



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

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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
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Events/Venues	Rich Block	Mark Booher
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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)

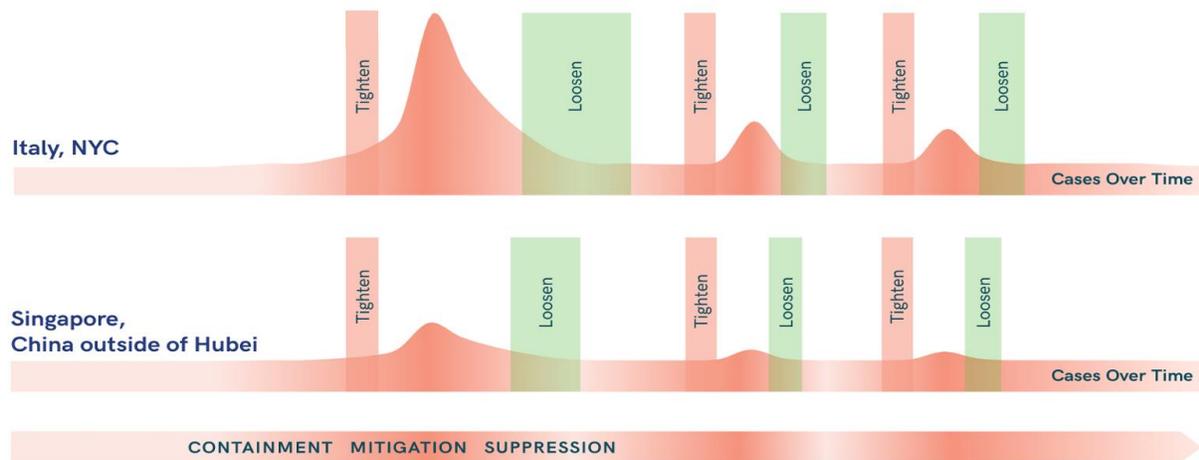


FIGURE 1. THE ADAPTIVE RESPONSE TO COVID-19. (REPRODUCED FROM RESOLVE TO SAVE LIVES)

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.
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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.

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-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.

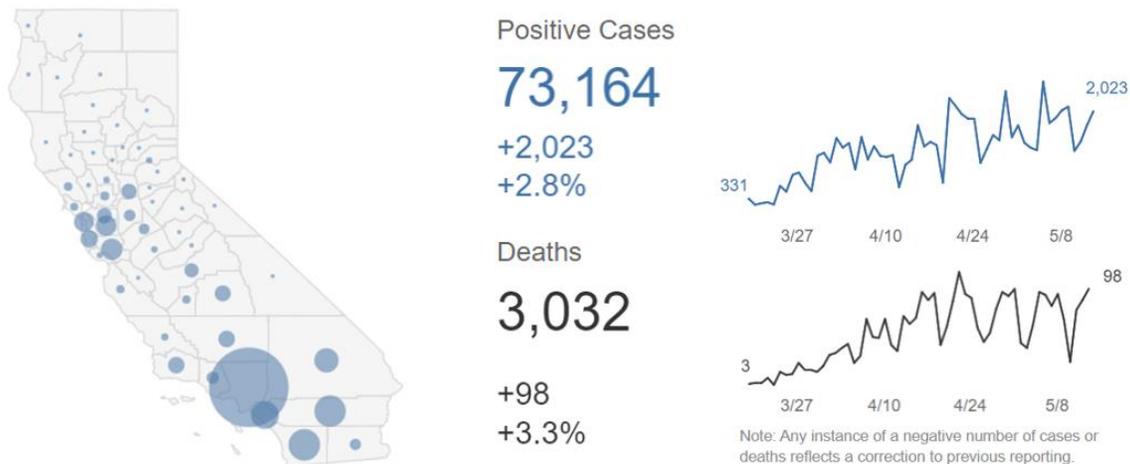


FIGURE 2. COVID-19 CASES IN CALIFORNIA, REFLECTING 73,164 CONFIRMED CASES AND 3,032 DEATHS. STATE OF CALIFORNIA PUBLIC DATASET. DATA FROM MAY 13, 2020.

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.

