

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

County of San Luis Obispo Public Health Department

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Project Collaboration

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

Expert Panel

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

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

Project Team

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

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

Elected Panel

The following individuals steered the overall START Guide effort:

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

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

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

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

Executive Summary

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

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

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

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

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

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

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

The START Guide is supplemented by two accompanying documents:

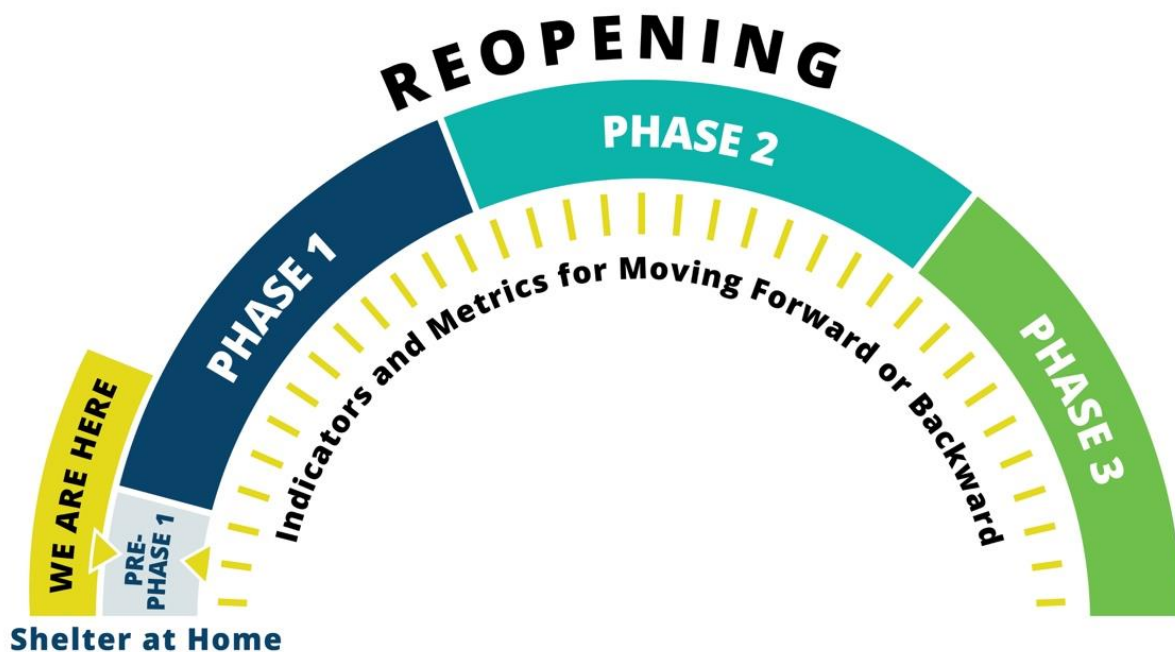
1. Standards and Guidelines for organizations and businesses
2. Status Report on SLO County Readiness to Meet California’s Six Indicators to Modify Stay-at-Home Order

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

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

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

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



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

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

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

START Guide Framework

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

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

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

CATEGORIES OF CRITERIA

Epidemiology: Criteria related to number of cases and deaths

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

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

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

*Refer to The START Standards and Guidelines

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Glossary

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

SECTION 1. Introduction to the SLO County START Guide

Purpose

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

Background

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

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

TABLE 1. FUNCTIONS OF THE SLO COUNTY START GUIDE.

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

The START Guide: Integrating Frameworks

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

The sections of the Guide are described below:

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

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

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

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

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

**“Decisions to reopen should not be about a date but about the data.”
-Dr. Tom Frieden, CEO of Resolve to Save Lives and former Director of the CDC**

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

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

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

SECTION 2. Summary of Frameworks

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

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

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

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

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

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

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

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

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

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Stage 4- End of Stay-at-Home Order

