County of Riverside
Readiness and Reopening Framework

MAY 12, 2020

Project Collaboration

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Executive Summary

The coronavirus (COVID-19) pandemic created unprecedented challenges to our society, public health and medical care systems and our economy. Riverside County has been at the forefront of the pandemic response efforts, working closely with numerous partners including the state, Riverside County cities, hospitals and health care facilities, schools, nonprofits and whole community stakeholders.

Our residents and businesses continue to make tremendous sacrifices to do their part to contain the spread of this pandemic and slow the spread of the disease. Residents continue to keep social distance and scores of local businesses remain closed. Of those businesses that remain open, operations are significantly altered to abide by state and local orders.

Through these sacrifices, and the extraordinary work from the county to increase response capabilities, we have made great strides in flattening the curve. The county leads in overall testing capacity in comparison to other urban counties, having tested nearly three percent of our population and counting. The county developed a significant and comprehensive healthcare surge plan to ensure that patients receive the appropriate level of care they need from one of our 17 acute care hospitals, 53 skilled nursing facilities or alternate care sites. In addition, the county has paid special attention to congregate care sites, as demonstrated through the creation of our skilled nursing facility outreach and support (SOS) teams. As a result of these tremendous efforts, the county is now in a position to focus on Readiness and Reopening Framework.

The Readiness and Reopening Framework recognizes that we must engage with the state and other neighboring Southern Californian counties to develop public health and safety criteria applicable to large and diverse urban counties. Riverside County, with a population nearing 2.5 million, is the fourth most populous county in California spanning 7,300 square miles.

This Readiness and Reopening Framework provides a path to reopen our economy with the proper health and safety measures in place. Recognizing that the health and wellbeing of our society is vital to developing and supporting thriving communities, dynamic healthcare services and a strong economy. The framework also acknowledges that without a proper fiscal base, grounded on a healthy economy, the County of Riverside cannot provide essential services to protect public health and safety. The county, therefore, must work cooperatively with our private and nonprofits sectors, as well as labor groups, to provide proper guidance that will support our businesses to reopen as safely and as quickly as possible.

Finally, we strongly advocate, on behalf of our residents and businesses, that the state work with the county to acknowledge that we are ready to accelerate through the Governor's Stage 2, with special consideration for specific industries the county determines ready to reopen, in accordance with the criteria identified herein. The county requests regional variance in the Governor's Accelerated Stage 2 to apply to religious services, personal care and grooming services, hospitality services and wineries. Riverside County is ready to accelerate through Stage 2 as demonstrated in the following focus areas that will allow our economy to safely reopen:

- Public health measures and safeguards
- Best safety and health practices
- Riverside County's state of readiness
- Proposed reopening stages

Principles for the Safe and Accelerated Reopening of Riverside County

The following shall serve as the guiding principles approved by the Board of Supervisors on May 8, 2020, which seeks to affirm our obligation to protect the health and wellbeing of our residents, our economy, and our oath to abide by the Constitution of the United States, and Constitution of the State of California:

- The health and wellbeing of all residents, employees, visitors and customers is paramount towards establishing and maintaining strong and vibrant communities, healthcare services and a resilient local economy.

- Publicly accessible facilities (including but not limited to, healthcare facilities, places of employment, public transportation, places of commerce, indoor recreation and indoor worship) will use best practices that provide residents, employees and customers with all reasonable measures and state or federally required standards to protect such individuals from exposure to COVID-19.

- Best practices include, but are not limited to, strongly recommending the use of face coverings and social distancing, installing see-through dividers or barriers to protect workers and customers, performing routine disinfection practices, and in accordance with state or federal directives the wearing of Personal Protective Equipment (PPE) that includes, gloves, gowns and appropriate face protection such as shields, safety goggles, masks or cloth coverings.

Public Health Safeguards

Riverside County is committed to the safety and wellbeing of all residents, employees and customers in all environments. The following is a general overview of recommendations and facilitation of measures to prevent the spread of COVID-19 based on the setting. These safeguards also include recommendations to manage and contain the illness when it occurs.

Health Care System
- Maintain necessary surge capacity in the pre-hospital emergency medical system
- Maintain necessary surge capacity in hospitals, including emergency departments and intensive care units
- Support health care worker staffing
- Facilitate testing availability in as many treatment environments as possible, including point-of-care, provider offices and inpatient settings
- Support facilities to maintain functional internal supply chains for critical resources, such as ventilators and PPE, and supplementing resources as urgency and priority dictate through the Medical Health Operational Area Coordination (MHOAC) program

Public Health System
- Continue our state-leading Polymerase Chain Reaction (PCR) swab testing infrastructure to find infectious individuals quickly, with priority for first responders, health care workers, the medically vulnerable and pediatric populations
- Develop and maintain adequate capacity to isolate individuals who test positive on PCR
- Develop and maintain adequate capacity to perform thorough contact tracing that strictly adheres to patient privacy and HIPAA regulations
- Develop and maintain adequate capacity to quarantine individuals discovered to have clinically-relevant exposure
- Maintain electronic data collection from providers and laboratories to facilitate reporting
- Supplement and correlate PCR testing with as needed antibody testing where prevalence estimates may be relevant to larger control measures

Commerce and Economy
- Develop and adopt strong recommendations for best safety practices
- Develop protocols for businesses to determine facility-appropriate safe reopening plans
- Communicate safe reopening plans and practices to the public to assure consumer confidence and encourage safe commerce

Protection of Vulnerable Populations
- Establish rapid and aggressive testing strategies in homeless shelters and other congregate facilities, including Skilled Nursing Facilities (SNFs) and long-term care facilities, to identify staff and residents at risk
- Provide enhanced specialized response to at-risk SNFs and other congregate care facilities through the SOS teams with educational outreach, follow up, and direct communication with the MHOAC program
- Institute rapid SNF and congregate care facility controls when cases are detected, including halting admissions, cohorting residents and preventing staff from working at other facilities until a facility outbreak is contained
- Support SNFs and congregate care facilities in maintaining functional internal supply chains and procedures for critical resources such as staffing and PPE, and supplementing resources as urgency and priority dictate through the MHOAC program
- Develop and maintain adequate capacity to temporarily house homeless or housing-unstable individuals on quarantine or isolation, and connect to wraparound services and resources once quarantine ends

Best Health and Safety Practices
All facilities, public and private, are expected to address health and safety as part of their safe reopening plan and maintain during their daily operations. The Board of Supervisors has previously adopted strong recommendations for social distancing and facial coverings as a best practice, where practical, reasonable and feasible. Other best practices should be implemented to the maximum extent they are practical and feasible as well. Collectively, these practices include:

- Physical distancing of at least six feet
- Facial protection, including facial coverings, appropriate to the setting and job duties
- Disposable gloves, as appropriate to the setting and job duties
- Setting requirements for all customers and visitors to wear facial coverings and keep six feet of social distance
- Environmental controls, such as floor markers, six feet of airspace, and the use of partitions or panels to protect employees and customers
- Telework opportunities
- Employee guidance, including staying at home when sick
- Appropriate, legible and prominently posted informational signage on safeguards for customers and employees
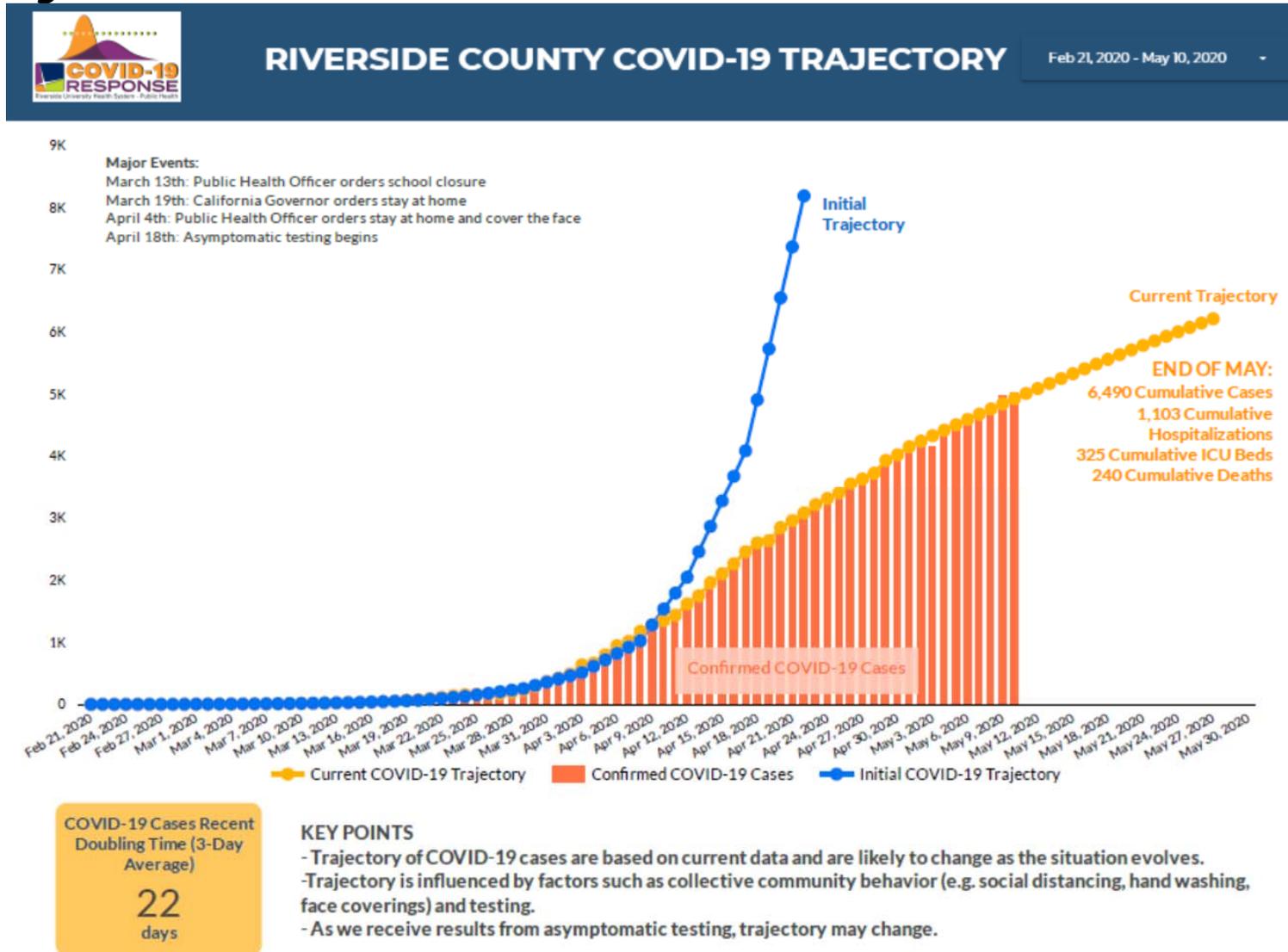
Riverside County's State of Readiness

The county's response to the public health crisis has largely been driven by the Governor's executive order N-33-20, which directed all residents in California to heed the state public health officer's stay-at-home order. Both orders supersede any local authority.

On May 4, 2020, and in response to the Governor's executive order N-60-20, the California Department of Public Health (CDPH) issued guidance on the criteria and procedures that counties must meet to accelerate through Stage 2 and thus modify the stay-at-home order. The following information and metrics describe how the County of Riverside is responding to the COVID-19 pandemic, and our readiness and progress toward meeting the Governor's requirements for an accelerated reopening.

At the onset of the pandemic, little was known about the epidemiology of the disease and the potential impacts to the healthcare system from infected patients. As depicted by the initial trajectory (i.e., the blue line in Figure 1), early projections estimated approximately 65,000 cases and 1,700 deaths at the peak. County health officials launched an aggressive "flatten the curve" campaign, urging the public to comply with local and state health orders to protect the ability of our healthcare system to deal with the predicted surge of cases. The public heeded the call, and the hospital surge has not materialized.

In addition, as local testing capacity increased and epidemiological data became available from Europe and other states in the United States, the projections were adjusted. After more than two months of tracking community spread, testing results and hospital impacts in Riverside County, the projections have been adjusted downward to reflect our current situation. As of May 11, 2020, our projections show a total case count of approximately 6,500 and 240 deaths by the end of May (i.e., orange line in Figure 1). To date, actual daily case counts have been mirroring this projection quite closely.

Figure 1

Riverside County Readiness Metrics

The guidance issued by CDPH outlines seven areas that must be met by counties to accelerate through the Governor's Stage 2, with special consideration for specific industries the county determines ready to reopen.

These criteria include:

1. Prevalence of COVID-19 in the community
2. Protect Stage 1 essential workers
3. Testing capacity
4. Contact tracing capability
5. Healthcare surge capacity
6. Protecting vulnerable populations
7. Triggers for modifications

Riverside County has either exceeded, met or has a plan in place for all the appropriate federal or state criteria. Following is a description of each criteria and the metric to demonstrate achievement.

Prevalence of COVID-19 in the Community

The state's required epidemiologic benchmarks for advancement through Accelerated Stage 2 are unrealistic for urban counties, and Riverside County in particular, where our geographic size and population make it impossible that no deaths from COVID-19 will result in a 14-day timeframe. Similarly, counties with greater population also have substantially greater public health resources for rapid response to local outbreaks. With a team of full-time epidemiologists and the ability for consistent real time epidemiologic surveillance, the County of Riverside is better able to identify early triggers and areas for early intervention and provide timely contact tracing, as well as testing. For Riverside County and its available resources, it is more feasible to adopt the federal epidemiology benchmarks.

County epidemiologists will conduct daily surveillance and monitor county capacities to provide swift epidemiologic response. The federal epidemiology metrics follow trends rather than absolute numbers, allowing larger counties the ability to assess their unavoidably greater impacts in the context of capacity and response so that their larger and more robust public health infrastructure can reduce morbidity and mortality.

