

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.32
(ID # 13924)

MEETING DATE:
Tuesday, November 10, 2020

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: Receive and File the Report on COVID-19 Containment and Mitigation Strategies.
ALL District [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Receive and File the Report on COVID-19 Containment and Mitigation Strategies. ALL District [\$0]


ACTION:Policy


Kim Saruwatari, Director of Public Health 11/6/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Hewitt and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: November 10, 2020
xc: RUHS-PH

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: No	
			For Fiscal Year: 20/21	

C.E.O. RECOMMENDATION: [CEO use]

BACKGROUND:

Summary

At the October 27, 2020 Riverside County Board of Supervisor’s Meeting, the Board directed staff to prepare a summary of alternative scientific strategies for containing COVID-19, including the examination of herd immunity as outlined in the Great Barrington Declaration, and school closures. These topics, as well as the John Snow Memorandum and re-opening strategies utilized by states throughout the United States were also reviewed and included in the attached documents.


The worldwide pandemic caused by SARS-CoV-2 has challenged public health authorities, policymakers elected officials, the business community and others to find the right balance between protecting the public from disease and mitigating the negative effects of containment measures on the economy and other broad public health considerations. The attached documents provide information as to some of the different strategies and approaches that have been implemented throughout the United States and abroad, and differing scientific viewpoints on the most beneficial strategies.



Attachments:

- Summary of Public Health Mitigation Strategies for COVID-19
- Great Barrington Declaration
- John Snowden Memorandum
- Summary of COVID-19 Reopening Strategies in the United States



Summary of COVID-19 Reopening Strategies in the United States As of October 28, 2020


Note: Information obtained from various sources and may not reflect the most current situation.


State	Re-Opening Categories	Increasing/ Decreasing/ Health Metrics	Summary of Re-Opening Categories and/or Activities (e.g., Statewide Orders, Closures, etc)
Alabama	Phases vary by county (low, moderate, high, very high)		<p>Implemented Stay at Home Order end of March, Safer at Home Order end of April, Mask Mandate middle of July – cases declined after mask mandate implemented. Use an exposure app (GuideSafe). Each county is assigned a risk score (low, moderate, high, very high) based on number of new cases per day (3 day rolling average).</p> <p>Very high risk = # of cases is staying the same or increasing</p> <p>High risk = decreasing case counts for 1 to 6 days</p> <p>Moderate risk = decreasing case counts for 7 to 13 days</p> <p>Low risk = decreasing case counts for 14 or more days</p> <p>Phase movement also includes a testing goal (can move up to a more restrictive phase if not testing 0.8% of county population every two weeks and positivity must be less than 10%). Phase movement also considers COVID like symptoms in ED or Urgent Care (decreasing, stable, or fewer than 10 over 12-day period, same phase, if increasing then county moves up a phase).</p> <p>Metrics: case counts, testing, COVID-like syndromic surveillance.</p>


Alaska	Mitigation Levels for Buroughs and Regions (High, Intermediate, Low)		<p>Effective May 22, 2020 Alaska opened its businesses, houses of worship, libraries, museums, recreational activities and sports activities. Individuals, businesses and organizations are responsible for following local, state and national industry guidelines on ways to conduct business and activities safely. Proposed large public gatherings such as festivals and concerts need to consult first with public health before scheduling. Non-Alaska residents have to submit a travel declaration and self-isolation plan through a web portal, they have to arrive with proof of a qualifying negative COVID-19 test or purchase a COVID-19 test for \$250 when you arrive in Alaska and self-quarantine at travelers expense until results arrive.</p> <p>Local mitigation guidance is provided around masks, social distancing, large gatherings, restaurants, bars and nightclubs based on case rate.</p> <p>Mitigation Levels:</p> <p>High (greater than 10 cases per 100,000 population): masks mandatory, gatherings of more than 50 indoors not recommended, indoor restaurants allowed at 50% capacity, bars and nightclubs at 25% capacity</p> <p>Intermediate (between 5 and 10 cases per 100,000 population): masks required indoors at public venues when social distancing cannot be maintained, gatherings of more than 100 indoors not recommended, indoor restaurants allowed with social distancing, bars and nightclubs at 50% capacity</p> <p>Low (fewer than 5 cases per 100,000 population): masks when social distance can't be maintained, limit gathering sizes to meet social distancing, indoor capacity at bars and nightclubs must allow for social distancing</p> <p>Metric: <i>case rate.</i></p>
Arizona	Use ADHS Business Operations Dashboard		<p>The Business Operations Dashboard is used to determine the level of community spread of COVID-19 in Arizona to provide information about business operations and allowed occupancy.</p>



	(Substantial, Moderate and Minimal)	<p>Substantial Transmission: case rate of over 100 cases per 100,000 population, greater than 10% positivity and greater than 10% COVID-like illness</p> <p>Moderate Transmission: 10 – 100 cases per 100,000 population, 5 – 10% positivity, and 5 to 10% COVID-like illness</p> <p>Minimal Transmission: fewer than 10 cases per 100,000 population, less than 5% positivity, and less than 5% COVID-like illness</p> <p>Metrics: case rate, positivity and COVID-like illness syndromic surveillance.</p> <p>No public events greater than 50 people unless approved by the city, town or county. Bars with a series 6 or 7 liquor license, indoor gyms/fitness centers, indoor movie theaters, and water parks/tubing operations are not allowed to be open. Restaurants can operate indoors at 50% capacity. Businesses have to submit an online attestation stating they are in compliance with public health protocols and guidelines.</p>
Arkansas	Phased Approach – appears to be at State level	<p>Phased approach to reopening. Governor never issued a statewide stay at home order but did implement a statewide mask mandate effective July 20, 2020</p> <p>Phase I: restaurants open inside at 33% capacity; gyms open with 12 ft social distancing and screening; personal services allowed to reopen; theaters, lecture halls and other large indoor venues such as arenas, stadiums and auction houses allowed to reopen for audiences fewer than 50; gatherings outside allowed with social distancing</p> <p>Phase II: allows 66% indoor occupancy of restaurants, mandates face coverings indoors, gyms are open, limits gatherings to 10 people with social distancing, places of worship encouraged to hold services outside or online</p> <p>Phase 3: full re-opening</p> <p>Metrics: Monitoring epidemiological data, including new cases, deaths, tests, hospitalizations.</p>