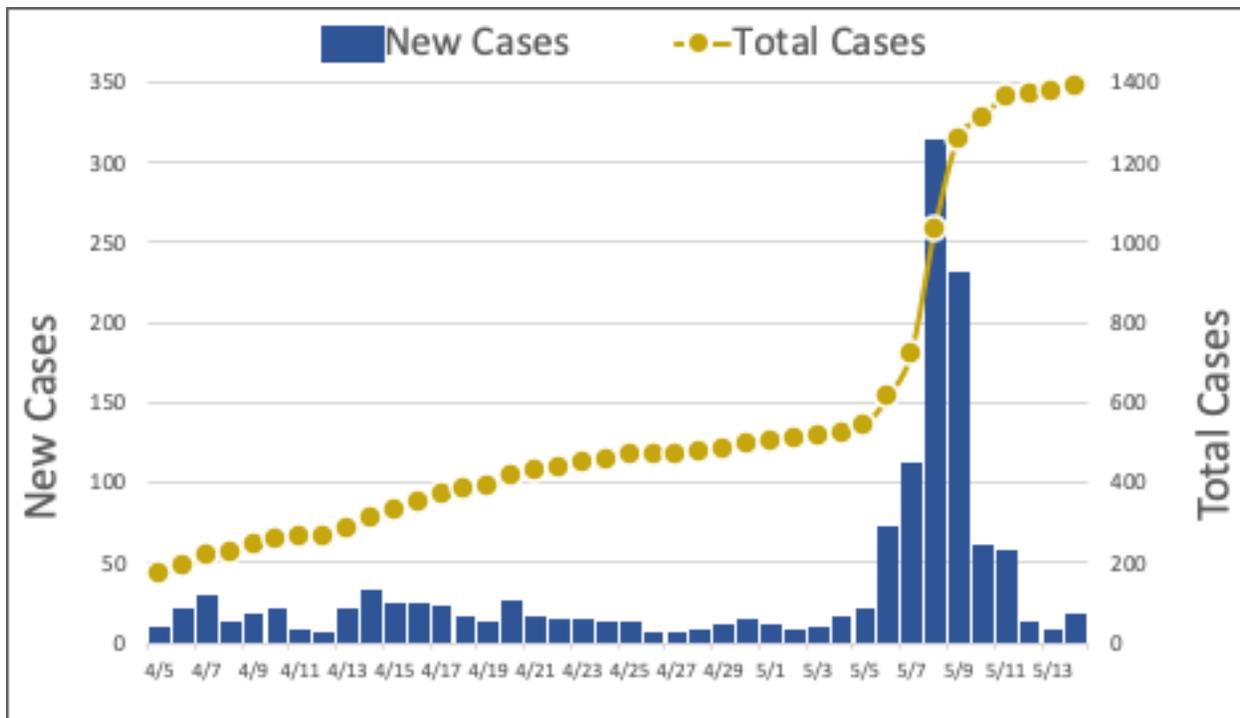


FIGURE 3. COVID-19 CASES IN SANTA BARBARA COUNTY (1,387 CONFIRMED CASES AND 11 DEATHS.) COUNTY OF SANTA BARBARA PUBLIC DATASET. DATA FROM MAY 14, 2020.