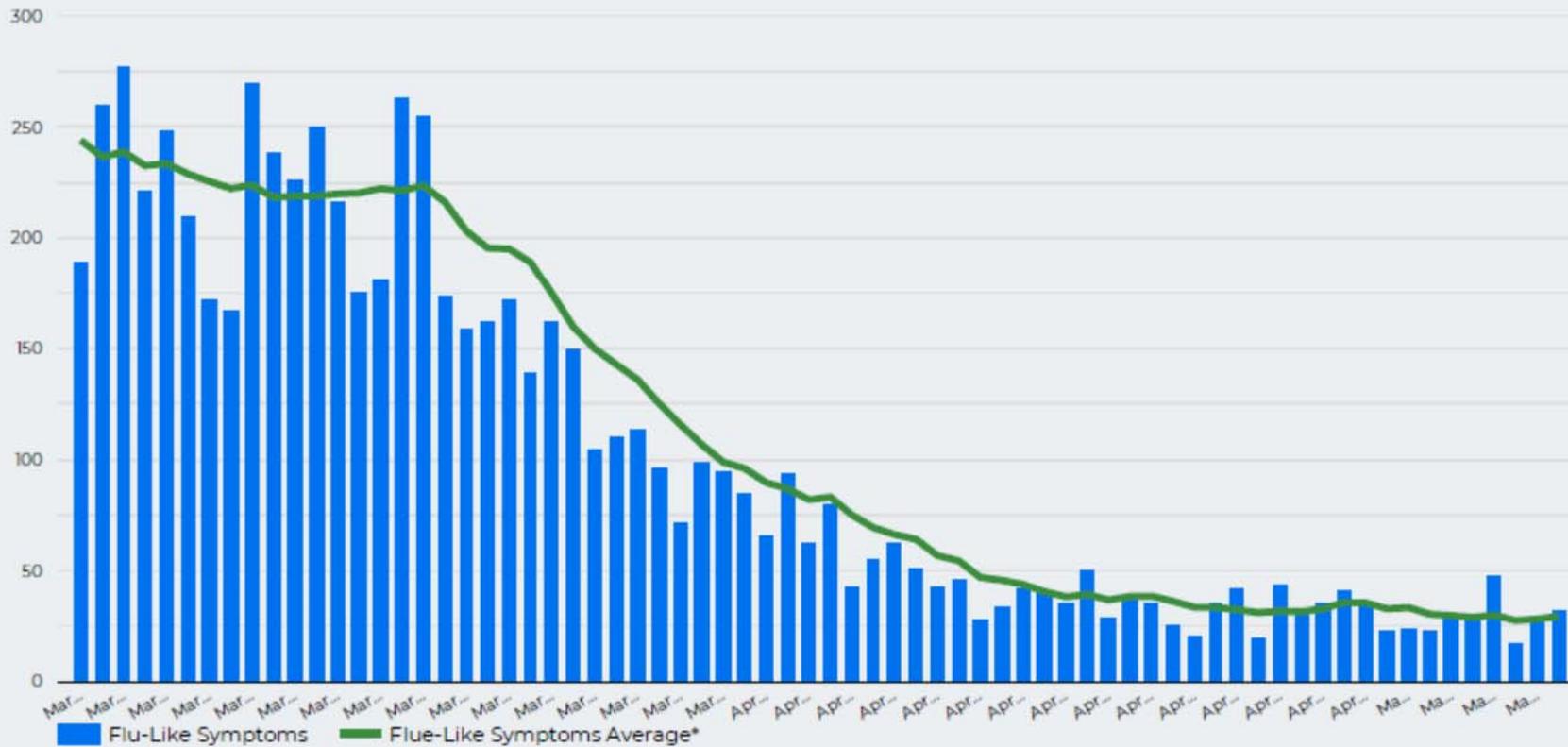**Recommend Adopting Federal Epidemiology Metrics**

- **Downward trend of influenza like symptoms within a 14-day period**
  - This trend provides an overview of any influenza-like symptoms, including pneumonia, over a 14-day period. A decrease of cases presenting with influenza-like symptoms is an indicator of reduced presumed illness in the community given the overlap in symptoms between influenza and COVID-19. (See Figure 2.)

- **Downward trend of COVID-like syndromic cases within a 14-day period**
  - This trend provides an overview of cases of illness where coronavirus or COVID-19 is specifically indicated, mentioned or suspected through other preclinical criteria. This decreases sensitivity by requiring correlation with COVID-19, but has a reduced false positive rate because of the additional criteria required and acts as a useful second tracking figure. (See Figure 3.)

- **Downward trend of cases within a 14-day period**
  - This trend demonstrates that new cases per day are declining, suggesting that community transmission is limited or slowing. (See Figure 4.)

- **Downward trend of test positivity rate**
  - This trend demonstrates that, given adequate testing, individuals being tested are no longer testing positive for COVID-19 at the same rate as before. This number can be affected by larger numbers of asymptomatic individuals receiving testing, since they are less likely to test positive than symptomatic individuals. (See Figure 5.)

Figure 2

Riverside County Hospital Emergency Department -Influenza-Like Illness

Hospital Emergency Department Influenza-Like Illness Syndrome Surveillance March 1- May 9, 2020

Figure 3

Riverside County Hospital Emergency Department -COVID-19 Syndrome Surveillance

Hospital Emergency Department COVID-19 Syndrome Surveillance March 1- May 9, 2020

Figure 4

RIVERSIDE COUNTY DAILY COVID-19 CASES — Feb 21, 2020 - May 10, 2020

Major Events:
March 13th: Public Health Officer orders school closure
March 19th: California Governor orders stay at home
April 4th: Public Health Officer orders stay at home and cover the face
April 18th: Asymptomatic testing begins

COVID-19 New Cases (7-Day Average)   COVID-19 New Cases Reported

*Based on case report date

Figure 5

RIVERSIDE COUNTY COVID-19 CASES
POSITIVITY RATE

Feb 21, 2020 - May 10, 2020

Major Events:
March 13th: Public Health Officer orders school closure
March 19th: California Governor orders stay at home
April 4th: Public Health Officer orders stay at home and cover the face
April 18th: Asymptomatic testing begins