California	<p>Tiers vary by county (P/R/O/Y)</p> <p style="text-align: center;"></p>	<p>Tiered re-opening system. Clear rules on what businesses are open in each tier.</p> <p>Tier 1 (Widespread Community Transmission): case rate more than 7 per 100,000 per population, positivity more than 8%</p> <p>Tier 2 (Substantial Community Spread): case rate 4 to 7 per 100,000 population, positivity rate between 5 and 8%, health equity quartile positivity rate between 5.3 and 8%</p> <p>Tier 3 (Moderate Community Transmission): case rate between 1 and 3.9 per 100,000 population, positivity rate between 2 and 4.9%, and health equity quartile positivity between 2.2 and 5.2%</p> <p>Tier 4 (Minimal Community Transmission): case rate of fewer than 1 per 100,000 population, positivity less than 2%, health equity quartile positivity less than 2.2%</p> <p>Metrics: case rate, positivity, testing volume, lowest quartile positivity.</p> <p>Colorado is reporting a 4-month high of 6.9 per 100,000 for hospitalizations and its highest number of active outbreaks.</p> <p>Colorado uses a five level, “Dial Framework” that includes: Protect our Neighbors: local public health can contain surges in cases and outbreaks through mitigation efforts, site-specific closures and enforcement of public health orders</p> <p>Safer at Home 1 [Cautious]: less restrictive than Safer at Home Level 2 and is for counties with low virus transmission but that have not yet achieved Protect Our Neighbors</p> <p>Safer at Home 2 [Concern]: The baseline. While we are all still safer at home, we are also able to practice greater social distancing in our great outdoors than in confined indoor spaces</p> <p>Safer at Home 3 [High Risk]: for counties experiencing increases in the metrics – action is needed, but Stay at Home may not be warranted</p>
Colorado	<p>Dial Framework by county (5 levels)</p> <p style="text-align: center;"></p>	


Connecticut	Phases by towns 1, 2, 3		<p>Stay at Home: everyone is required to stay home except for grocery shopping, exercise and necessary activities – only critical businesses are open</p> <p>Metrics: <i>new cases, percent positivity and impact on hospitalizations.</i></p> <p>Counties may move to a less restrictive level after they meet and sustain all three metrics for two weeks.</p> <p>Connecticut is tracing many cases to informal gatherings. Connecticut is utilizing a phased approach for re-opening.</p> <p>Phase 1 (Red): 15+ cases per 100,000 per day. Outdoor dining, offices, retail and malls, museums and zoos, university research and outdoor recreation businesses were allowed to re-open.</p> <p>Phase 2 (Orange): 10 – 14 cases per 100,000 per day. Restaurants, personal services and libraries are allowed to operate indoors at 50% capacity. Outdoor events venues are capped at 25% occupancy, indoor performing art theaters are closed, indoor private gatherings are capped at 25 people, outdoors private gatherings are capped at 100 people. Graduations indoor are not allowed but can be held outside with a one-time exemption capped at 150 with masks and social distancing. Religious gatherings are allowed indoor at 25% capacity capped at 100 people and outdoors capped at 150 people.</p> <p>Phase 3 (Yellow) (begin October 8, 2020): 5 – 9 cases per 100,000 per day. Restaurant capacity increases to 75%, as does personal services and libraries. Outdoor event venues and indoor performing arts theaters can have a capacity of 50%. Private gatherings (commercial) are capped at 100 people indoors and 150 people outdoors, Private gatherings (private residences) are capped at 25 people indoors and 150 people outdoors. Graduations and religious gatherings are allowed at 50% capacity or max of 200 if indoor and up to 50% capacity if outdoors. Businesses are asked to self-certify that they are following strict safety guidelines to keep employees and customers safe.</p>
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Delaware	Phases (Pre-Phase I, II, III)		<p>Metric: case rate. Uses COVID AlertDE App to alert people who may have been exposed to someone who tested positive for coronavirus.</p> <p>Pre-Phase I (May 8-22): retail allowed for curbside pick-up or appointments only; beaches with social distancing allowed to open, community pools limited to 20% capacity.</p> <p>Phase I (June 1): galleries, museums, libraries, food/drink establishments, retail establishments, malls, exercise facilities, personal care services, casinos allowed to operate at 30% capacity; outdoor gatherings of up to 250 people allowed with social distancing and face coverings; ban on short-term rental units lifted; 14 day mandatory quarantine for out-of-state travelers lifted.</p> <p>Phase II (Current Phase): The following industries are NOT permitted to open in Phase II UNLESS they can create a facility specific plan to observe the industry guidance: Sporting Facilities and Venues (arcades, bowling alleys, indoor skating rinks, martial arts studios, dance studios, indoor tennis and similar indoor athletic facilities); Indoor Children’s Play Areas (softscape or hardscape playground facilities, trampolines parks and children’s museums); and Water Parks. Houses of Worship can be indoors at 60% occupancy; restaurants can be indoors at 60% occupancy; exercise facilities can be indoors at 30% occupancy; malls, casinos, community pools, convention centers and meeting facilities can be indoors at 60% capacity; personal care services can be indoors at 30% capacity.</p> <p>Phase III: vulnerable individuals no longer have to shelter in place, but should practice physical distancing; limits restrictions at businesses; visits to senior living facilities or hospitals can resume; large venues and restaurants can operate under limited physical distancing protocols; gyms can reopen; bars can open with additional standing room occupancy.</p> <p>Delaware delayed moving to Phase III (was supposed to happen at the end of June 2020).</p> <p>Schools have reopening criteria as follows:</p>
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Florida	Phases by county (1, 2, 3)	<p>Fewer than 5 cases per 100,000 population, less than 1% positivity, and fewer than 10 hospitalizations per 100,000 population = schools open for in-person instruction</p> <p>Case rate between 5 and 100 per 100,000 population, 1 to 8% positivity and 10 to 25 hospitalizations per 100,000 population = hybrid model (remote and in-person)</p> <p>More than 100 cases per 100,000 population, positivity more than 8% and more than 25 hospitalizations per 100,000 population = remote learning only</p> <p>Likely that these school metrics are tied to the Phases, but not clear on website.</p> <p>Metrics: time certain, but monitoring new case rate, positivity (given priority) and hospitalization rate.</p>	<p>Statewide, new cases were up 30% among high school aged kids and up 42% among young adults aged 18-24 years as compared to two weeks ago.</p> <p>Phase 1 (May 18, 2020): allowed restaurants, retail, museums, libraries, gyms/fitness centers to operate at 50% capacity. Amusement parks were allowed to submit re-opening plans to the State; Professional sports venues allowed to practice and play; and youth sports, youth clubs, childcare and personal care (hair and nails) services are allowed to open. Students are required to use distance learning.</p> <p>Phase 2 (June 5, 2020): allowed movie theaters, concert houses, auditoriums, playhouses, bowling alleys and arcades to operate at 50% capacity. Tattoo parlors, acupuncture establishments, tanning salons and massage establishments allowed to open.</p> <p>Phase 3 (September 25, 2020): allowed restaurants to open indoors at full capacity, bars, gyms, state parks, entertainment venues, and theme parks can operate at full capacity. Schools opened in August.</p> <p>Metrics: time certain (except Miami-Dade, Broward and Palm Beach).</p>
			