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

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

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

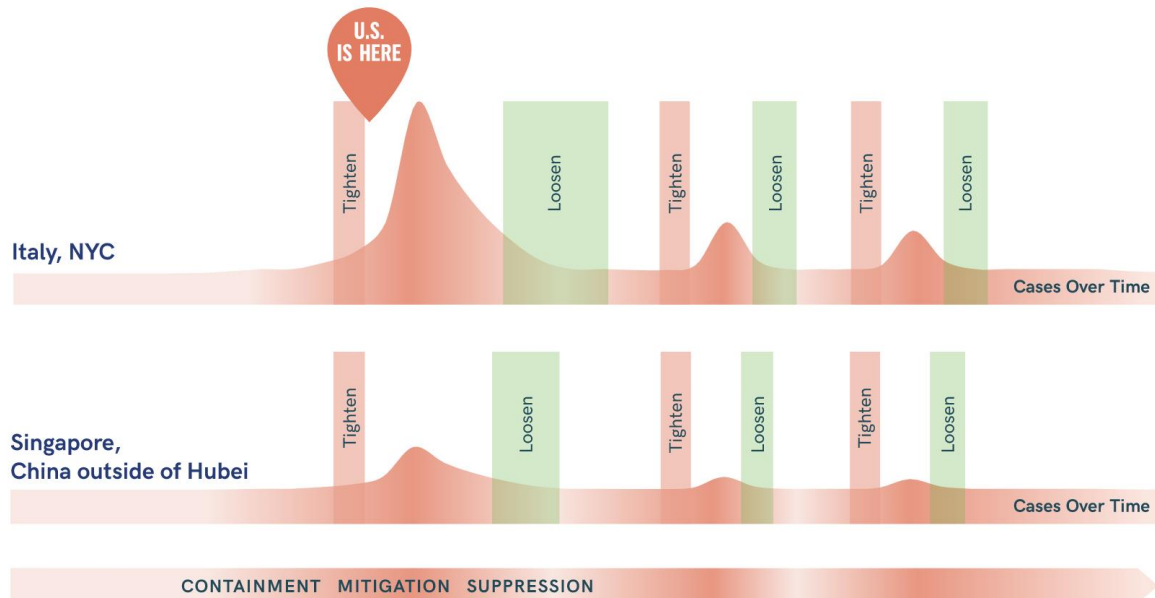


FIGURE 1. THE ADAPTIVE RESPONSE TO COVID-19. (REPRODUCED FROM RESOLVE TO SAVE LIVES)

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

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

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

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

SECTION 3. Integrated Summary

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

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

Timing. Before easing any restrictions, there must be:

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

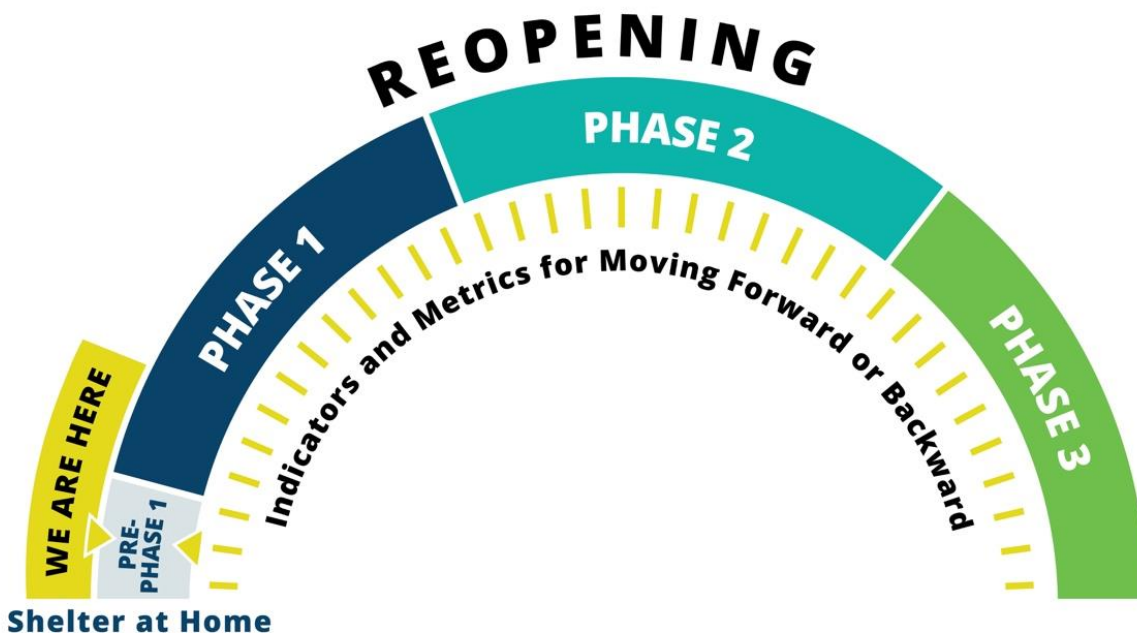


FIGURE 2. THE SPECTRUM OF REOPENING, FROM THE STAY-AT-HOME ORDER THROUGH THE THREE PHASES OF REOPENING. INDICATORS AND METRICS FOR MOVING FORWARD OR BACKWARD ARE OUTLINED IN TABLES 3 AND 4.

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

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

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

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

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

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

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

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

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

SECTION 4. State and County Considerations

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

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

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

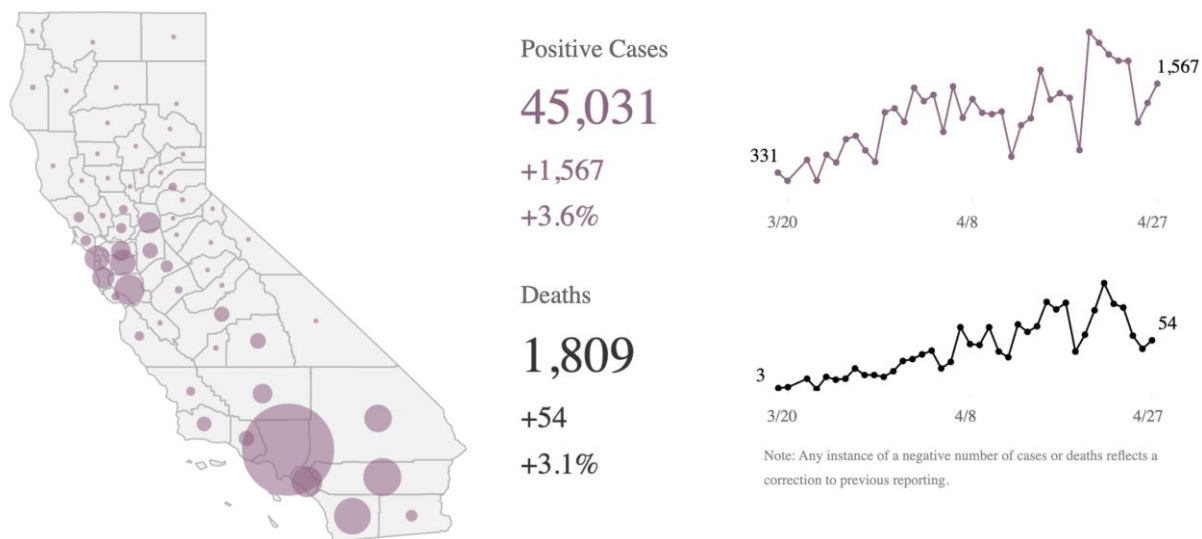


FIGURE 3. COVID-19 CASES IN CALIFORNIA, REFLECTING 45,031 CONFIRMED CASES AND 1,809 DEATHS. STATE OF CALIFORNIA PUBLIC DATASET. DATA FROM APRIL 28, 2020.