Legend: COVID-19 Daily Lab Tests — COVID-19 Daily Positive Lab Tests — COVID-19 Positivity Rate (7-Day Average)
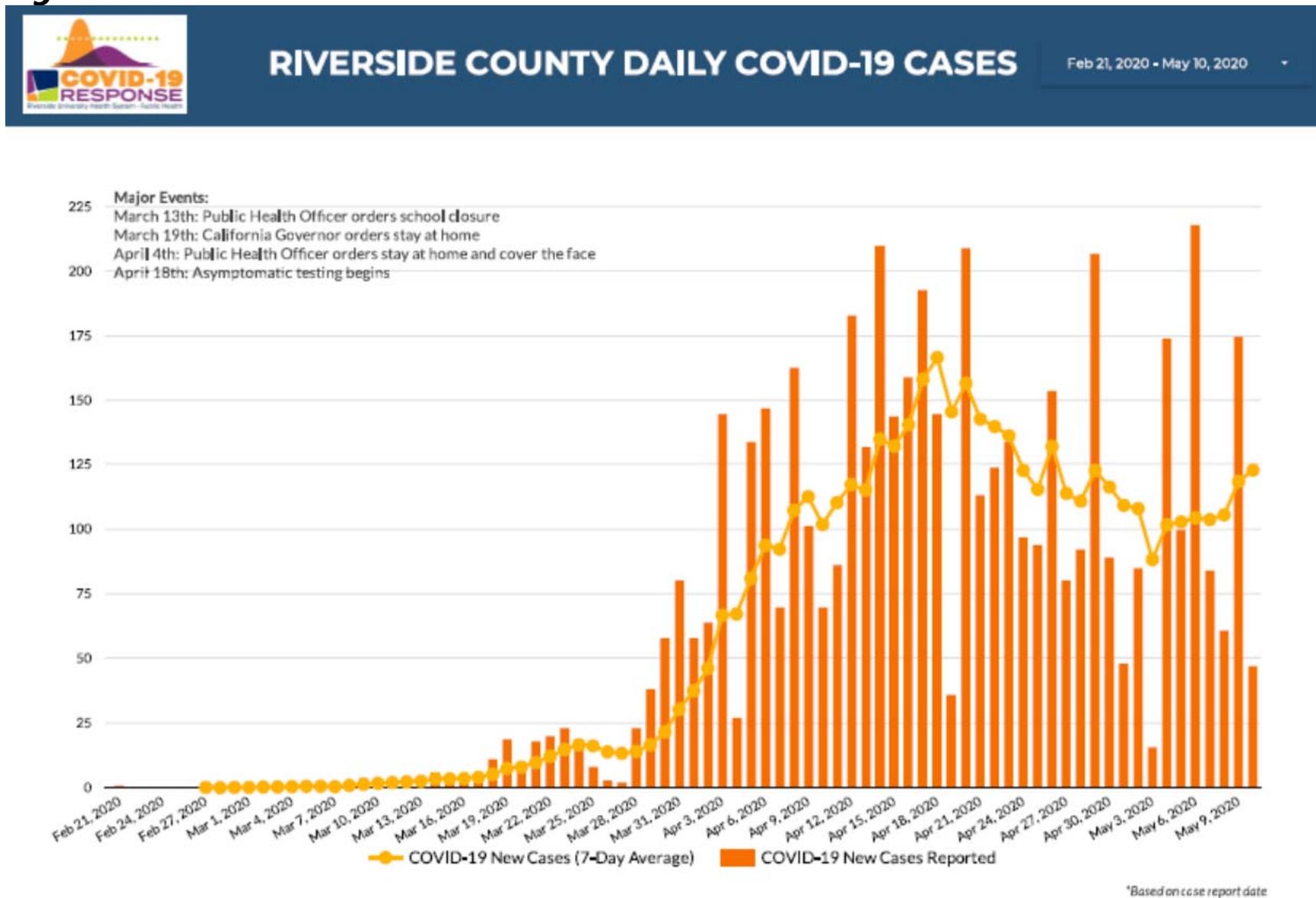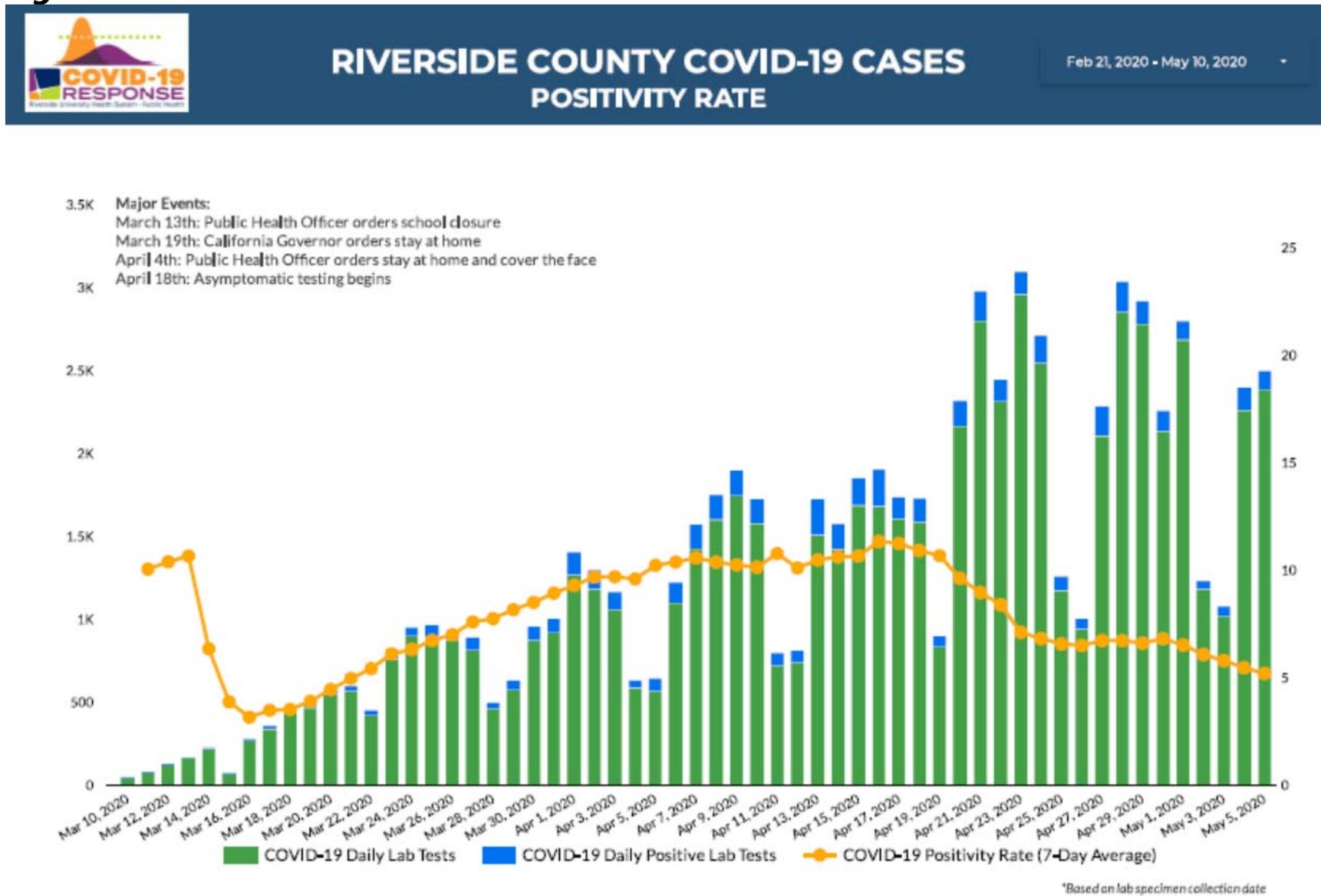
*Based on lab specimen collection date

Protect Stage 1 Essential Workers

Riverside County is developing guidance and procuring resources to ensure the safety of Stage 1 essential critical infrastructure workers. Guidance includes information on how to structure the physical environment, PPE recommendations and infection control best practices for exposed and ill workers.

