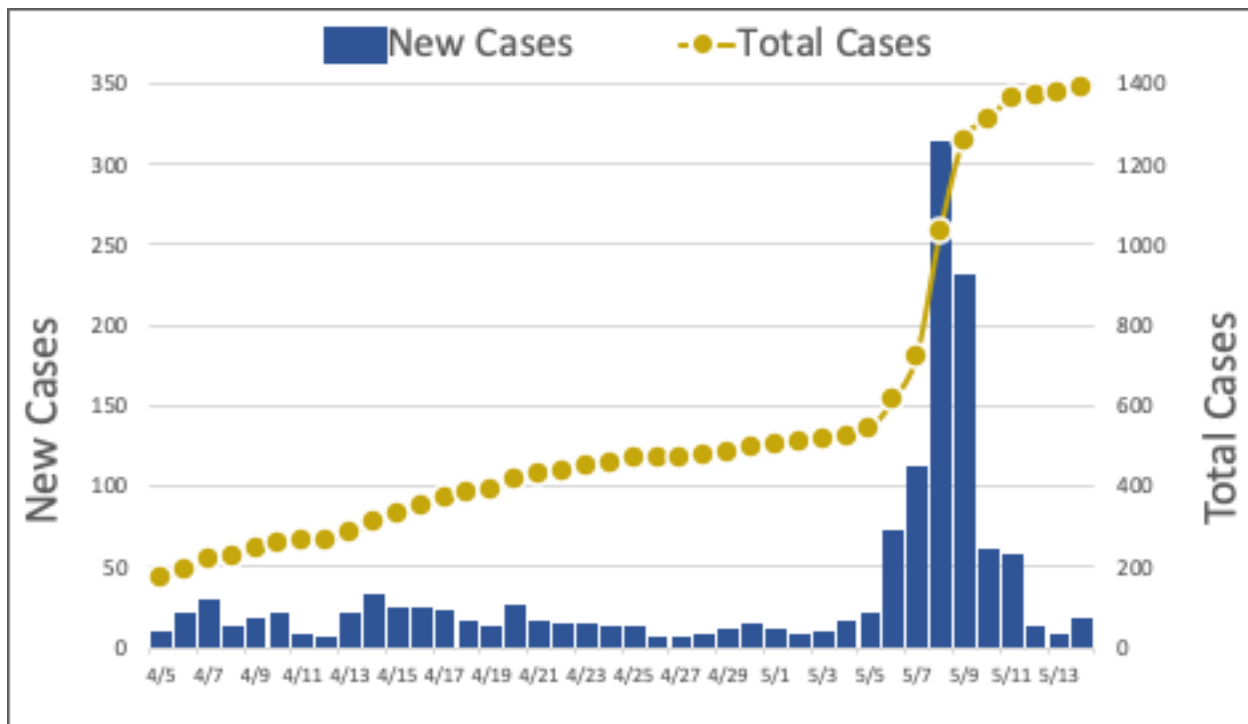


FIGURE 3. COVID-19 CASES IN SANTA BARBARA COUNTY (1,387 CONFIRMED CASES AND 11 DEATHS.) COUNTY OF SANTA BARBARA PUBLIC DATASET. DATA FROM MAY 14, 2020.

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 higher education institutions resume on-campus instruction and activities.
- **The majority of Americans are and will still be exposed 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.
- Although COVID-19 antibody (or immunity) tests have become widely available, their accuracy and reliability is not yet sufficient to apply broadly in a low prevalence community to identify individuals who were infected and recovered. 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.**

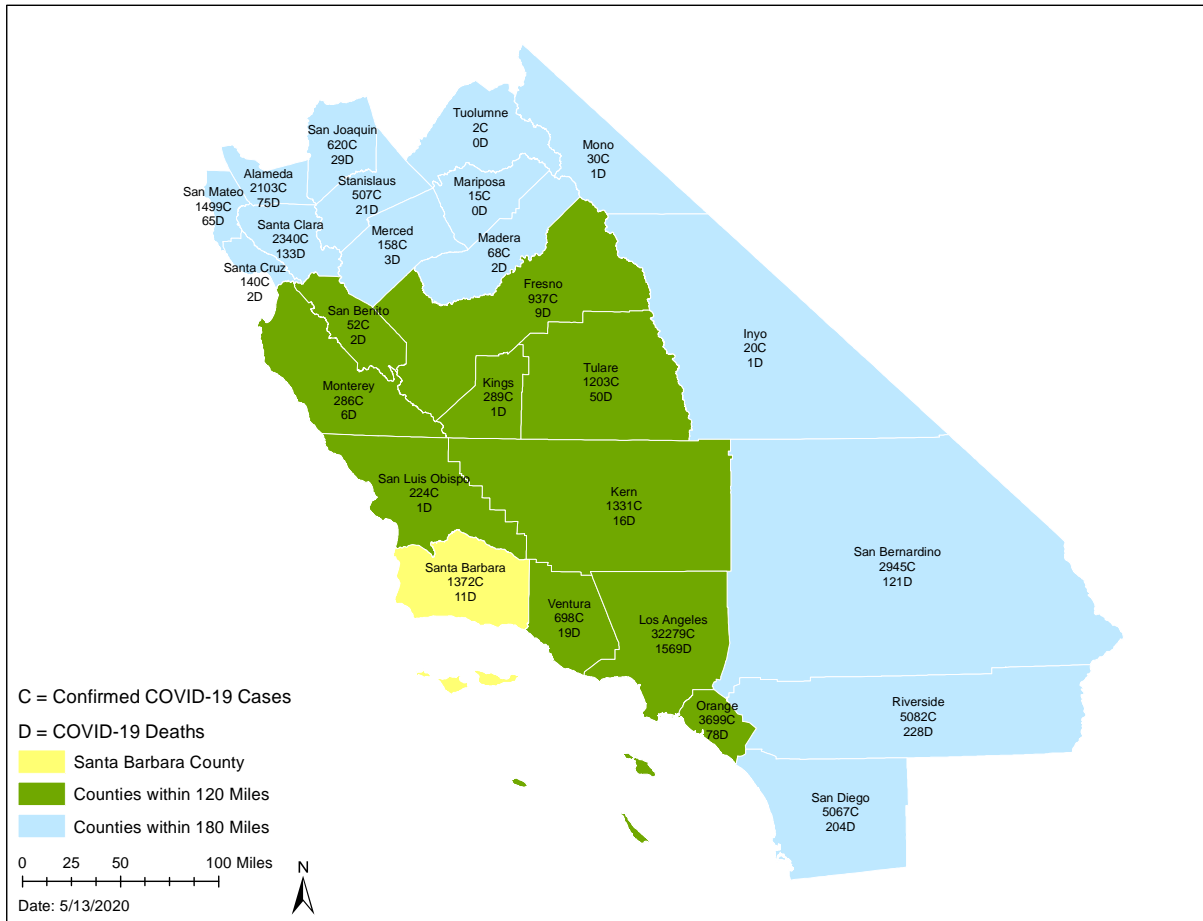


FIGURE 4. COVID-19 CASES AND DEATHS IN CALIFORNIA COUNTIES, SHOWING SANTA BARBARA COUNTY RELATIVE TO NEIGHBORING COUNTIES. DATA FROM MAY 12, 2020.