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.**

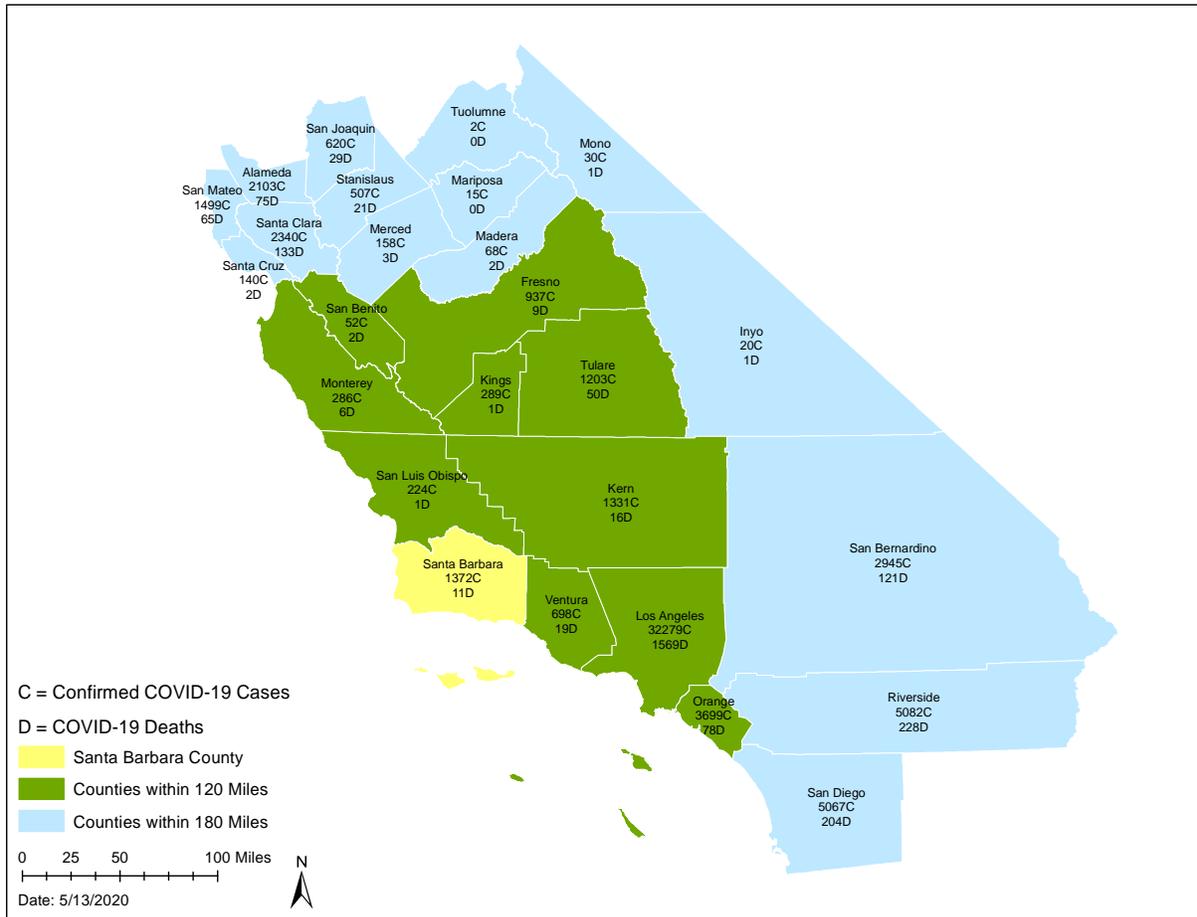


FIGURE 4. COVID-19 CASES AND DEATHS IN CALIFORNIA COUNTIES, SHOWING SANTA BARBARA COUNTY RELATIVE TO NEIGHBORING COUNTIES. DATA FROM MAY 12, 2020.

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)