Riverside County is leveraging an Economic Recovery Task Force (ERTF) to engage business sectors and determine needs for guidance and PPE. The ERTF will assist with the distribution of sector specific guidance developed by the state for COVID-19 response.

As part of the planning process for reopening, Riverside County is developing an online assessment for businesses to determine the needs for additional guidance and PPE and to educate business owners on the process to seek assistance from the county.

Testing Capacity

PCR or swab testing is essential to identify cases during the period in which an individual is most likely to be contagious. It is also the fastest test to turn positive after infection and the one that most directly correlates with infectiousness. Sufficient daily PCR capacity is required to identify cases promptly, test contacts to find secondary cases, and then initiate appropriate isolation or quarantine for those already infected or at-risk or becoming infected.

Riverside County currently leads large jurisdictions in testing per capita, but additional PCR capacity is still required to facilitate timely detection. The state has established a minimum daily testing volume of at least 1.5 tests per 1,000 residents. For the county, with an estimated population of 2.5 million, a total capacity of approximately 3,750 daily PCR tests would be required. Between county testing and all known private sources, the county currently has an estimated daily capacity of 3,250 PCR tests, with plans to increase capacity in the very near future.

The state also has established a benchmark that at least 75 percent of county residents live within a 30 minute drive-time of a test site in urban areas, or a 60 minute drive-time in rural areas. The county has achieved this metric and can do so with county-operated or county-affiliated sites alone. County-operated and county-affiliated sites include:

TYPE	SITE NAME	ADDRESS	CITY	ZIP
County Drive-Through	Diamond Stadium	500 Diamond Dr.	Lake Elsinore	92530
County Drive-Through	Indio Fairgrounds	46350 Arabia St.	Indio	92201
County Drive-Through	Harvest	6115 Arlington Ave.	Riverside	92504
County Drive-Through	Southern California Fairgrounds	18700 Lake Perris Dr.	Perris	92571

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TYPE	SITE NAME	ADDRESS	CITY	ZIP
State Run	Mead Valley Community Center	21091 Rider Street	Perris	92570
State Run	Nellie Weaver Hall	3737 Crest View	Norco	92860
State Run	Moses Schaffer Community Center	21565 Steele Peak	Perris	92570
State Run	Mecca Boys and Girls Club	91391 66th Ave.	Mecca	92254
State Run	Henry V. Lozano Community Center	12-800 W. Arroyo	Desert Hot Springs	92240
State Run	Noble Creek Community Center	390 W. Oak Valley Parkway	Beaumont	92223
State Run	Jurupa Valley Fleet Center	5293 Mission Blvd.	Jurupa Valley	92509
State Run	Valle Vista Community Center	43935 E. Acacia Ave.	Hemet	92544

Contact Tracing Capability

Because of the high transmissibility of COVID-19, high-volume contact tracing is required to ensure sufficient staff is available to triage a case swiftly after detection, and then work with the individual to determine with whom they came in contact and judge the level of risk in those interactions. These contacts must then be notified and evaluated, which is often an extremely labor-intensive process. Insufficient staffing could lead to communicable individuals not being intercepted in a timely fashion and possibly causing secondary cases, which themselves will require contact tracing, adding further strain to staff capacity.

The state currently has a benchmark that staff sufficient to handle at least three times current daily case numbers is needed to perform efficient contact tracing. The current 14-day rolling average for the period from April 25 to May 9 is 113 cases per day. Based on the current estimated time to notify, answer questions, perform interviews and complete documentation, the county will need between 200 and 300 full-time contact tracers for the present daily case load. The county currently has 70 full-time contact tracers, however, our human resources department already recruiting an additional 200 full-time employees for contact tracing.

The state also requires that staff hired to do contact tracing reflect community diversity so that the interaction is productive, including ensuring sufficient non-English speakers are available. These requirements are already reflected in the county's standard hiring practices and incentives.

The state also requires sufficient availability of temporary housing units to shelter at least 15 percent of homeless individuals who require isolation or quarantine. The county's most recent Point-In-Time count of homeless individuals is 2,884, meaning a minimum number of 433 housing units must be available. Through existing contracts in place, the county has at least 2,000 units available for occupancy – most certainly meeting this metric.

Healthcare Surge Capacity

Riverside County has sufficient hospital capacity, including Intensive Care Unit (ICU) beds and ventilators, and adequate PPE to handle standard healthcare needs, current COVID-19 cases, and a potential surge due to COVID-19. In the early stages of the local pandemic response, a multi-disciplinary team with expertise in public health, emergency medical services, medicine, emergency management, clinic operations and purchasing reviewed and updated the county's surge plan to apply it for the COVID-19 response. As part of those efforts, five stages of surge were developed, including enhanced screening, triage and split flow, inpatient cohorting, surge within licensed hospital space and massive surge.

Below is an overview of each stage:

Phase 1: Enhanced Screening
- Patients screened for COVID-19 by medics in the field, prior to transfer to a general acute care hospital, federal medical station, alternate care site or large capacity sub-acute care locations.
- Patients presenting at hospitals will be screened for COVID-19 inside medical tents outside the facility, prior to being admitted for treatment.
- Triggers to move to Phase 2:
    - Requesting waivers from CDPH/Licensing and Certification
    - Patient through-put above or projected to be above baseline
    - Partial activation of the hospital's emergency operations plan

Phase 2: Triage and Split Flow (Community Spread)
- Facilities will triage and split symptomatic and asymptomatic patients via dual pathways of care, to limit patient and employee exposure.
- Triggers to move to Phase 3: Inpatient Cohorting
    - Hospital emergency operations plan activated
    - Requires resources outside of the health care facility
    - Requires assistance from MHOAC program
    - Modified or compromised services
    - Requires external assistance and resources to manage the event

Phase 3: Inpatient Cohorting
- Hospitals will expand capacity by cohorting patients in ICU, Telemetry/Medical/Surgical, etc. based on diagnosis to increase bed capacity.
- Triggers to move to Phase 4: Surge within hospital licensed space:
  - Compromised services
  - Requires external assistance and resources to manage the event

Phase 4: Surge within Hospital Licensed Space
- 17 hospitals within Riverside County will begin implementing facility-based surge plans attempting the following goals:
  - Increasing ICU capacity by approximately 400 percent
  - Expand the Telemetry/Medical/Surgical growth on hospital campus by converting non-patient care or ambulatory care areas into Telemetry/Medical units
  - Utilization of tents for increase triage and assessment capabilities
- Hospital will convert existing licensed facility beds to increase their capacity. The following areas will be converted into Medical Surge beds or ICU beds:
  - Post-anesthesia care unit
  - Medical stepdown
  - Telemetry
  - Labor and delivery
  - Waiting rooms
- Triggers to move to Phase 5 Massive Surge:
  - Compromised services
  - Requires external assistance and resources to manage the event
  - Facility may not accept additional patients