Additional unique factors warranting consideration for Santa Barbara County include the following:

1. **The popularity of Santa Barbara 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 Santa Barbara 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

combined student populations of over 51,300, higher education institutions in Santa Barbara County 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 have become widely available, they do not yet have the accuracy to reliably 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.
- 4. The dynamic movement of the farmworker labor force.** Farmworkers in Santa Barbara County are a population that requires careful consideration and attention to ensure their health and safety, as conditions in agricultural work are unique, as are the specific concerns and needs of this essential workforce.
- 5. An ever-increasing population of residents struggling with insecure housing.** This includes homeless individuals and families, as well as many county residents who are under-housed, with multiple individuals and families living in a single household. These conditions can increase both incidence and prevalence of COVID 19 and should be given special consideration.
- 6. Lompoc penitentiary is a large congregate living environment.** Although the county does not have jurisdiction or administrative authority over the operations at the facility, disease spread at the penitentiary impacts the larger county population, because employees live and interact in the local community, which can increase risk of community spread. Both for humanitarian reasons, and because the penitentiary COVID-19 case count is included in the county total, Santa Barbara County government officials should continue to work with advocates for incarcerated populations, as well as with federal authorities, to ameliorate conditions that are leading to disproportionate cases in the prison population.

SECTION 5. Recommendations

The Santa Barbara County RISE Guide supplements the State Resilience Roadmap, and is augmented by criteria from RSL. Contextual factors specific to Santa Barbara County, including COVID-19 and health system data, were taken into consideration when producing the recommendations. Some of the State's current criteria to ease restrictions do not holistically capture Santa Barbara County capacities to safeguard its health care system and protect its vulnerable populations. The RISE framework provides that context and can be used to inform local decision-making.

These guidelines apply to all businesses and organizations and are intended to be **instructive, not prescriptive, and no criteria by itself should be an automatic trigger for action, except where directed by the State of California.** 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 Santa Barbara 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 RISE State and Local Guidance for Industry Sectors (Supplement 1) provides best practices that should be followed by all institutions and businesses in all Stages of reopening. Certification and acknowledgement of operating standards by institutions and businesses may be required.

Figure 5. Relationship of State Readiness Requirements for Variance and Santa Barbara County RISE Guidelines (which Supplement the State Requirements)

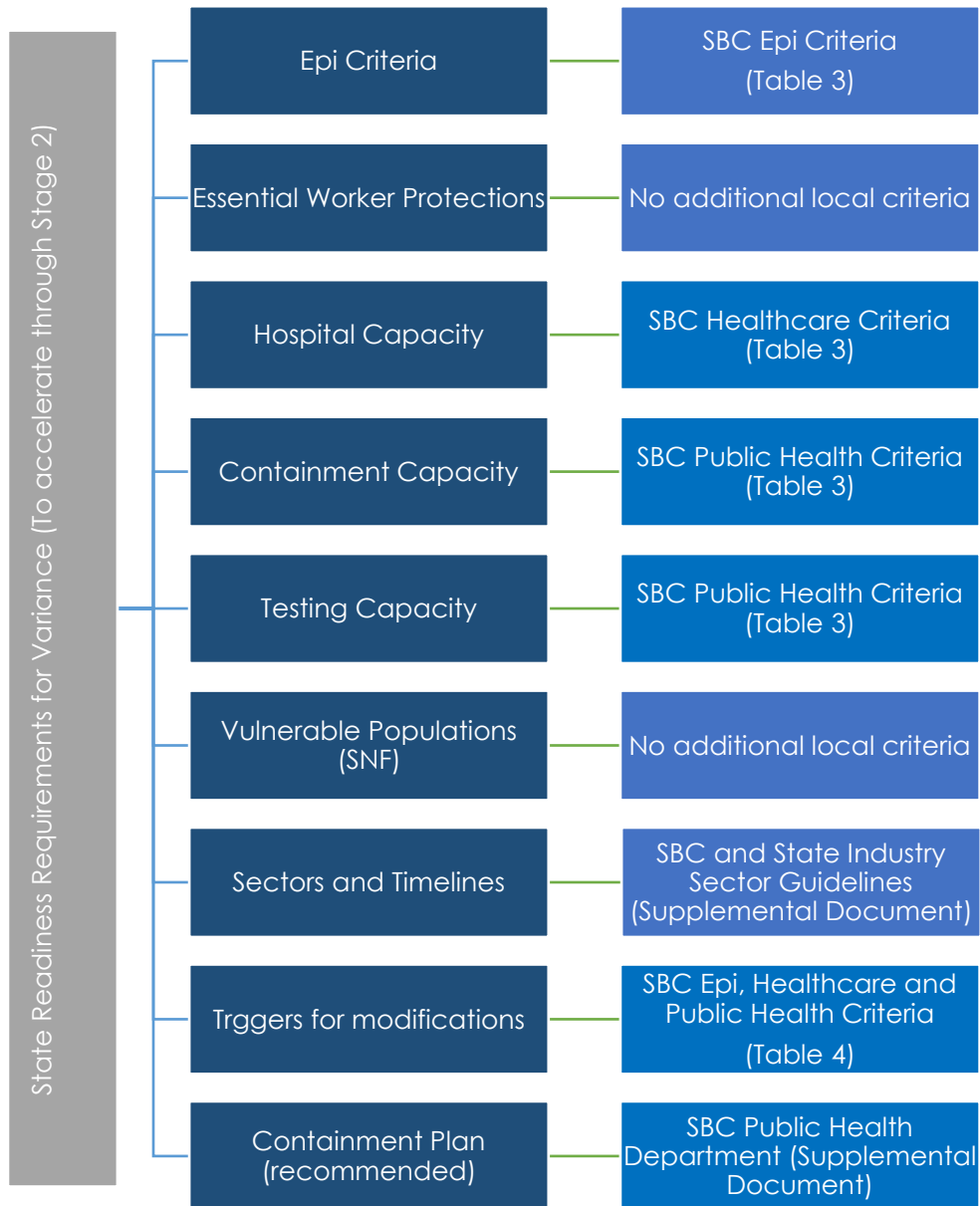


Table 4. Adapted guidelines for loosening restrictions, by category, with State Readiness Requirements for Variance.