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

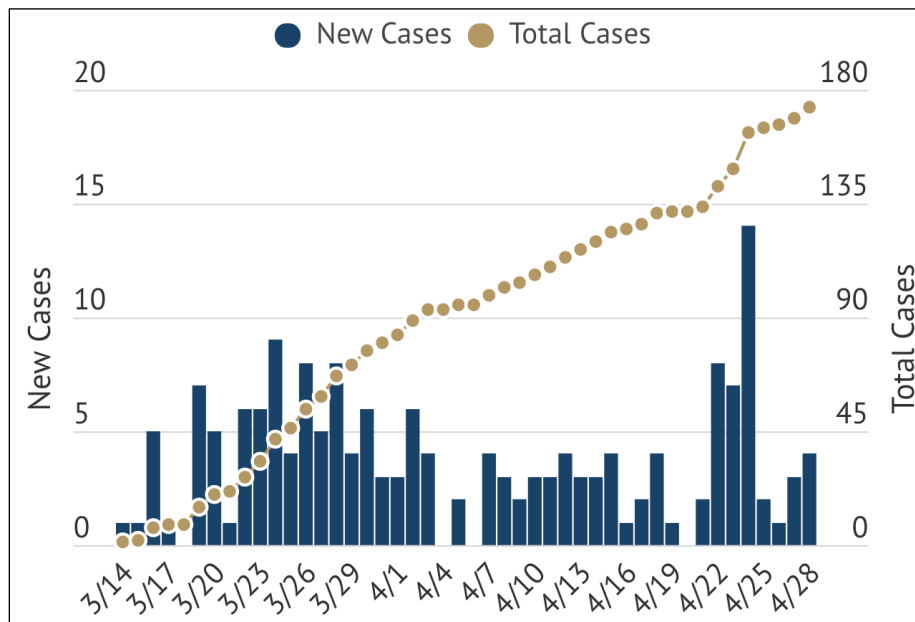


FIGURE 4. COVID-19 CASES IN SAN LUIS OBISPO COUNTY (184 CONFIRMED CASES AND 1 DEATH.) COUNTY OF SAN LUIS OBISPO PUBLIC DATASET. DATA FROM APRIL 30, 2020.

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

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

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

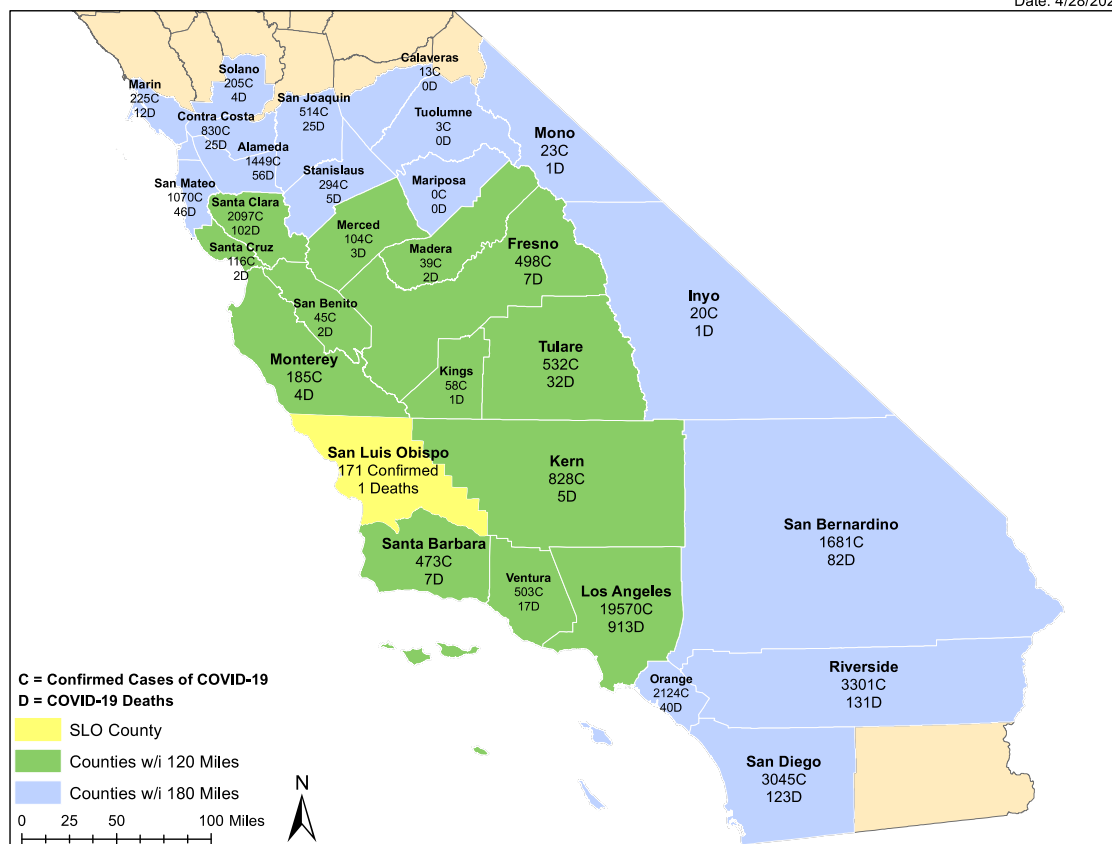


FIGURE 5. COVID-19 CASES AND DEATHS IN CALIFORNIA COUNTIES, SHOWING SLO COUNTY RELATIVE TO NEIGHBORING COUNTIES. DATA FROM APRIL 27, 2020.