Phase 5: Massive Surge
- Hospitals utilizing the following areas to expand resources and bed capacity:
  - Medical office buildings
  - Ambulatory surgery centers
  - Education buildings
  - Additional shell space
  - Gym
  - Cafeterias
- Utilization of medical tents for triage and assessment capabilities
- Utilization of a federal medical station to expand capacity
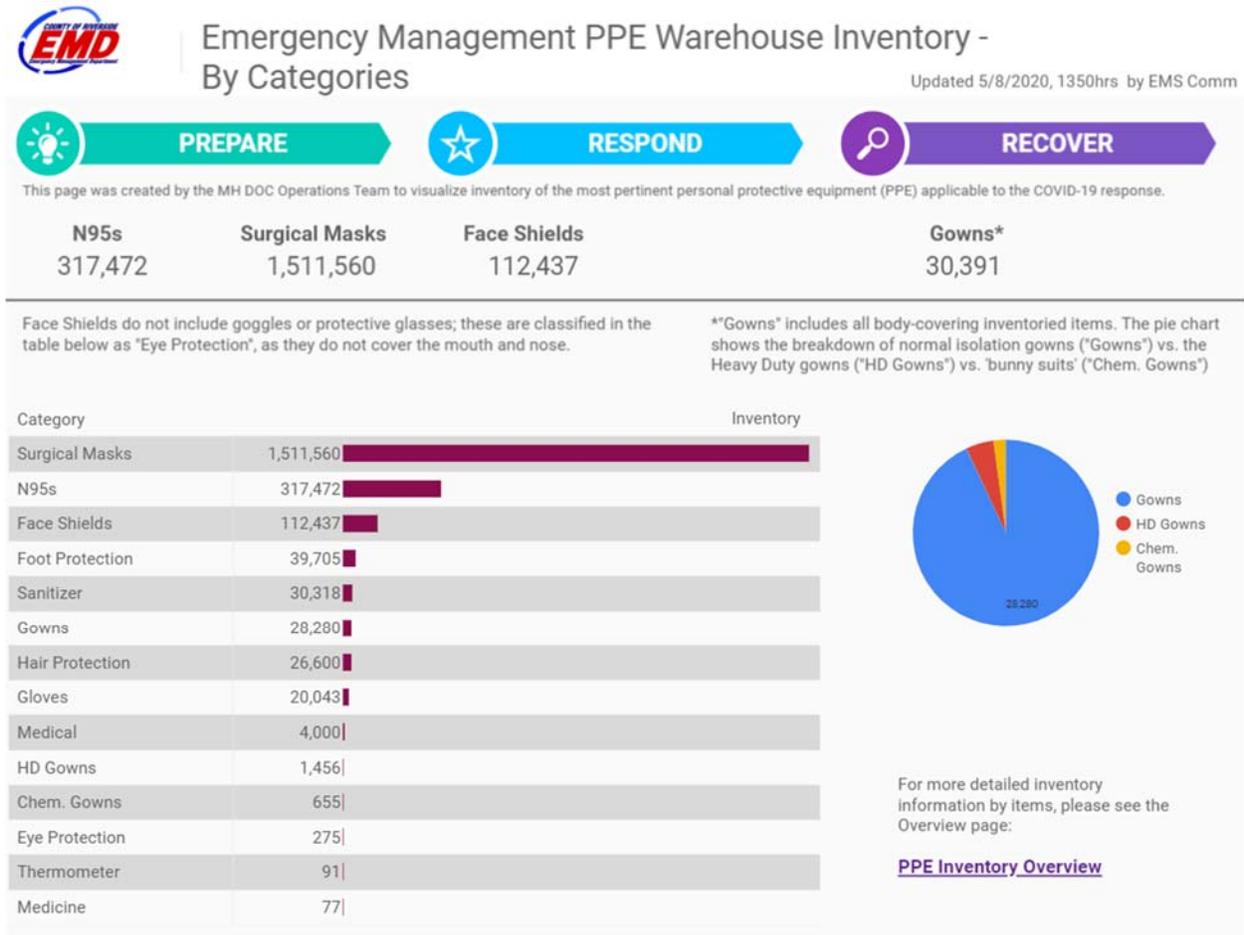- Convert ambulatory care sites to non-critical hospital care

Based on these planning efforts, our hospitals are prepared to surge by considerably more than 35 percent. The overall licensed bed capacity in Riverside County is 3,560 and 385 licensed ICU beds. After implementing strategies outlined in Phases 1 through 5, hospitals can potentially add an additional 2,464 beds and an additional 716 ICU beds. Riverside County has 661 ventilators currently in hospitals' inventories, with the ability to add another 279 from the county's medical/health warehouse and another 30 more are currently in the purchasing process. This surge capacity can be implemented without altering the standards of patient care.

The Emergency Management Department tracks hospital bed use and capacity, ICU bed use and capacity and ventilator use and availability. All hospitals are polled and the information is collected into data reporting tools or dashboards. These dashboards are monitored and analyzed 24/7 by the Riverside County EMS Agency (REMSA), MHOAC program and the county emergency operations center (EOC) management team. REMSA maintains a 24/7 duty officer program for immediate communication with hospitals and initiates support actions as needed.

The ability to protect the hospital workforce with sufficient PPE is critical to ensuring staff are confident in their ability to safely work in a potential COVID-19 environment. The MHOAC program has established a resource requesting process that can be accessed by all hospitals that cannot procure adequate supplies of PPE. The MHOAC has a duty officer that is available to receive resource requests from healthcare facilities 24/7 including a dedicated phone line and email address. EMD maintains an inventory of PPE to support healthcare facilities and first responders. EMD established a dashboard to assure accurate real time tracking of PPE inventory and processes supported by the EOC logistics section to continuously find and procure needed equipment. (See Figure 6.)

Figure 6

Emergency Management PPE Warehouse Inventory - By Categories

Updated 5/8/2020, 1350hrs by EMS Comm

This page was created by the MH DOC Operations Team to visualize inventory of the most pertinent personal protective equipment (PPE) applicable to the COVID-19 response.

N95s	Surgical Masks	Face Shields	Gowns*
317,472	1,511,560	112,437	30,391

Face Shields do not include goggles or protective glasses; these are classified in the table below as "Eye Protection", as they do not cover the mouth and nose.

*"Gowns" includes all body-covering inventoried items. The pie chart shows the breakdown of normal isolation gowns ("Gowns") vs. the Heavy Duty gowns ("HD Gowns") vs. 'bunny suits' ("Chem. Gowns")

Category	Inventory
Surgical Masks	1,511,560
N95s	317,472
Face Shields	112,437
Foot Protection	39,705
Sanitizer	30,318
Gowns	28,280
Hair Protection	26,600
Gloves	20,043
Medical	4,000
HD Gowns	1,456
Chem. Gowns	655
Eye Protection	275
Thermometer	91
Medicine	77

Gowns
HD Gowns
Chem. Gowns

28,280

For more detailed inventory information by items, please see the Overview page:

PPE Inventory Overview

Protecting Vulnerable Populations

The state requires that the county address special and specific enhanced safety measures for populations unusually vulnerable to COVID-19 because of their particular medical infirmities and/or the nature of a resident's environment, which may make typical infection controls difficult.