Epidemiology	Healthcare	Public health
State Indicators Required to Accelerate Through Stage 2		
<ul style="list-style-type: none"> ✓ 1 case per 10,000 in last 14 days (45)* ✓ No COVID-19 death in last 14 days* <p>*These State epidemiology indicators were appealed by the Santa Barbara County Board of Supervisors on May 13, 2020</p>	<ul style="list-style-type: none"> ✓ County or regional capacity to accommodate surge of 35% due to COVID cases in addition to providing care for non COVID cases ✓ Plan to protect workforce 	<ul style="list-style-type: none"> ✓ At least 15 staff per 100,000 county population trained for contact tracing. ✓ Availability of temporary housing to shelter (for COVID-19 isolation) 15% of county residents experiencing homelessness ✓ Skilled nursing facilities have 14-day supply of PPE for staff, with established process for ongoing procurement from non-state supply chains.
Santa Barbara County Indicators Recommended for all Stages (in addition to State indicators above)		
<ul style="list-style-type: none"> ✓ Less than 10% positivity of tests in last 14 days ✓ Less than 2% fatality rate in last 14 days ✓ Over the past 14 days, number of patients hospitalized with COVID-19 illness is stable 	<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) ✓ Hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical with PPE. ✓ Sufficient face masks such that patients seeking care have appropriate face covering 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 	<ul style="list-style-type: none"> ✓ 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 ✓ 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

Table 5. Adapted mitigation measures needed when one or more criteria in at least 2 of 3 columns 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) ✓ 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 35% 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 35% increase in current caseload ✓ Insufficient PPE for all health care workers ✓ Insufficient face masks such that all patients seeking care have appropriate face coverings. ✓ 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 ✓ 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. ✓ Inability to test 2 per 1,000 residents, per day ✓ Greater than 7% test positivity over 7 days, average ✓ Increasing test positivity over prior 7 days

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Appendices

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

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

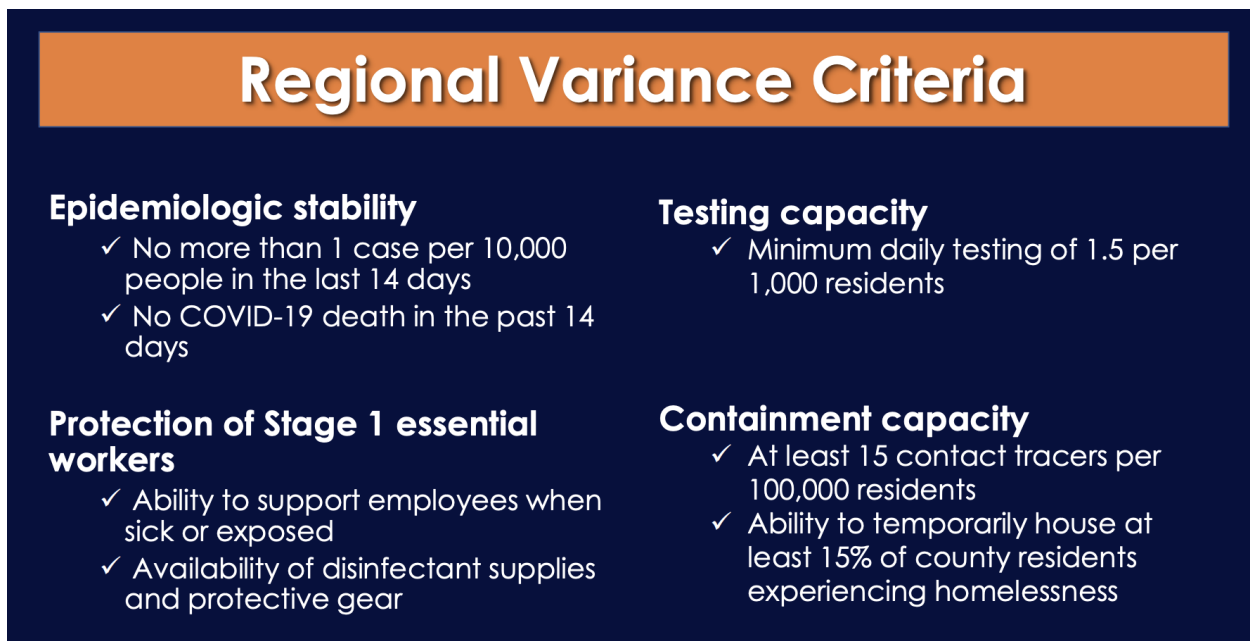
APPENDIX 2. SUMMARY OF FEDERAL GUIDELINES FOR INDIVIDUALS, EMPLOYERS, AND SPECIFIC TYPES OF EMPLOYERS IN EACH OF THREE PHASES.

	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 RISE GUIDE STAGES 1-4.



Regional Variance Criteria

Hospital capacity

- ✓ County or regional capacity to accommodate a minimum surge of 35%
- ✓ Hospital facilities must have a robust plan to protect hospital workforce

Vulnerable populations

- ✓ Skilled nursing facilities must have more than 14 day supply of PPE on hand for staff with ongoing procurement from non-state supply chains

Triggers for adjusting modifications

- ✓ Metrics that serve as triggers for either slowing the pace through stage 2 or tightening modifications

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 SANTA BARBARA 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

DRAFT SUPPLEMENTAL DOCUMENT TO THE

REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

STATE AND LOCAL GUIDANCE FOR INDUSTRY SECTORS

STATE AND LOCAL GUIDANCE FOR INDUSTRY SECTORS

Introduction

The County developed the following draft supplemental document to convey published State Industry Guidance related to the State's Resilience Roadmap and initial local recommendations for best practices and guidance for sectors in Stage 3 through Stage 4 of reopening that the State has not yet published. 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 State Shelter At Home Order.

In order to simplify compliance for industries, as the State develops published guidelines for Stages 3 through 4, those State guidelines will replace the draft local recommendations for best practices and guidance and this document will be updated accordingly.

Structurally, employers/businesses should use this document as follows:

- Section 1 includes published recommended guidelines for industries from the State.
- Section 2 includes draft local recommended general guidelines and best practices that all employers/businesses anticipated to reopen in Stage 3 - Stage 4 should prepare for.
- Subsequent Sections provide additional measures identified for specific industry sectors and specific business types, as listed on the table of contents. Those specific industries should reference both Section 2 in conjunction with the section(s) applicable to its business.