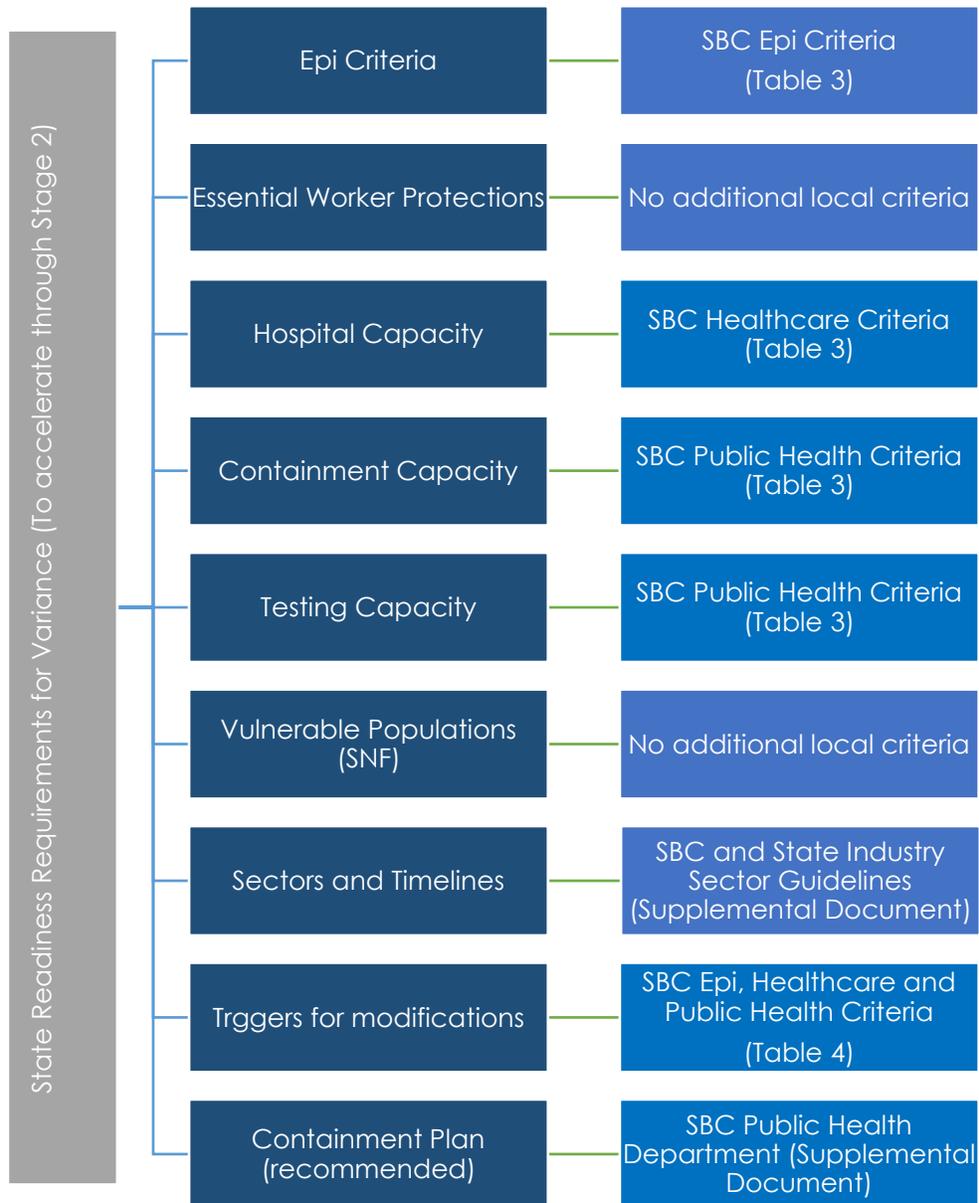


Table 4. Adapted guidelines for loosening restrictions, by category, with State Readiness Requirements for Variance.

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

References

"[California Resilience Roadmap](#)." Office of Governor Gavin Newsom. May 8, 2020.

"[SLO START Guide](#)." San Luis Obispo County. May 1, 2020

"[California's Roadmap to Modify the Stay-at-Home Order](#)." Office of Governor Gavin Newsom. April 14, 2020.

"COVID-19: [A Prescription to Get the US Back to Work](#)." Morgan Stanley Research. (2020).

Executive Order [N-33-20](#). Executive Department, State of California.

Florida R and Pedigo S. "[How our cities can reopen after the COVID-19 pandemic](#)." The Brookings Institution. (2020).

Gavin K. "[With the COVID-19 Curve Flattening, It's Time to Prevent a Second Peak](#)." University of Michigan Health Lab, April 15, 2020.

Gottlieb S, Rivers C, McClellan MB, Silvis L, Watson C. [National Coronavirus Response: A Road Map to Reopening](#). American Enterprise Institute. (2020).

[Guidance of Preparing Workplaces for COVID-19](#). US Department of Labor, OSHA. Document 3990-03 2020. (2020).

"[Guidelines: Opening Up American Again](#)." www.whitehouse.gov. April 16, 2020

Kristof N. "[Brace Yourself for Waves of Coronavirus Infections](#)." The New York Times. April 4, 2020.

Lazo A, Mai-Duc C. "[How California Has Avoided a Coronavirus Outbreak as Bad as New York's...So Far](#)." The Wall Street Journal, April 8, 2020.

Prem K, Liu Y, Russell TW, Kucharski AJ, Eggo RM, Davies N et al. "[The effect of control strategies to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China: A modelling study](#)." The Lancet Public Health. [https://doi.org/10.1016/S2468-2667\(20\)30073-6](https://doi.org/10.1016/S2468-2667(20)30073-6).

Resolve to Save Lives, an Initiative of Vital Strategies. "[When and How to Reopen After COVID-19](#)." (2020). www.preventepidemics.org.

Turner K, Davidson SL, Park S, Collins J, Pedati CS. "[Standardized surveillance case definition and national modification for 2019 novel coronavirus disease \(COVID-19\)](#)." Council of State and Territorial Epidemiologists. Committee on Infectious Disease. Interim-20-ID-01. 2020.

"[Update on California's Pandemic Roadmap](#)." Office of Governor Gavin Newsom. April 28, 2020.

"[What's ahead on COVID-19? Expert offers forecast for summer, fall](#)." American Medical Association Public Health. April 6, 2020.

Xu S and Li Y. "[Beware of the second wave of COVID-19](#)." The Lancet. April 8, 2020.

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

Section 1 Except Schools

Section 2 and Specialty Sections Local Best Practice Guidance

Stage 1 – Early
Stage 2

Stage 2

Stage 3

Stage 4

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)

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

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 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/fin 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="480 695 751 825">Jail Inmates</td> <td data-bbox="756 695 870 825">1</td> <td data-bbox="875 695 1078 825">575</td> <td data-bbox="1083 695 1370 825">0.173913043</td> </tr> <tr> <td data-bbox="480 831 751 894">Nursing Homes</td> <td data-bbox="756 831 870 894">2</td> <td data-bbox="875 831 1078 894">950</td> <td data-bbox="1083 831 1370 894">0.210526316</td> </tr> <tr> <td data-bbox="480 900 751 1031">Homeless</td> <td data-bbox="756 900 870 1031">4</td> <td data-bbox="875 900 1078 1031">1803</td> <td data-bbox="1083 900 1370 1031">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 																							

	<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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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