Georgia	No phases		<p>Cases are spreading between family and friends at private gatherings. Governor re-opened large parts of Georgia's economy ahead of other states, even while cases were trending upward. Retail, restaurant, personal care, houses of worship, entertainment venues, gyms and recreation are all open. Local city or county can implement a mask requirement on government-owned property and, if a threshold of 100 cases per 100,000 population over the previous 14 days is met, then local governments can pass broader mask mandates.</p> <p>No distinct phases to reopening.</p> <p>Metric: case rate.</p>
Hawaii	Impact Level system - varies by county		<p>Hawaii issued a Stay-at-Home, Work-from-Home order that was in place from March 26 thru May 26, 2020. State tracks mask wearing behaviors in counties of Hawaii, Maui, and Kauai and in the city/county of Honolulu. Uses a tool called Unacast to monitor and grade social distancing behavior and assigns a letter grade for the state and by county. Implemented traveler quarantine to minimize introduction of new cases to the state. Implemented a system of 5 Impact Levels to support the safe reopening of businesses and operations. Impact Level may vary by county.</p> <p>Stay at Home: Major Disruption – COVID cases are urging or increasing and there is risk of insufficient testing, hospital and/or contact tracing capacity</p> <p>Safer at Home: Moderate Disruption – new COVID cases may occur through controlled community spread, with stressed capacity utilization for testing, hospitals and/or contact tracing</p> <p>Act with Care (Current Phase): Minor Disruption – some new COVID cases, which are manageable, along with improved capacity utilization for testing, hospitals and/or contact tracing. Large venues and clubs are still closed, most other venues open with physical distancing and safe practices implemented (vary by sector).</p> <p>Recovery: Minimal Disruption – new COVID cases indicate sporadic activity and optimized capacity utilization for testing, hospitals and/or contact tracing</p>