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 RISE Guide and this supplemental document, and consider modifications needed, if any, before 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.

In addition to this Guide, the Public Health Officer issued [County Health Order No. 2020-8-1](#) on May 8, 2020 to define essential businesses and lower risk businesses within Santa Barbara. The order was to ensure alignment with the State's Resiliency Roadmap Stage 2. The order provides guidance on several public areas that include, but are not limited to the following:

- Public Swimming Pool and Hot Tubs – Outdoor Only
- Golf Courses, Public and Private
- Schools – Public and Private Distance Learning and Administration Only (Includes graduation ceremony guidance)
- Tennis or Pickleball – Outdoor Only

State Resilience Roadmap Section Guidelines by Stage

Section 1 Published by State

Stage 1 – Early
Stage 2

Agriculture and Livestock

Auto Dealerships

Childcare

Communications

Construction

Delivery Services

Energy/Utilities

Food Packing

Hotels and Lodging*

Life Sciences

Logistics and Warehousing

Manufacturing

Mining and Logging

Office Workspaces *

Ports

Public Transit

Real Estate Transactions

Retail (curbside only)

Section 1 Except Schools

Stage 2

Schools ** (See Section 2)

Destination retail**, including shopping malls and swap meets

Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening

Office-based businesses (telework remains strongly encouraged)

Dine-in restaurants**

Outdoor museums and open gallery spaces

Section 2 and Specialty Sections Local Best Practice Guidance

Stage 3

Stage 4

Beverage Industry – Bars and Lounges

Hair & Nail Salons/Barbers

Body Art

Gyms

Faith-Based/Community Based Organizations

Events/Venues/Attractions

Hotels and lodging for tourism and leisure (See Section 1)

*(essential workers only)

** Late – Stage 2 (Not yet open)

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Section 5. Body Art (Tattoo, Permanent Cosmetics, and Body Piercing Facilities)	Page 57
Section 6. Hair Salons, Barbers and Nail Salons	Page 59
Section 7. Fitness Centers/Gyms	Page 61
Section 8. Events, Venues and Attractions	Page 62
Section 9. Schools	Page 63

SECTION 1. PUBLISHED STATE INDUSTRY GUIDANCE

This section provides all of the currently available State industry [guidance](#) by stage of reopening in accordance with the State's Resilience Roadmap. The goal is a safe, clean environment for workers and customers. Businesses may use effective alternative or innovative methods to build upon the guidance.

Review the guidance that is relevant to your workplace, prepare a plan based on the guidance for your industry, and put it into action.

When complete, you can post the industry-specific checklist (below) in your workplace to show your customers and your employees that you've reduced the risk and are open for business.

Before reopening, all facilities **must**:

1. Perform a detailed risk assessment and implement a site-specific protection plan
2. Train employees on how to limit the spread of COVID-19, including how to [screen themselves for symptoms](#) and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

It is critical that employees needing to self-isolate because of COVID-19 are encouraged to stay at home, with sick leave policies to support that, to prevent further infection in your workplace. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#).

STAGE 1; SAFETY AND PREPAREDNESS – ONLY ESSENTIAL BUSINESSES AND WORKPLACES ARE OPEN

STAGE 2: EARLY WORKPLACES

Can open with modifications

- Curbside retail, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists. Note: this will be phased in, starting first with curbside pickup and delivery only until further notice.
- Supply chains supporting the above businesses, in manufacturing and logistics sectors
- Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.
- Office-based businesses (telework remains strongly encouraged)
- Outdoor museums and galleries

<u>INDUSTRY SECTOR</u>	<u>GUIDELINE LINK</u>	<u>CHECKLIST LINK</u>
<u>AGRICULTURE AND LIVESTOCK</u>	http://covid19.ca.gov/pdf/guidance-agriculture.pdf	http://covid19.ca.gov/pdf/checklist-agriculture.pdf
<u>AUTO DEALERSHIPS</u>	http://covid19.ca.gov/pdf/guidance-auto-dealerships.pdf	http://covid19.ca.gov/pdf/checklist-auto-dealerships.pdf
<u>CHILDCARE</u>	https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf	<u>N/A</u>
<u>COMMUNICATIONS</u> <u>INFRASTRUCTURE</u>	http://covid19.ca.gov/pdf/guidance-communications.pdf	http://covid19.ca.gov/pdf/checklist-communications.pdf
<u>CONSTRUCTION</u>	http://covid19.ca.gov/pdf/guidance-construction.pdf	http://covid19.ca.gov/pdf/checklist-construction.pdf
<u>DELIVERY SERVICES</u>	http://covid19.ca.gov/pdf/guidance-delivery-services.pdf	http://covid19.ca.gov/pdf/checklist-delivery-services.pdf
<u>ENERGY AND UTILITIES</u>	http://covid19.ca.gov/pdf/guidance-energy.pdf	http://covid19.ca.gov/pdf/checklist-energy.pdf
<u>FOOD PACKING</u>	http://covid19.ca.gov/pdf/guidance-food-packing.pdf	http://covid19.ca.gov/pdf/checklist-food-packing.pdf
<u>HOTELS AND LODGING</u>	http://covid19.ca.gov/pdf/guidance-hotels.pdf	http://covid19.ca.gov/pdf/checklist-hotels.pdf
<u>LIFE SCIENCES</u>	http://covid19.ca.gov/pdf/guidance-life-sciences.pdf	http://covid19.ca.gov/pdf/checklist-life-sciences.pdf
<u>LIMITED SERVICES (PERSONAL)</u>	https://covid19.ca.gov/pdf/guidance-limited-services.pdf	https://covid19.ca.gov/pdf/checklist-limited-services.pdf
<u>LOGISTICS AND WAREHOUSING</u> <u>FACILITIES</u>	http://covid19.ca.gov/pdf/guidance-logistics-warehousing.pdf	http://covid19.ca.gov/pdf/checklist-logistics-warehousing.pdf