Skilled Nursing Facilities and Long-Term Care Facilities (LTCFs)

The state requires that these facilities have at least a 14-day supply of appropriate PPE on hand, with a plan for continued supply from non-state sources to show that they are independently able to handle daily PPE demands. There are 53 SNFs in Riverside County and several hundred LTCFs. The county-operated SOS teams assess and assist these facilities in readiness. To date, these teams have visited more than 300 of SNFs and LTCFs.

The state also requires these facilities have access to staffing agencies to handle staff shortages. This task is also performed as part of the SOS team outreach process.

The state also requires that these facilities be able to safely quarantine and isolate individuals. This assessment is also performed as part of the SOS team outreach process.

Finally, the state also requires that these facilities have sufficient testing capacity for outbreak investigation. For those facilities that are unable to perform internal testing, there is sufficient demonstrated capacity in the county's public health laboratory. Furthermore, there is ample capacity at county-operated and county-affiliated testing sites to handle outbreaks in facilities of all current licensed bed counts.

Homeless Shelters and Correctional Facilities

The state has the same set of metrics for both homeless shelters and correctional facilities. The state requires that both these types of facilities be able to safely quarantine and isolate individuals. All county correctional facilities have plans for quarantine and isolation. It is believed that all known homeless facilities have similar capacity in place.

The state also requires that both these types of facilities have sufficient testing capacity for outbreak investigation. The county correctional health system has sufficient internal testing capacity for outbreak investigation, and can be supplemented by the county public health laboratory for high-priority samples.

For homeless shelters that are unable to perform their own testing, there is sufficient demonstrated capacity in the county public health laboratory and at county-operated and county-affiliated testing sites to handle outbreaks in facilities of all known typical capacities.
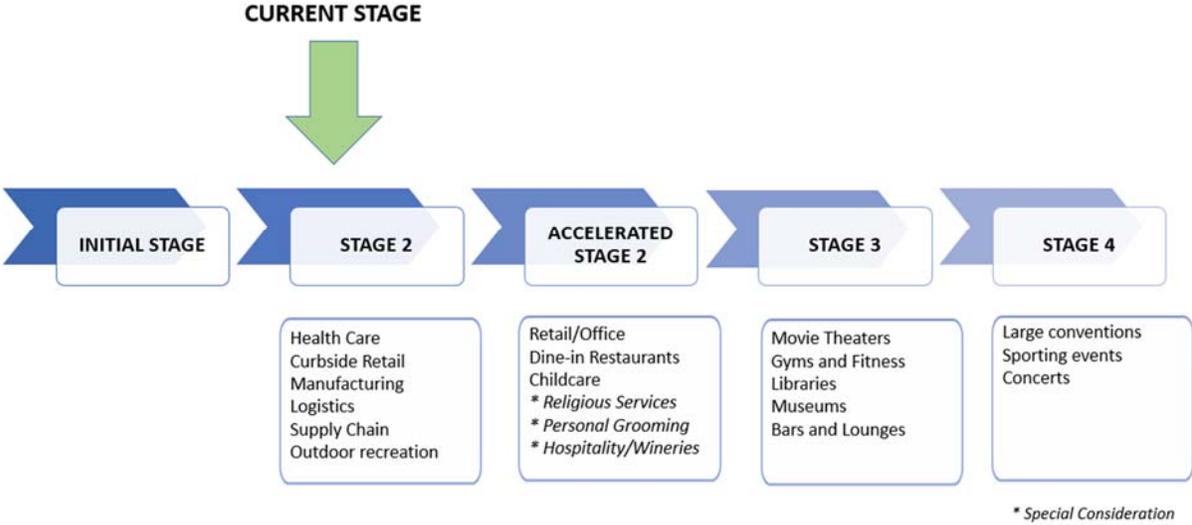
Triggers for Modification

Riverside County has a robust epidemiology and data analysis group that regularly monitors all COVID-19 testing and case information. Reports are produced daily to monitor testing positivity rates, case rates, demographic data for cases and hospital system capacity. These reports are reviewed daily by the public health officer, public health director, EOC director, assistant county executive officers, and county executive officer to assess for concerning trends and needed interventions.

To rapidly identify the need to slow down or reverse course for accelerating through Stage 2, the following metrics will be monitored (in the context of all other data metrics and pandemic situational awareness):
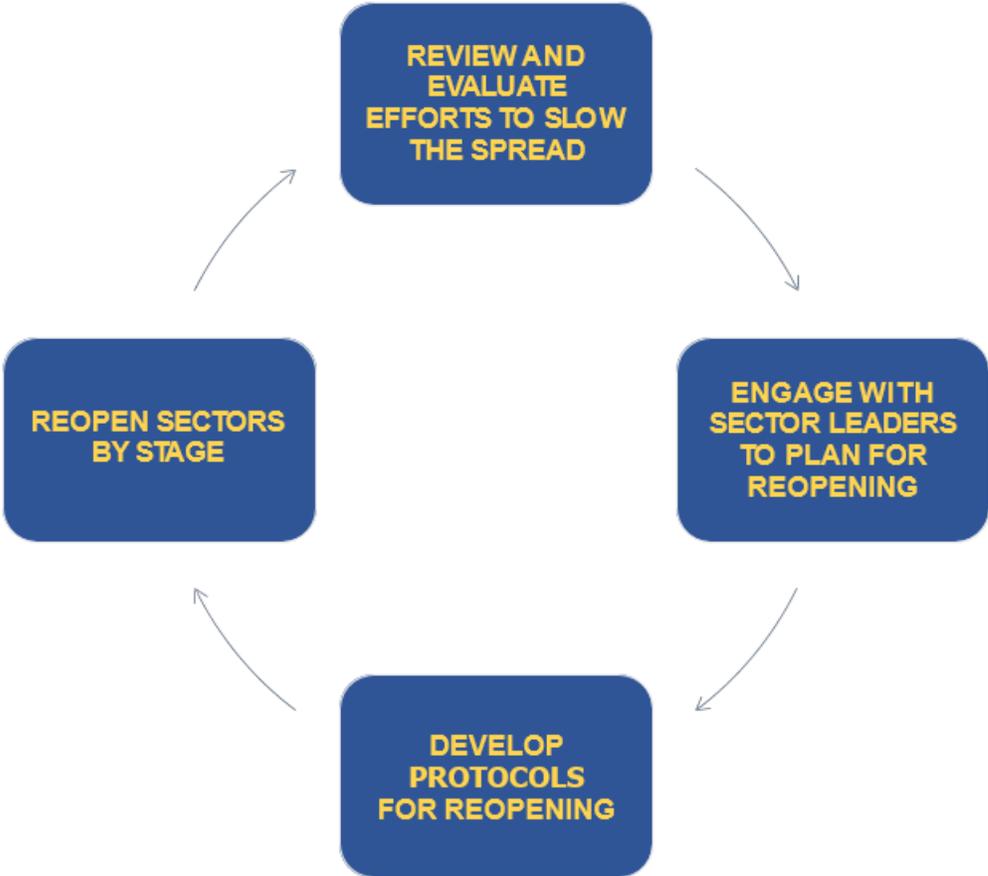
1. Seven day moving average of new cases increases for more than three consecutive days
2. Positivity rate of tests (three day moving average) exceeds 10 percent for more than three consecutive days
3. Regionally, hospitals have exceeded their licensed bed capacity, have implemented their surge plans, <u>and</u> the need for hospital or ICU beds is increasing

If one or more of the metrics are triggered, county staff will advise the board of supervisors. If the board of supervisors determines that it is necessary to slow down reopening or reverse course, the county will notify the state public health officer or chief deputy director. If such a determination is made, the MHOAC Duty Officer will also notify the CDPH and Emergency Medical Services Authority (EMSA) Duty Officers.