Idaho	Stages vary by county (1, 2, 3, 4)		<p>New Normal: No Disruption – Adjusted to living with COVID through a potential combination of effective treatments and containment methods, natural “herd immunity”, and/or vaccines</p> <p>Minimum of 14 days of observation before moving to the next impact level.</p> <p>Metrics: <i>cases, fatalities, positivity and fatality rate.</i></p> <p>No statewide mask mandate, no enforcement. Endorsing a “localized approach” for containment strategies. Idaho implemented a four-stage reopening plan and data are evaluated every 2 weeks to potentially move between stages.</p> <p>Stage 1 (May 1-15): restaurant dining rooms, bars, nightclubs, hair and nail salons, indoor gyms, recreational sites, or convention and entertainment centers remained closed.</p> <p>Stage 2 (May 16-29): restaurants able to reopen dining rooms once plans approved by the local health district; hair salons, indoor gyms and recreation facilities reopen; gatherings of fewer than 10 people allowed.</p> <p>Stage 3 (May 30-June 12): gatherings of up to 50 people allowed with social distancing; stopped 14 day quarantine for visitors to Idaho. Indoor gatherings limited to 50 people or less; outdoor gatherings limited to 25% capacity; bars, restaurants and nightclubs allowed to operate with seating only.</p> <p>Stage 4 (June 13-26): bars, nightclubs, movie theaters and sporting venues could open under limited physical distancing protocols; visits to senior living centers, jails and prisons could resume.</p> <p>Idaho moved back to Stage 3 last week over the growing concern that coronavirus could overwhelm hospital and healthcare capacity.</p> <p>Metrics: <i>ED visits, hospital admits due to COVID, cases, positivity, at least 50 ventilators and 50 ICU beds available, 10-day supply of PPE for hospitals, no use of Crisis Standards of Care, number of COVID patients in ICU.</i></p>
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Illinois	Phases vary by county (1, 2, 3, 4, 5)	<p style="text-align: center;"></p> <p>Five phased approach to reopening:</p> <p>Phase 1 (Rapid Spread): number of COVID patients in the hospitals, in ICU beds and on ventilators is increasing; public health response relies on dramatic mitigation measures like stay at home orders and social distancing; only essential businesses are in operation and activities outside the home are limited to essentials.</p> <p>Phase 2 (Flattening): rise in rate of infection is beginning to slow and stabilize; hospitalizations and ICU bed usage continue to increase but are flattening and hospital capacity remains stable; face coverings must be worn when social distancing is not possible; testing capacity increases and tracing programs are in place to contain outbreaks and limit the spread.</p> <p>Phase 3 (Recovery): rate of infection is stable or declining; hospitalizations and ICU capacity remains stable or is decreasing; face coverings in public required; gatherings for fewer than 10 people allowed; select industries can return to work with social distancing and sanitization practices in place; retail can open with limited capacity and select personal care can also begin to reopen; robust testing is available along with contact tracing.</p> <p>Phase 4 (Revitalization): decline in rate of infection of new cases; hospitals have capacity; additional measures can be carefully lifted allowing for schools and child care programs to reopen with social distancing; restaurants can open with limited capacity; gatherings up to 50 allowed; and testing is widely available and tracing is commonplace.</p> <p>Phase 5 (Illinois Restored): testing, tracing and treatment are widely available throughout the state; vaccine is developed or treatment option is readily available or there are no new cases over a sustained period; all sectors reopen with new health and hygiene practices permanently in place; gatherings of all size can resume; public health infrastructure is being rebuilt; health equity is made a priority.</p> <p>Metrics: cases, hospital capacity, positivity.</p>
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Indiana	Stages for state, counties can enact stricter (1, 2, 3, 4, 5)		<p>Hitting record numbers of daily new cases. "Back on Track" reopening plan consists of 5 stages.</p> <p>Phase 1 (March 23): limits gatherings to 10 people or less; bars, clubs and entertainment are closed; gyms are closed; religious services are closed; personal care services are closed; face coverings are recommended.</p> <p>Phase 2 (May 4): opens personal care by appointment only, religious services open with social distancing; restaurants open at 50% capacity; retail open at 50% capacity and gatherings allowed for 25 people or fewer.</p> <p>Phase 3 (May 23/24): retail opened to 75% capacity; gyms open; travel open; and gatherings of 100 or fewer allowed.</p> <p>Phase 4 (June 13/14): restaurants open at 75% capacity; retail stores completely open; bars, clubs and entertainment open at 50% capacity; gatherings under 250 allowed.</p> <p>Phase 5 (September 26): all industries/sectors open. Currently highest hospitalizations for covid19 since April.</p> <p>Metrics: cases, positivity, deaths, hospital capacity. Unclear what metrics are used to move between phases, if any.</p>
Iowa	No formal reopening plan identified		<p>No Stay-at-Home every issued. No formal reopening plan just Governor announcements on additional re-openings based on a six-region point system that was to guide decisions about tightening or relaxing social distancing measures. This six-region point system was based on infection and hospitalization rates, long term care facility outbreaks, and the share of residents over 65. Counties also made allowances for opening of specific sectors.</p> <p>Statewide Proclamation on May 15 allowed personal care services, restaurants, fitness centers, libraries and racetracks to reopen.</p>


Kansas	Phases (1, 2, 3)		<p>On May 22: movie theaters, zoos, aquariums, museums and wedding receptions were allowed to reopen with public health measures.</p> <p>As of May 28, bars and other establishments that serve alcohol could reopen at 50% capacity.</p> <p>As of June 1, schools reopened - proclamation directed school districts to focus on preparing to safely welcome students back in person in the fall. Schools to conduct at least half of instruction in person.</p> <p>Proclamation effective August 27 through September 20 closed all bars, taverns, distilleries and nightclubs and required restaurants to stop serving alcohol after 10 pm in 6 counties.</p> <p>Metrics: <i>case rate, hospitalizations, LTC outbreaks, positivity, population over 65 years.</i></p> <p>Mask order issued statewide beginning July 3, 2020. Established a statewide framework (recommendation, not an order) that serves as the floor for safeguards – local communities can be more restrictive. Three phased approach with each phase being a minimum of 14 days.</p> <p>Phase 1 (May 4): requires bars, night clubs, non-tribal casinos, theaters, museums, gyms, and personal care services to remain closed.</p> <p>Phase 2 (May 22): allowed those sectors closed in Phase 1 to open but fairs, festivals, carnivals, parades, graduations and summer camps remained prohibited; bars and nightclubs could open at 50% occupancy.</p> <p>Phase 3 (June 8): allows for gatherings of up to 45 people and relaxed most state restrictions.</p> <p>On July 6, the Governor recommended that counties remain in Phase 3 indefinitely and do not completely phase out restrictions.</p> <p>Metrics: <i>cases, hospitalizations, deaths.</i></p>
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Kentucky	Phases	<p>←</p>	<p>Kentucky's two phased approach to reopen Kentucky's economy is called "Healthy at Work".</p> <p>Phase 1: Evaluation of whether Kentucky has met public health benchmarks based on guidelines from the White House (sustained control of the rate of new infections and hospitalizations; enhanced ability to test and trace; sufficient healthcare capacity to handle resurgence; best practices for social distancing in the workplace).</p> <p>Phase 2: Public Health evaluates the ability of different industries and sectors to safely reopen, using input provided through online questionnaires. Individual businesses do not have to complete the questionnaire to reopen, but the Governor uses input from the questionnaires to determine which businesses can reopen under what conditions.</p> <p>Metrics: <i>case rate, testing capacity, contact tracing capacity, PPE availability, preparedness for a possible future spike, ability to protect at risk populations, ability to social distance.</i></p>
Louisiana	Phases vary by Parish (1, 2, 3)	<p>→</p>	<p>Face coverings are required indoors and outdoors at public places. Louisiana follows the White House Plan for Opening Up America Again. This Plan includes three phases.</p> <p>Phase 1 (May 14, 2020): allowed many businesses to open at 25% capacity.</p> <p>Phase 2 (June 4, 2020): allowed the following businesses to open up to 50% capacity: churches, movie theaters, museums, zoos, aquariums, restaurants, malls, gyms, personal care services, bars and breweries with food permits, event centers, wedding venues, outdoor playgrounds and play centers.</p> <p>Phase 3: will allow businesses to increase occupancy to 75% and will allow live music outside only.</p> <p>On October 22, the Governor increased capacity limits on outdoor stadiums to 50% if a Parish positivity rate is less than 5% for 2 consecutive weeks. If positivity increases in a Parish to above 10%, businesses must return to lower occupancy limits.</p>