<u>MANUFACTURING</u>	<u>http://covid19.ca.gov/pdf/guidance-manufacturing.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-manufacturing.pdf</u>
<u>MINING AND LOGGING</u>	<u>http://covid19.ca.gov/pdf/guidance-mining-logging.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-mining-logging.pdf</u>
<u>OFFICE WORKSPACES</u>	<u>http://covid19.ca.gov/pdf/guidance-office-workspaces.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-office-workspaces.pdf</u>
<u>OUTDOOR MUSEUMS</u>	<u>https://covid19.ca.gov/pdf/guidance-outdoor-museums.pdf</u>	<u>https://covid19.ca.gov/pdf/checklist-outdoor-museums.pdf</u>
<u>PORTS</u>	<u>http://covid19.ca.gov/pdf/guidance-ports.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-ports.pdf</u>
<u>PUBLIC TRANSIT AND INTERCITY PASSENGER RAIL</u>	<u>http://covid19.ca.gov/pdf/guidance-transit-rail.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-transit-rail.pdf</u>
<u>REAL ESTATE TRANSACTIONS</u>	<u>http://covid19.ca.gov/pdf/guidance-real-estate.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-real-estate.pdf</u>
<u>RETAIL</u>	<u>http://covid19.ca.gov/pdf/guidance-retail.pdf</u>	<u>http://covid19.ca.gov/pdf/checklist-retail.pdf</u>

Customers and individuals

Customers and individuals are encouraged to stay home if they have a fever or other COVID-19 symptoms. Those with symptoms or elevated temperatures should not shop, get services in person, go to work or congregate with others. If you're not sure if this applies to you, check your symptoms with this [Symptom Screener](#).

Higher risk individuals should continue to stay home until Stage 4.

Roadmap for reopening businesses

Before re-opening, all facilities **must** first perform a detailed risk assessment and implement a site-specific protection plan. Adaptations need to be made before Stage 2 workplaces can open – currently that includes modifications like curbside pickup at retail locations.

STAGE 2: HIGHER-RISK WORKPLACES (LATER)

These sectors are not permitted to open statewide but may be open in counties that have received state approval. The County of Santa Barbara has not yet met the criteria for these to open. With the exception of schools, the State has issued industry guidance for these sectors to prepare for reopening.

- Destination retail, including shopping malls and swap meets.
- Schools
- Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted)

<u>DINE-IN RESTAURANTS</u>	https://covid19.ca.gov/pdf/guidance-dine-in-restaurants.pdf	https://covid19.ca.gov/pdf/chECKlist-dine-in-restaurants.pdf
<u>SHOPPING CENTERS</u>	https://covid19.ca.gov/pdf/guidance-shopping-centers.pdf	https://covid19.ca.gov/pdf/chECKlist-shopping-centers.pdf

NOT IN STAGE 1 OR 2: HIGHER-RISK WORKPLACES

The following sectors, businesses, establishments, or activities are not permitted to operate in the State of California at this time:

- Personal services such as nail salons, tattoo parlors, gyms and fitness studios
- Hospitality services, such as bars and lounges
- Entertainment venues, such as movie theaters, gaming facilities, and pro sports
- Indoor museums, kids' museums and gallery spaces, zoos, and libraries
- Community centers, including public pools, playgrounds, and picnic areas
- Religious services and cultural ceremonies
- Nightclubs
- Concert venues
- Festivals
- Theme parks
- Hotels/lodging for leisure and tourism

SECTION 2. LOCAL GENERAL GUIDELINES | STAGE 3 – STAGE 4

Section 2 includes draft recommended guidelines and best practices for industry sectors where State guidance is not yet available. The best practices are written to describe what 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 2 in conjunction with 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. Training should be bilingual (English and Spanish) and low-literacy accessible. Workers who only speak indigenous languages should be given access to [indigenous language videos](#) from the Santa Barbara Department of Public Health that cover relevant COVID-19 information.

B. Signage:

Template signage, provided in English and Spanish, to be used can be found on the County's website at: <https://publichealthsb.org/business-resources>

- 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 (in English, Spanish and accessible to low-literacy individuals), 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 should be posted at all hand-wash sinks.
- iv. Provide signage encouraging regular hand washing in break rooms 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. Provide bilingual information about [free COVID-19 related health care services](#) in Santa Barbara County Department of Public Health clinics, accessible regardless of insurance

or immigration status. Information available in Spanish in this link:

<https://countyofsb.org/phd/health-care-centers.sbc>

- 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. Provide face coverings to essential workers, support physical distancing when traveling two and from work site.
- viii. Encourage customers to utilize face coverings when entering the facility.
- ix. Separate workstations by at least six feet.
 - x. Do not share office supplies, tools, etc.
 - xi. Provide separate seating in common areas such as break rooms and conference rooms.
 - xii. Utilize and encourage virtual meetings where possible.
 - xiii. Encourage telecommuting where possible.
- xiv. Discourage congregation of employees during breaks and lunches, unless physical distancing can be maintained.
- xv. 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.
- xvi. 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 Break rooms: 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
- xvii. Sanitize incoming packages, products or materials as part of the receiving process.
- xviii. Direct employees to regularly clean their workstations daily, or at the start and end of their shift for shared workstations and areas.
- xix. Make sanitizer / disinfectant and related cleaning supplies available to all employees at specified locations.
- xx. 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.
- xxi. 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.
- xxii. Provide hand sanitizer to employees at their workstation when their role requires regular interaction with customers.

- xxiii. 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 six-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 Guidelines, face coverings shall refer to material that fully covers a person's nose and mouth.

SECTION 3. BEVERAGE INDUSTRY – (Bars and Lounges)

In addition to the measures listed in Section 2 General Guidelines, 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 2.

B. Signage: No additional measures. See Section 2.

C. Measures to Protect Employee Health: No additional measures. See Section 2.

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 4. FAITH-BASED AND COMMUNITY ORGANIZATIONS

For County of Santa Barbara, the Public Health Officer issued Health Order 2020-8-1 on May 8, 2020 providing some guidance for Faith based services. See [County Health Order No. 2020-8-1](#).

Additional Guidance in preparation for Stages 3 – 4:

In addition to the measures listed in Section 2 General Guidelines, 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 2.
- B. Signage:** No additional measures. See Section 2.
- C. Measures to Protect Employee Health:** No additional measures. See Section 2.
- 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 2.
- 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 as they leave the service. Any person that is responsible for retrieving the donations should immediately wash their hands after handling.

SECTION 5. BODY ART (Tattoo, Permanent Cosmetics, and Body Piercing Facilities)

In addition to the measures listed in Section 2 General Guidelines, 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 2.

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 6. HAIR SALONS, BARBERS, AND NAIL SALONS

In addition to the measures listed in Section 2 General Guidelines, 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 2.

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 7. FITNESS CENTERS/GYMS

In addition to the measures listed in Section 2 General Guidelines, 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 2.

B. Signage: No additional measures. See Section 2.

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 8. 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 State Executive Order. This includes amphitheatres, 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.

In preparation of reopening in Stages 3 - 4, employers should consider the following until State guidelines are issued.