Staged Reopening Plan

CURRENT STAGE

INITIAL STAGE	STAGE 2	ACCELERATED STAGE 2	STAGE 3	STAGE 4
	Health Care Curbside Retail Manufacturing Logistics Supply Chain Outdoor recreation	Retail/Office Dine-in Restaurants Childcare * Religious Services * Personal Grooming * Hospitality/Wineries	Movie Theaters Gyms and Fitness Libraries Museums Bars and Lounges	Large conventions Sporting events Concerts

* Special Consideration

Reopening Stages

A circular diagram with four stages:
- REVIEW AND EVALUATE EFFORTS TO SLOW THE SPREAD
- ENGAGE WITH SECTOR LEADERS TO PLAN FOR REOPENING
- DEVELOP PROTOCOLS FOR REOPENING
- REOPEN SECTORS BY STAGE

Economic Recovery Task Force

The global pandemic created challenges to the health and welfare of residents, businesses, and the workforce. The COVID-19 crisis has been crippling to businesses in a short amount of time. With a shared responsibility for a safe and responsible approach to reopening, the task force will consider and recommend additional requirements for businesses to reopen during the acceleration through Stage 2. The results of these efforts will ensure the Economic Recovery Task Force (ERTF) supports Riverside County businesses to reopen and the facilitate the immediate restart of the local economy.

Representing each of the five supervisorial districts and regions of the county, the Economic Recovery Task Force draws upon the local business expertise and network resources of chambers of commerce, tourism bureaus, labor groups, tribal groups, and a wide range of industries. The task force will continue to provide the board of supervisors with insight and share best practices across the broad spectrum of industries in Riverside County.

Economic Recovery Task Force Committee

Organization	Representative
Riverside Convention and Bureau/BIA	Lou Monville, Chair
Greater Coachella Valley Chamber of Commerce	Josh Bonner, Vice Chair
Coachella Valley Association of Governments (CVAG)	Tom Kirk
Coachella Valley Economic Partnership	Joe Wallace
Corona Chamber	Bobby Spiegel
Greater Palm Springs Convention and Visitors Bureau	Scott White
Inland Empire Community Foundation	Michelle Decker
Inland Empire Economic Partnership	Paul Granillo
Inland Empire Labor Council AFL-CIO – UDW 3930	Ricardo Cisneros
Lake Elsinore Chamber of Commerce	Kim Cousins
Moreno Valley Chamber	Oscar Valdepena
Murrieta/Wildomar Chamber	Patrick Ellis
Riverside Chamber	Cindy Roth
Riverside County Farm Bureau	Rachel Johnson
Temecula Chamber	Emily Fallappino
Tribal Representative	*To Be Determined*
Visit Temecula Valley	Kim Adams
Western Riverside Council of Governments (WRCOG)	Rick Bishop
Wine Growers Association	Phil Baily
Workforce Development Board	Jamil Dada

Responsiveness

The task force will aggregate information from government, private and nonprofit sector partners and provide a continuity of guidance to the business community as needed, including providing vital business information and valuable resource sites.

Mitigation

The task force will review short-term measures, explore temporary actions that support business reopening, review industry needs and provide connections to resources, employment, supply chain opportunities, and financial assistance with the goal to increase efficiency and effectiveness of the community's response and mitigate duplication efforts and staff resources.

Long Term Recovery

The task force will provide a structure for long-term recovery planning efforts, ongoing program assessment and qualitative feedback from local partners' mitigation and recovery efforts. The task force will also coordinate partnerships and business community leadership. Sub-groups established by the task force will allow stakeholder feedback to play a key role in the success of the economic recovery of the county. The goal of the ERTF is to collectively work toward the mission of serving those businesses facing an economic hardship and forging a path forward for a successful economic recovery.

Safe Reopening Plan

CONCEPT

Businesses anticipating a reopening are expected to complete and implement a safe reopening plan that addresses employee and customer health measures. The safe reopening plan does not require county approval, but businesses are encouraged to make the plan available so that the public and staff are aware of the precautions it addresses. Not all components of the plan are intended or expected of all businesses and a business may provide justification that a particular operational component does not apply.

COMPONENTS

Signage
The facility should indicate they have posted signage at each public entrance of the facility regarding the safety measures required for entrance. This component is expected of all businesses. The board of supervisors has adopted language strongly recommending the use of face coverings and six-foot social distancing, which businesses may require of those entering the facility. Businesses may also consider signage advising individuals not to enter with a cough, fever or other illness. If the business plans to publicly display the safe reopening plan, it should be posted or offered at the entrance(s) of that particular facility.

Employee Health
This component is expected of all businesses.

The facility should indicate that:

- Copies of the employee health protocol(s) have been distributed to all employees
- Employees have been told not to come to work if sick
- Breakrooms, bathrooms, common areas and high-touch surfaces are regularly cleaned and sanitized
- The business should post the anticipated cleaning schedule
- Handwashing stations are available to employees. The business should post the facility handwashing locations. These may include functioning sinks in existing bathrooms or breakrooms.
- Teleworking opportunities have been maximized, as appropriate to the business and job function

- Employees have been recommended or required to wear a face covering, as appropriate to the business
- Employee workstations have been separated by panels, partitions or at least six feet of physical distance, as appropriate to the business class
- Adequate and suitable protective gear is available to employees, as appropriate. The business should provide the items and level of protective gear, including job-appropriate personal protective equipment (PPE) and training for its use if necessary.

If the facility indicates that a particular measure is not feasible or appropriate for the given business class, a brief justification is expected.

Client and Customer Health

This component is expected of all business classes, but facilities may choose which to implement as appropriate to the business class.

These may include any or all of the following:

- The facility has established a maximum number of clients and customers within the facility to reasonably maintain a six-foot social distance to the greatest extent practical. This occupancy limit must not exceed any pre-existing statutory limits, such as those set by the fire marshal or other regulatory agency
- The facility determines to require that customers must wear facial coverings
- The facility determines to offer curbside or outdoor service
- The facility determines to place tape or other floor markings at and/or within customer queues to assist customers in maintaining a six-foot social distance
- The facility has implemented separations between employees and customers, such as six feet of airspace or acrylic panels, such that contact is minimized except when required for business operations
- The facility is offering services by appointment

The facility may indicate other measures implemented in their individual plan.