Maine	<p data-bbox="391 1507 451 1612">Stages (1, 2, 3, 4)</p> 	<p data-bbox="305 1024 329 1255">Metric: positivity rate.</p> <p data-bbox="391 258 451 1255">Established a plan of four gradual stages of reopening. Each stage has specific requirements that must be met (e.g., retail has an occupancy limit of 5 people per 1000 square feet).</p> <p data-bbox="483 258 630 1255">Stage 1 (May): gatherings limited to 10 or fewer; travel quarantine of all people entering the state; outdoor recreation open, including golf courses, hunting fishing, guided boating, marinas, some State Parks, some State-owned trails; personal services, religious gatherings, and transportation open. Some rural communities that have no community transmission of the virus allowed to open additional sectors.</p> <p data-bbox="667 258 760 1255">Stage 2 (June): gatherings limited to 50 or fewer; travel quarantine; museums, restaurants, lodging, campgrounds/RV parks, community sports, tanning salons, gyms and fitness centers and all retail businesses are allowed to open.</p> <p data-bbox="797 279 889 1255">Stage 3 (July-August): gatherings still limited to 50 people; travel quarantine; overnight charter boats and excursions of fewer than 50 people are allowed to open; overnight summer camps, spas, massage facilities, laser hair removal services allowed to open.</p> <p data-bbox="911 394 971 1255">Stage 4 (October 13): All businesses are open and operating with appropriate safety modifications.</p> <p data-bbox="1008 258 1187 1255">On November 4, 2020 Maine modified its reopening plan due to increasing case numbers in Maine and the rest of the country. Modifications include: limit on indoor gatherings returned to 50 or fewer; non-seated indoor activities (e.g., physical activity if gyms) are limited to 50 or fewer; outdoor gathering limited to 100 or fewer; reopening date for bars and tasting rooms is postponed; state's face covering mandate extended to private schools and government buildings (already in place for retail, lodging and restaurants); enforcement expanded to statewide.</p> <p data-bbox="1219 258 1279 1255">Metrics: influenza-like illness and COVID-like syndromic cases, case rate, hospitalizations, hospital capacity, hospital standard of care, testing volume.</p>
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Maryland	Stages vary by county (1, 2, 3)		<p>Maryland’s plan, “Maryland Strong: Roadmap to Recovery”, was released April 24th and includes a staged approach to reopening business. Stages implemented with flexible, community-based approach that empowers local jurisdictions to make decisions regarding timing of re-openings. Face coverings required for all people over the age of 5 in public places and elsewhere across the state. Plan includes 3 stages that are broad in character and allow for being multi-phased within each stage. In each Stage, the State will evaluate which localities have satisfied gating criteria and local health officers may choose to be more restrictive if warranted.</p> <p>Stage 1 (Low Risk): phased rollout over time; lift Stay-at-Home order; limited attendance at outdoor religious gatherings; recreational boating, fishing, golf, tennis, hiking and hunting allowed; car washes open; limited outdoor gym and fitness classes allowed; some personal services allowed; curbside pick-up and drop-off for businesses open.</p> <p>Stage 2 (Medium Risk): Longer phase of recovery that includes numerous steps over many weeks. Strict physical distancing and masking still required. In this Stage, the cap on social gatherings is raised; indoor gyms and fitness classes, childcare centers, transit, indoor religious gatherings, restaurants and bars (with restrictions) and elective/outpatient procedures at hospitals are phased in.</p> <p>Stage 3 (High Risk)(Current Stage – started September 1, 2020): longer term re-opening goals; requires FDA approved vaccine or safe and effective therapeutics that can rescue patients with significant disease or prevent serious illness in those most at risk; this stage has sub-phases with capacity restrictions; potential re-openings include larger social gatherings; high-capacity bars and restaurants; lessened restrictions on visits to nursing homes and hospitals; entertainment venues; and larger religious gatherings. Indoor theaters allowed to re-open at 50% capacity or 100 people (whichever is less); outdoor venues allowed to re-open at 50% capacity or 250 people (whichever is less); and retail and religious facilities allowed to increase capacity from 50% to 75%. On September 18, the Governor expanded capacity for indoor dining from 50% to 75%.</p>
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<p>Massachusetts</p>	<p>Stages vary by county (1, 2, 3, 4)</p>		<p>On August 27, every county school system in Maryland was fully authorized to begin safely re-opening.</p> <p>Metrics: <i>cases, positivity, testing volume, deaths, hospitalizations.</i></p> <p>Massachusetts announced its re-opening plan on May 18, 2020. The plan consists of 4 phases and is designed to methodically allow businesses, services and activities to resume while avoiding resurgence of COVID-19 that could overwhelm the healthcare system.</p> <p>Phase 1 (Start): limited industries resume operations with severe restrictions. Worship, hair salons and barbershops by appointment, pet grooming, car washes and retail with curbside pickup may reopen.</p> <p>Phase 2 (Cautious): additional industries resume operations with restrictions and capacity limitations in two steps. Step 1 will include reopening outdoor restaurant, in-store retail shopping and lodging accommodations. Step 2 allows for indoor restaurant and personal services. Travelers urged to self-quarantine for 14 days through Phase 2.</p> <p>Phase 3 (Vigilant): additional industries resume operations with guidance, but in two steps. In step 1, outdoor gatherings are limited to 50 people; outdoor theaters are open at 25% capacity or 50 people (whichever is less); arcades, indoor and outdoor recreations businesses with lower contact activities are allowed to open at 40% capacity, as are driving/flight schools, gyms, libraries and museums. In step 2, indoor theaters are limited to 50% capacity or not more than 250 people (whichever is less); outdoor theaters are limited to 100 people; outdoor theater is limited to 50% capacity or 250 people (whichever is less); roller skating rinks, arcades, driving/flight schools, gyms, libraries, and museums are open at 50% capacity. Massachusetts is in Phase III, Step 2 as of October 5, 2020.</p> <p>Phase 4 (New Normal): development of vaccines and/or treatments enable resumption of “new normal”.</p>
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Michigan	Phases (1, 2, 3, 4, 5, 6)		<p>Each phase lasts a minimum of three weeks and if public health data trends are negative, specific industries, regions or the state may need to return to an earlier phase.</p> <p>Metrics: <i>cases, positivity, hospitalizations, hospital ICU capacity, deaths.</i></p> <p>Developed the Michigan “Safe Start Program” which guides reopening through 6 phases and 8 regions.</p> <p>Phase 1 (Uncontrolled Growth): increasing numbers of new cases every day, likely to overwhelm the health system. Strict social distancing, travel restrictions, face coverings, hygiene best practices, remote work. Critical infrastructure allowed to be open, including critical manufacturing, food and agriculture, essential retail and transportation.</p> <p>Phase 2 (Persistent Spread): continuing to see high case levels with concern about health system capacity. Continue with strict social distancing, travel restrictions, face coverings, hygiene best practices, remote work. Additional types of recreation allowed.</p> <p>Phase 3 (Flattening): case growth is gradually declining. Continue distancing, increase face coverings, no gatherings allowed. Lower risk businesses with strict workplace safety measures allowed to reopen, including construction, manufacturing, real estate and outdoor work.</p> <p>Phase 4 (Improving): cases, hospitalizations and deaths are clearly declining. Continued distancing, face coverings, safe workplace practices. Small gatherings permitted. Additional lower-risk businesses with strict safety measures allowed, including retail with specific capacity limits and offices (but telework still preferred).</p> <p>Phase 5 (Containing): continued case and death rate improvements and outbreaks can be quickly contained. Adherence to safety guidelines required, including continued distancing, face coverings, mitigated workplaces. Increased gathering sizes. Most businesses allowed to reopen with strict mitigation measures, including restaurants/bars, live instruction for K-12 and higher education and travel.</p>
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<p>Phase 6 (Post-Pandemic): community spread not expected to return. Sufficient community immunity and availability of treatment. All businesses allowed to reopen. Events and gatherings of all sizes allowed with new safety guidance and procedures. Social distancing rules are relaxed and large events are permitted.</p> <p>Metrics: <i>cases per million, positivity, trends in new cases, hospital capacity, PPE availability, testing volume, tracing effectiveness.</i></p>		<p>Phase 6 (Post-Pandemic): community spread not expected to return. Sufficient community immunity and availability of treatment. All businesses allowed to reopen. Events and gatherings of all sizes allowed with new safety guidance and procedures. Social distancing rules are relaxed and large events are permitted.</p> <p>Metrics: <i>cases per million, positivity, trends in new cases, hospital capacity, PPE availability, testing volume, tracing effectiveness.</i></p>
<p>Minnesota implemented a Stay Safe Plan to guide reopening. All critical sector businesses need to develop and implement a COVID-19 Preparedness Plan by June 29, 2020. Masks are required per Governor's Executive Order.</p> <p>Phase I (May 18 – June 1): Gatherings of 10 or less; retail at 50% capacity; restaurants open for take out and delivery only; bars, gyms and personal care services closed; organized sports prohibited; indoor and outdoor worship open at 25% capacity or 250 people (whichever is less).</p> <p>Phase II (June 2 – June 9): Sectors open include retail at 50% occupancy; outdoor dining with 6 ft distancing, maximum of 50 customers and reservations required; personal care services with appointments; organized youth sports; summer school for hybrid learning; campgrounds and charter boats.</p> <p>Phase III (June 10 to present): Outdoor gatherings limited to 25 or fewer; indoor gatherings limited to 10 or fewer; restaurants open indoors and outdoors at 50% capacity with reservation (maximum occupancy of 250); gyms open at 25% capacity with maximum occupancy of 250; indoor events and entertainment open at 25% capacity or maximum occupancy of 250; adult sports open; places of worship open at 50% capacity or maximum of 250 people.</p> <p>Phase IV (Timeline TBD): Further opening of sectors with potential to increase occupancy limits.</p> <p>Metrics: <i>Minnesota has a "Dial Back Dashboard" that consists of testing positivity, case rate, testing rate, hospitalization rate, percent of cases with no known exposure (community spread).</i></p>	<p>Minnesota</p> <p>Phases (I, II, III, IV)</p> 	<p>Phase I (May 18 – June 1): Gatherings of 10 or less; retail at 50% capacity; restaurants open for take out and delivery only; bars, gyms and personal care services closed; organized sports prohibited; indoor and outdoor worship open at 25% capacity or 250 people (whichever is less).</p> <p>Phase II (June 2 – June 9): Sectors open include retail at 50% occupancy; outdoor dining with 6 ft distancing, maximum of 50 customers and reservations required; personal care services with appointments; organized youth sports; summer school for hybrid learning; campgrounds and charter boats.</p> <p>Phase III (June 10 to present): Outdoor gatherings limited to 25 or fewer; indoor gatherings limited to 10 or fewer; restaurants open indoors and outdoors at 50% capacity with reservation (maximum occupancy of 250); gyms open at 25% capacity with maximum occupancy of 250; indoor events and entertainment open at 25% capacity or maximum occupancy of 250; adult sports open; places of worship open at 50% capacity or maximum of 250 people.</p> <p>Phase IV (Timeline TBD): Further opening of sectors with potential to increase occupancy limits.</p> <p>Metrics: <i>Minnesota has a "Dial Back Dashboard" that consists of testing positivity, case rate, testing rate, hospitalization rate, percent of cases with no known exposure (community spread).</i></p>