In addition to the measures listed in Section 2 General Guidelines, 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 2.

B. Signage: No additional measures. See Section 2.

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
- i) **D. Additional Measures to Protect Health:**
 - (1) Masks required for guests at indoor events; masks highly encouraged at outdoor events
 - (2) Masks required for all employees and vendors
 - (3) Pre-and post-shift temperature checks for all employees
 - (4) Highly encouraged temperature checks for all guests

SUPPLEMENTAL DOCUMENT TO THE REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

SECTION 9. SCHOOLS

Schools are considered for reopening under the State's late Stage 2. Public and private schools are currently limited to distance learning and administration only under local Health Order 2020-8-1.

State guidance is being developed by the California Department of Education and will be referenced in Section 1 once published.

The California Centers for Disease Control and Prevention has published the following [Interim Guidance](#) for Administrators of US K-12 Schools and Child Care Programs to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) and this [Decision Tool](#) to guide reopening decisions.

DRAFT SUPPLEMENTAL DOCUMENT TO THE

REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

SANTA BARBARA COUNTY READINESS & CONTAINMENT PLAN

DRAFT SUPPLEMENTAL DOCUMENT TO THE
REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

SANTA BARBARA COUNTY READINESS & CONTAINMENT PLAN

- 1 – Testing
- 2 – Tracing
- 3 – Protecting the Vulnerable
- 4 – Acute Care Surge
- 5 – Essential Workers
- 6 – Special Considerations
- 7 – Community Engagement
- 8 – Relationship to Surrounding Counties

1 - Testing

Criterion	Status
Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?	Yes. In addition to community testing, hospitals, community health centers, and providers are also testing.
Is the average percentage of positive tests over the past 7 days <7% and stable or declining?	No, especially with the mass testing at Lompoc prison.
Have specimen collection locations been identified that ensure access for all residents?	In Santa Maria, Lompoc, and Santa Barbara.
Have contracts/relationships been established with specimen processing labs?	Yes.
Is there a plan for community surveillance?	Not yet. Under development.

2 - Contact Tracing

Criterion	Status
How many staff are currently trained and available to do contact tracing?	68 tracers required of the county; and we have 72, with more in the pipeline to be trained.
Are these staff reflective of community racial, ethnic and linguistic diversity?	Yes.
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?	Yes.

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?	We have hotel contracts in place sufficient to accommodate at least 15% of the homeless population in the county.
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3 - Protecting the Vulnerable

Criterion	Status																														
How many congregate care facilities, of what types, are in the county?	<p>We have the following licensed care facilities within our county</p> <table border="1" data-bbox="602 810 1365 1115"> <thead> <tr> <th>Facility Type</th> <th># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Skilled Nursing Facility (SNF)</td> <td>14</td> </tr> <tr> <td>Intermediate Care Facility (ICF)</td> <td>8</td> </tr> <tr> <td>Residential Care Facility for the Elderly (RCFE)</td> <td>120</td> </tr> <tr> <td>Adult Residential Facility (ARF)</td> <td>43</td> </tr> <tr> <td>Hospice Facility</td> <td>1</td> </tr> <tr> <td>Social Rehabilitation Facility</td> <td>4</td> </tr> <tr> <td>Enhanced Behavioral Support Facility</td> <td>1</td> </tr> <tr> <td>Psychiatric Health Facility</td> <td>1</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>192</td> </tr> </tbody> </table> <p><i>Data from CDPH and CCLD facility search.</i></p> <p>Additional unlicensed congregate care facilities that we should be concerned with:</p> <table border="1" data-bbox="602 1220 1365 1360"> <thead> <tr> <th>Facility Type</th> <th># of Facilities</th> </tr> </thead> <tbody> <tr> <td>Homeless Shelter</td> <td>7</td> </tr> <tr> <td>Independent Senior Living</td> <td>63</td> </tr> <tr> <td>Group Homes</td> <td>9</td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td>79</td> </tr> </tbody> </table> <p><i>Data from Santa Barbara County PHD VP Database. These numbers are approximate and there may be more or less of these types of facilities within the county. VP Database is updated annually however facilities must provide updated information to PHD.</i></p> <p>An additional group we should be concerned about are private congregate settings that house UCP Work Inc and Tri-Counties Regional Center clients. We do not have numbers on how many locations there are.</p>	Facility Type	# of Facilities	Skilled Nursing Facility (SNF)	14	Intermediate Care Facility (ICF)	8	Residential Care Facility for the Elderly (RCFE)	120	Adult Residential Facility (ARF)	43	Hospice Facility	1	Social Rehabilitation Facility	4	Enhanced Behavioral Support Facility	1	Psychiatric Health Facility	1	TOTAL	192	Facility Type	# of Facilities	Homeless Shelter	7	Independent Senior Living	63	Group Homes	9	TOTAL	79
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How many correctional facilities, of what size, are in the county?	<p>There is one correctional facility for the Santa Barbara County Sheriff's Office. It has a rated capacity of around 800 inmates, but it currently houses 575 inmates.</p> <p>LP: approximately how many inmates and staff? Approximately 2,700 inmates; 450 staff</p>																														

<p>How many homelessness shelters are in the county and what is their capacity?</p>	<p>Santa Barbara County has 21 Organizations; 766 Beds serving the homeless population.</p>																							
<p>What is the COVID-19 case rate at each of these facilities?</p>	<table border="1"> <thead> <tr> <th data-bbox="480 407 751 512">Population Type</th> <th data-bbox="756 407 870 512">Cases</th> <th data-bbox="875 407 1078 512">Denominator</th> <th data-bbox="1083 407 1370 512">Rate per 100 (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="480 518 751 688">FCI Prison Inmates</td> <td data-bbox="756 518 870 688">854</td> <td data-bbox="875 518 1078 688">3000</td> <td data-bbox="1083 518 1370 688">28.46666667</td> </tr> <tr> <td data-bbox="480 695 751 827">Jail Inmates</td> <td data-bbox="756 695 870 827">1</td> <td data-bbox="875 695 1078 827">575</td> <td data-bbox="1083 695 1370 827">0.173913043</td> </tr> <tr> <td data-bbox="480 833 751 896">Nursing Homes</td> <td data-bbox="756 833 870 896">2</td> <td data-bbox="875 833 1078 896">950</td> <td data-bbox="1083 833 1370 896">0.210526316</td> </tr> <tr> <td data-bbox="480 903 751 1035">Homeless</td> <td data-bbox="756 903 870 1035">4</td> <td data-bbox="875 903 1078 1035">1803</td> <td data-bbox="1083 903 1370 1035">0.221852468</td> </tr> </tbody> </table>				Population Type	Cases	Denominator	Rate per 100 (%)	FCI Prison Inmates	854	3000	28.46666667	Jail Inmates	1	575	0.173913043	Nursing Homes	2	950	0.210526316	Homeless	4	1803	0.221852468
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Homeless	4	1803	0.221852468																					
<p>Do facilities have the ability to safely isolate COVID-19 positive individuals?</p>	<p>Yes, the county jail has a procedure already in place that isolates any positive individuals. There 17 negative pressure cells that COVID-19 positive individuals can be housed in. Additionally, there are entire dorm facilities that are separate from the main housing areas to place large quantities of COVID-19 positive individuals in.</p> <p>Prison: No.</p> <p>Larger facilities like SNFs or large assisted living may have the ability to safely isolate COVID-19 positive individuals if they have sufficient space, PPE, and trained staff. Many small assisted living facilities (RCFEs) or ARFs may not have the ability to isolate COVID-19 positive individuals due to:</p> <ul style="list-style-type: none"> - Lack of space to isolate- shared bedrooms, bathrooms and eating areas - Small amount of staff- one staff for multiple individuals - Staff not adequately trained in PPE donning and doffing 																							