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

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

SECTION 5. Recommendations

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

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

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

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

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

Phase One

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

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

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

Phase Two

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

- 1) **Continue for individuals, institutions, and businesses**
 - a. Physical distancing measures at all venues and all times
 - b. Personal preventive hygiene and quarantine/isolation measures
 - c. Use of face coverings and masks in public especially when physical distancing is difficult or not possible
 - d. Monitoring of symptoms
 - e. Protection for vulnerable populations such as the elderly
- 2) **Individuals**
 - a. Gatherings should be limited to 50 people, physical distancing maintained as much as possible
 - b. Minimize non-essential travel
- 3) **All institutions and businesses**
 - a. **The START Standards and Guidelines best practices should be followed by all institutions and businesses in all Phases of reopening**
 - i. Required certification and acknowledgement of operating standards
 - b. **Must adhere to modified operating standards** for personal hygiene, sanitation of facilities and equipment, and physical distancing standards
 - c. Continue to support telework
 - d. Ensure enough hand sanitizer or hand washing stations at strategic locations
 - e. Modified reopening of common or congregation areas at workplaces, with operating standards for use by staff

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

Phase Three

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

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

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

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

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

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

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

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

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

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Appendices

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

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

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

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

6 Indicators for Modifying Stay-at-Home Order

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL DOCUMENTS

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

DRAFT STANDARDS AND GUIDELINES

DRAFT STANDARDS AND GUIDELINES

Introduction

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

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

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

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

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SECTION 1. ALL EMPLOYERS

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

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

A. Training:

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

B. Signage:

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

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

C. Measures to Protect Employee Health:

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

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

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

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

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

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

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

F. Additional Measures to Protect Health:

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

G. Other Considerations for Employers:

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

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

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

SECTION 2. BEVERAGE INDUSTRY FACILITY

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

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

SECTION 3. RESTAURANTS (RETAIL FOOD)

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

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

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

C. Measures to Protect Employee Health:

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

Public Restrooms: Hourly

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

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

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

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

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

SECTION 4. LODGING

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

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

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

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

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

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

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

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

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

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

F. Additional Measures to Protect Health:

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

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

SECTION 5. RETAIL STORES

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

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

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

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 6. MANUFACTURING

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

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

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

C. Measures to Protect Employee Health:

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 7. CERTIFIED FARMERS' MARKETS

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

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

B. Signage:

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

C. Measures to Protect Employee Health:

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

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

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

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

F. Additional Measures to Protect Health:

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

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

SECTION 8. AGRICULTURE

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

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

SECTION 9. BUILDING, DEVELOPMENT & CONSTRUCTION

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

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

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

C. Measures to Protect Employee Health:

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 10. FAITH-BASED AND COMMUNITY ORGANIZATIONS

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

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

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 11. PUBLIC SWIMMING POOLS, PUBLIC SPA POOLS

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

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

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

C. Measures to Protect Employee Health:

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

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

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

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

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

F. Additional Measures to Protect Health:

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

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

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

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

B. Signage:

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

C. Measures to Protect Employee Health:

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 13. HAIR SALONS, BARBERS, AND NAIL SALONS

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

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

B. Signage:

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

C. Measures to Protect Employee Health:

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 14. FITNESS CENTERS/GYMS

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

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

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

C. Measures to Protect Employee Health:

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

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

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

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

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

F. Additional Measures to Protect Health:

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

SECTION 15. EVENTS, VENUES, AND ATTRACTIONS

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

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

TBD: OTHER SECTORS

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

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

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

County of San Luis Obispo Public Health Department

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

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

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

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

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

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

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

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

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

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

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

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

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

Notes:

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

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

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