Mississippi	None - Governor issues and lifts Executive Orders		<p>No Re-Opening Plan found. Governor issues Executive Orders that outline what is allowed to be open and parameters for being open.</p> <p>The most recent order is the Safe Recovery Order (September 30 through November 11, 2020) which outlines the following: outdoor K-12 extracurricular events may operate at 50% capacity, gatherings are limited to 20 indoors and 100 outdoors if social distancing is not able to be maintained, masks are required for schools and close contact businesses like salons and barbershops, all business are required to comply with CDC and MSDOH guidelines, occupancy for businesses are limited to 75% if social distance can be maintained (includes restaurants), reception halls and conference centers are allowed to operate at 50% capacity without a meal and at 75% capacity if a meal is served and social distancing can be maintained at tables with no more than 10 guests, auditorium and movie theaters can operate at 50% capacity and outdoor/indoor arenas can operate at 25% capacity.</p> <p>Metrics: <i>Unclear. Appears to be new cases and deaths.</i></p>
Missouri	Phases (I, II)		<p>Missouri has a Show Me Strong Business and/or Personal Pledge program. The Show Me Strong Recovery Plan consists of 2 phases. The decision to move to phase 2 was based on four pillars of the plan: expanded testing capacity and volume in the state; expanded reserves of PPE by opening public and private supply chains; continued monitoring and, if necessary, expand hospital and health care system capacity; and improving ability to predict potential outbreaks using Missouri's public health data.</p> <p>Phase I (May 4 – May 31): Social distancing required, businesses allowed to be open provided social distancing can be maintained and other guidelines are followed.</p> <p>Phase II (current phase): No Statewide Health Orders. All restrictions lifted, but local health authorities may implement restrictions based on local epidemiology.</p> <p>Metrics: <i>cases, deaths, positivity, hospitalizations and testing volume.</i></p>