	<ul style="list-style-type: none"> - Lack of PPE- many facilities did not order large amounts of PPE prior to COVID-19 and are now unable to order more if needed due to the fact that we are all on allocation <p>Also, facilities that serve developmentally disabled, mental health or memory care patients struggle with patients complying with isolation orders, wearing cloth masks within the house, handwashing etc.</p>
<p>Do facilities have the ability to safely quarantine individuals who have been exposed?</p>	<p>Currently the county jail has a procedure where all incoming inmates are placed into quarantine for 14 days, where they are medically monitored for COVID-19 symptoms, after their quarantine is up, they are checked and moved into a different housing area. If someone is exposed, they are placed into quarantine, tested, and medically monitored.</p> <p>Prison: No, they have ~100 isolation cells with open bars (Can house 2 patients, for a total of ~200), given the positive count, that far exceeds the capacity of that area. They brought in tents from VAFB, unknown on capacity</p>
<p>Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?</p>	<p>We have sufficient testing supplies to conduct a thorough outbreak investigation however we lack the necessary staff to conduct and coordinate the testing at facilities. If we require facilities like SNFs or assisted living to conduct screening testing every few weeks, it would be very hard for PHD to support them with staff to do the testing.</p>
<p>Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?</p>	<p>No, they do not have sufficient PPE for staff. Many facilities have some PPE but not enough if they have one or even multiple positive residents. They do have access to suppliers; however, all facilities are on allocation and are only receiving a specific amount each month. Smaller facilities did not order this level of PPE on a regular basis prior to COVID-19 and are now having issues ordering gowns, N95s, and eye protection.</p>
<p>Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?</p>	<p>Yes, they do have access to staffing agencies, however all the facilities share staff and they all utilize the same staffing agencies. The amount of staff that is shared between facilities is an issue for staffing as well as potential exposure in multiple facilities. In other counties we have seen issues occur when using staffing agencies such as staff not reporting or leaving facility when they find out facility has COVID-19 residents.</p>

4 - Acute Care Surge

Criterion	Status
Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?	Yes, via CDPH hospital report.
Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?	Hospitals and other facilities are utilizing their own vendors, finding new vendors and still requesting resources from the MHOAC. Many facilities are unable to purchase isolation gowns, FDA hand sanitizer, healthcare disinfectant wipes, gloves, and surgical masks.
Are hospitals testing all patients prior to admission to the hospital?	Yes. Hospitals are testing patients on admission and prior to any operation. They are also required to test prior to discharge to a long-term care or congregate living facility. Cottage is also testing all in patients.
Do hospitals have a plan for tracking and addressing occupational exposure?	Yes, based on their infection control program and protocol.

5 - Essential Workers

Criterion	Status
How many essential workplaces are in the county?	Unable to determine.
What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?	The County has provided specific direction to all essential business through a Health Officer Order - Attachment E to that order sets forth a specific social distancing protocol and hygiene plan which must be completed, signed and posted.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes. Essential businesses have access to key critical supplies. While many orders through open market and are prioritized, the Public Health Department assists in the procurement of critical supplies via the state critical resource procurement process specifically for other health care partners.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, the Public Health Department has a testing plan for essential wo workers no are sick or symptomatic and has consistently tested individuals upon request.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, the county has secured a cadre of hotels in regions of the county to support the isolation and quarantine of essential workers.

6 - Special Considerations

Criterion	Status
Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID19 transmission, e.g. agriculture or manufacturing?	Yes, farm and agricultural workers. Special considerations, guidelines and best practices are contained the Santa Barbara County RISE Guide.
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?	Santa Barbara County has a mix of industries that will result in the county accelerating in certain areas, with respect to telework. However, the county also has a significant number of manufacturing, agriculture and service/retail workers who must be present at a physical work location.
Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?	Yes, based on self-attestation on Social Distancing Protocol (Attachment E) included in the HO Order 2020-8.1.
Is there a testing plan for essential workers who are sick or symptomatic?	Yes, via community testing sites, providers, workplace testing, and public health lab, as appropriate.
Is there a plan for supportive quarantine/isolation for essential workers?	Yes, for first responders and farm workers.
Are there unique populations which may need special consideration to reduce or contain COVID 19 transmission? (elderly, medically fragile)	Yes; farmworkers, housing insecure, elderly, medically fragile.
Are there limits to the size of gatherings at any stage? Readiness or containment	Based on Governor's Executive Order: 10.