<p>Montana</p>	<p>Phases can be implemented statewide, by county or by tribal nations (1, 2, 3)</p>	<p>Montana is experiencing healthcare provider shortages, especially nurses. The state is using the Mutual Aid System to send nurses to areas of need and is hiring traveling nurses from out of state. Hospitals throughout Montana are at or near capacity. The Governor issued a mask mandate on July 15, 2020 for all indoor locations open to the public and outdoor where social distancing is not possible. The mask mandate was expanded on August 12, 2020 to include public and private schools.</p> <p>Phase 1 (April 26, 2020): businesses, restaurants, gyms, theaters, casinos, youth activities allowed at 50% capacity and with social distancing guidelines being observed.</p> <p>Phase 2 (June 1, 2020) (current state as of 10/27/2020): gatherings must be kept to under 50 if social distancing cannot be observed; childcare can increase capacity if social distancing can be maintained; restaurants, gyms, theaters, casinos and theaters can increase capacity to 75%; live music venues and bowling alleys can operate at reduced capacity.</p> <p>Phase 3: will allow groups of any size; everything will be allowed to open and vulnerable populations can resume public interactions if ensuring social distancing.</p> <p>Metrics: new cases, ability to monitor and contact trace, syndromic surveillance, hospital and ICU capacity, adequate PPE supplies and adequate testing capacity.</p>
<p>Nebraska</p>	<p>Phases vary by county (I, II, III, IV)</p>	<p>Nebraska's Governor did not issue a Stay-at-Home order, but he did issue a Directed Health Measure that placed limits on gatherings and restrictions on some businesses in counties throughout the State. On October 21, 2020 the Governor implemented new restrictions in response to increasing COVID hospitalizations, including a reduction in the indoor gatherings limit from 75% capacity to 50% and a requirement that restaurant and bar patrons remain seated unless ordering, going to the bathroom or playing a game.</p> <p>Phase I (May 4 – June 1): limited reopening on a regional basis; gathering limit of 10 people; houses of worship, weddings, funeral services allowed with social distancing, but receptions subject to gathering limits; Governor removed the Statewide Directed Health Measure on May 4th and created 19 different Directed Health Measures – one for each local, multi-county health</p>