7 - Community Engagement

Criterion	Status
Has the county engaged with its cities?	Yes, the county has consistently engaged each of the eight cities and one Community Services District throughout this event. Initially all were engaged via the EOC as a component of the operational areas call for general coordination and information, soon following elected and appointed leaders- mayors, city managers as well as the county legislative delegation held to 2 calls a week to provide information and solicit feedback. Most recently, each city was engaged as a critical stakeholder to inform the development of the Strategic Reopening Guide (RISE) - "Reopen In Safe Environment"- to ensure the unique needs of their jurisdiction are met.
Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?	The County has convened a broad group of stakeholders to provide information regarding the variance plan to ensure health and safety needs to suppress and contain COVID 19 and ensure the operational needs of businesses and non-profits are addressed. 27 stakeholder groups were convened representing over 350 individuals from a cross section of the County. These includes the following sectors: Ag and livestock, Auto dealerships, communications infrastructure, construction, delivery services, energy and utilities, food packing, hotels and lodging, life sciences, logistics and warehousing, facilities, manufacturing, mining and logging, offices and work spaces, ports, public transit and passenger rail, real-estate, and retail. The County Health Officer also sought input an expert

	<p>medical panel to advise on criteria for reopening including epidemiological data, health care status and public health specific needs.</p>
<p>Have virtual community forums been held to solicit input into the variance plan?</p>	<p>Yes, multiple virtual community forums have occurred for each business sector. In addition, the Expert Panel has specifically engaged virtually to formulate readiness and containment criteria as outlined by the state.</p>
<p>Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?</p>	<p>Yes - the county is committed to ensuring the cultural competency its work and has ensured the engagement is reflective of the racial, ethnic and linguistic diversity of the county. This has been accomplished through the composition of the stakeholder panels as well as engaging multiple community advisors to ensure all occurs in a culturally competent manner. All communication is in English and Spanish and targeted Mixteco communication plans are also employed.</p>

8 - Relationship to Surrounding Counties

Criterion	Status
Are surrounding counties experiencing increasing, decreasing or stable case rates?	This data and analysis are in the RISE Guide (Figures 3 & 5), and is an important planning consideration that was weighted by Santa Barbara County.
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?	Yes, both SLO and Ventura County are working on their attestation process, pending meeting the epi criteria. Coordinating efforts are being discussed. Further, San Luis Obispo and Santa Barbara County planning processes for reopening are complimentary and integrated.
How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?	In Stage 2, visitors should not spend time in Santa Barbara County, and hotels should not make reservations for out of area visitors, unless they are essential workers. However, the county is prepared and has developed a contact tracing program with capacity to support known patterns of normal travel.

DRAFT SUPPLEMENTAL DOCUMENT TO THE

REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

KEY STAKEHOLDER THEMES FROM ROUNDTABLE MEETINGS

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REOPENING IN SAFE ENVIRONMENT (RISE) GUIDE

KEY STAKEHOLDER THEMES FROM ROUNDTABLE MEETINGS

Innovative ideas to maximize phased reopening

- Expand available space for physical distancing to outdoor areas (restaurants, church, etc.)
- County/Cities should consider “Good Will Ambassadors” who can support education and guideline adherence. An approach that relies more on personal accountability than government enforcement
- Community consortium to purchase in scale economies: PPE and other common supplies needed to meet guidelines
- Develop standardized video training for businesses/employees
- Develop standardized signage
- Employers should be able to share testing information with all of their employees
- Establish a point of contact, or go-to resource at the County to address questions, support and assist business in adapting;
- Leverage stakeholder groups and leaders as community ambassadors

Biggest challenges and pain points

- How to effectively plan at community level, not knowing what will happen with large variables, such as when schools will reopen
- When rules, such as guidelines, are too prescriptive, businesses and other orgs have to balance these against industry and other requirements; unintended consequences may emerge
- Churches and social gatherings are an essential part of the lives of many residents; keeping them closed into later stages may have significant consequences on mental/public health
- It is unknown and concerning whether and how liability will be mitigated. How can businesses and organizations know to deal with liability unknowns. This has

more than just obvious infection implications; it also impacts businesses where distancing is not feasible or even safe (e.g. operating machinery in manufacturing environment)

- Certain standards could become onerous and untenable, such as sanitizing tools and equipment or handwashing between uses
- Public health and safety rules should be equitable, across sectors. For example, restaurants should be able to operate at max capacity in kitchens, provided guests are properly distanced; existing health and safety standards should be sufficient to keep environment safe
- Many businesses depend on attendance and throughput. If opening of businesses and organizations is only fractional percentage of normal throughput, then many businesses may not be able to survive
- Phases between reopening should be 14 days instead of 30 days.
- Adhering to guidelines will result in extra staffing and supply expenses.

What's missing from the guidelines, as drafted

- More clarity is needed concerning Stages 3 and 4; what can be done and when will these stages come about, holding equal a best-case epi curve
- Cruise ship business should be in Stage 4
- For lodging, note that industry guidelines should be used, as this will standardize practices
- Consider temperature monitoring for many tourist hotspots
- Consider specifying capacity for indoor vs outdoor venues
- For restaurants, consider differentiating guidance for fast casual, full-service dining and private dining/catering
- Use caution on words used, so as not to create liability issues. Instead of PPE, specify the safety gear required (PPE means something very specific)
- Clarity of enforcement/accountability
- Childcare is essential for workforce to come back; needs to be addressed in tandem

Will guidelines in Stage 2/3 allow your business/organization to operate until stay at home order is lifted

- Need to be able to reopen and know what rules will be required. Need to be equitable. Why should big box stores be considered essential, but small retail selling the same things are not?
- If childcare doesn't come until Stage 3, how can employees begin working again in Stage 2; this is a major gap that will create untenable hardship for many workers
- Restaurants need to be able to operate at 100% capacity to succeed
- Most small businesses will not be solvent if operating at less than 70% capacity

What message resonates with your community/sector

- Consider Census messaging
- Reopen now, but safely
- Professional messaging that assures customers that businesses are operating safely
- Businesses are reopening, but with safety of public as top priority
- Education is essential, both for employees and customers; both are needed for confidence

"We have been working; we're just reopening our brick and mortar locations"
(tech sector and others)

Communication

- Clear, consistent and coordinated communications and messaging on Stages (what each means and how move forward and backward)
- Consistency with neighboring counties
- Consistency within the county (same rules for cities and unincorporated areas)
- Practical guidelines that can be enforced
- Comms/Signage must be multilingual – English, Spanish and Mixtec indigenous languages – and not discriminate directly or indirectly.

- Proactive communications to reach people (social media, PSA's, videos, web app, etc.)
- Maintaining public trust is essential; County Public Health needs to drive a strong, positive, public health message/campaign about safety measures that will be put into effect focusing on both audiences: the businesses as well as the individual

What is needed for compliance with guidelines?

- Very clear guidelines; positive messaging; support in purchasing supplies needed; professional signage
- Funding support to purchase PPE and signage
- Communications in Spanish and English; simple and clear graphics for illiterate
- Self-certification checklist for business that is posted and consistent across venues
- County and/or City Ambassadors that support businesses in adapting through education and guidance;
- Trust in leadership/Public Health, clear understanding of what the guidelines are and what is required of businesses and individuals

Other

- County should oppose governor's sometimes strict and arbitrary standards
- Task Public Health to provide direct support to schools to assist them in getting back online
- Use hospitalizations, ICU, deaths and specify who is most at risk vs. number of cases, which don't tell the true risk story