<p>department, to allow for a regional reopening. Salons, tattoo parlors, massage therapy, hair and nail salons permitted to reopen with occupancy cap at 10 people; restaurants could resume indoor operations at 50% capacity (buffets closed); child care could reopen with up to 15 kids per room; bars, taverns gentlemen and bottle clubs closed; gyms, fitness centers open for up to 10 patrons with social distancing;</p> <p>Phase II (June 1-June 21): gatherings limited to 25 or 25% of rated occupancy at a time (maximum of 3,000); no parades, carnivals, or beer gardens; facilities with capacity of greater than 500 had to submit plans prior to reopening; bars, taverns, gentlemen and bottle clubs allowed to open at 50% of rated occupancy; 25 patrons or 50% rated occupancy allowed in gyms; personal care services allowed at 25 patrons or 50% occupancy; receptions at 50% occupancy and no dances allowed.</p> <p>Phase III (June 22-September 13): gatherings indoor limited to 50% of rated occupancy with a maximum of 10,000; gatherings outdoor limited to 75% of rated occupancy with a maximum of 10,000; child care centers allowed to increase attendees to up to 30 school age children per room; gyms allowed at 75% of rated occupancy; personal care services allowed at 75% occupancy.</p> <p>Phase IV (September 14 - present): gatherings indoors at 75% of rated occupancy; outdoor gatherings rated at 100%; other restrictions outlined in the Directive Health Measure removed.</p> <p><i>Metrics: case rate, positivity, testing volume, hospitalizations. No clear metrics for phase movement.</i></p>	<p>Nevada United: Roadmap to Recovery outlines social distancing and masking requirements for individuals and limits gatherings to 10 people.</p> <p>Phase 1: reopening of outdoor spaces, small businesses and select retail under strict social distancing, hygiene and occupancy measures; move from Stay-at-Home to Safer-at-Home order; gatherings limited to 10 people; encourage face coverings.</p>	<p>Nevada</p> <p>Phases vary by county, then approach abandoned</p>
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			<p>Phase 2: implemented after Nevada and local government partners have expanded the public health infrastructure to a capacity to scale, allowing for widespread point-of-care testing, largescale contact tracing and the ability to care for the vulnerable populations. Includes broader opening of retail, services and public life under extremely strict social distancing measures, hygiene and occupancy controls.</p> <p>Phase 3: ease restrictions on some public gatherings and non-essential travel with modified operations.</p> <p>Phase 4: most or all businesses can reopen with enhanced hygiene practices.</p> <p><i>Metrics: cases, deaths, testing volume, hospitalizations, positivity.</i></p> <p>Phased approach abandoned on July 28, 2020 for a “long-term system of mitigation levels that will allow our businesses and residents to have advanced notice and understanding on what direction their county could be heading based on criteria”.</p> <p>On July 29, 2020 the Governor mandated masks for all staff and students (K-12) during school. On August 3, 2020 the Governor extended his order limiting businesses to 50% capacity and indoor gatherings to 50 people. On August 4, 2020 the Governor announced the State would take a county by county approach to coronavirus restrictions. Bars allowed to reopen as of midnight on September 20, 2020. Governor eased gathering restrictions to 250 people as of October 1, 2020 and on October 9, 2020 the metrics for testing volume and positivity were changed to be 100 per 100,000 and 8%, respectively. Minimal contact and non-contact sports allowed to resume (adult and youth).</p>
New Hampshire	Clear Reopening Plan not identified		<p>Difficult to determine if there is a comprehensive reopening plan. Businesses are provided general guidance and restrictions. As trends improve, so will reopening status based on business category and type. As approved by State Public Health and the Governor, updates will be posted on their public website.</p>


New Jersey	Stages (1, 2, 3, 4)		<p>Metrics: total and new cases, recovered, deaths, hospitalizations, tested and percent positive.</p> <p>Used a three-stage approach to reopening. New Jersey will enter new stages based on data that demonstrates improvements in public health and the capacity to safeguard the public. The restart will be phased-in within each stage, rather than opening all businesses and activities at once within a stage. New cases and ICU beds trending up, infection and positive test rates stable, hired tracers trending down</p> <p>Stage 1: Restrictions relaxed on low risk activities if appropriately safeguarded. Includes state and county parks, non-essential construction, curbside retail, drive in activities, beaches, elective surgeries</p> <p>Stage 2: Additional activities permitted that can be easily safeguarded such as expanded retail, outdoor dining, indoor dining at significantly reduced capacity, limited personal care, museums, libraries</p> <p>Stage 3 (Current Stage): Most activities allowed with significant safeguarding such as expanded dining, critical in office work, limited entertainment, expanded personal care, bars with limited capacity</p> <p>Metrics: new cases, infection rate, positive test rate, ICU capacity, tracers hired.</p> <p>New Mexico is seeing increased cases due to relaxed adherence to guidelines, outbreaks at jails, and visitation to restaurants and bars. Hospitals are at or near capacity and the State has activated its Surge Plan.</p> <p>On October 16, 2020 bars and restaurants were ordered to close at 10 pm, maximum occupancies at businesses were decreased, a 14-day quarantine for travelers from hi-risk states without a negative test was implemented and gatherings were limited to 5 people. Twenty-five percent occupancy limits apply to retail, restaurants, gyms, personal care services and shopping malls. Houses of worship are allowed to operate at 40% capacity. Recreational facilities, movie</p>
New Mexico	Gating Criteria – 8 metrics		


New York	Phases (1, 2, 3, 4)		<p>theaters, interactive museums, bowling alleys, event venues and bars are closed. Golf courses and tennis courts are open, and public swimming pools are open with a maximum occupancy of 10 people.</p> <p>The All Together New Mexico Re-Opening Plan was released on October 22, 2020 and includes a social contract that addresses masking, social distancing, hand washing, being patient, being prepared, being educated and staying home unless absolutely necessary. Masks are required unless an individual has a written exemption from a healthcare provider. Governor will consider 8 gating criteria (metrics) when allowing further re-opening.</p> <p>Metrics: <i>Rate of spread (10 day rolling average), daily cases (7 day rolling average), number of COVID tests per day (7 day rolling average), test positivity (7 day rolling average), time from COVID + test result to isolation, time from COVID + test result to quarantine of case contacts, adult ICU beds occupied across 7 Hub Hospitals, 7 day supply of PPE across 7 Hub Hospitals.</i></p> <p>Uses a four-phase approach to reopening. Difficult to identify specific criteria for moving between phases or concise definitions for each phase.</p> <p>Phase 1: Limited reopening, high-risk individuals must remain at home. Maximize social distance; groups <10; minimize non-essential travel; construction, manufacturing and wholesale supply chain businesses allowed to reopen; retailers open for curbside pick-up, in-store pick-up, or drop-off; malls remain closed.</p> <p>Phase 2: Maximize social distance; telework; outdoor dining permitted; places of worship at 25% capacity; salons, barbershops and car dealerships allowed to reopen with limited capacity. Malls remain closed.</p> <p>Phase 3: Minimize time spent in crowded places; restaurants and other dine in services can reopen at 50% capacity (except in NYC); gatherings up to 25 people allowed.</p>
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North Carolina	Phases 1, 2, 2 Extended, 2.5, 3		<p>Phase 4 (Current Phase): allows schools and low-risk arts, entertainment, and recreation businesses to reopen with social distancing; gatherings of up to 50 people allowed; indoor dining, movie theaters and shopping malls are not allowed.</p> <p>Governor Cuomo may institute additional Phases since not all businesses are opened by Phase 4, but he is waiting to see what happens in other states that have reopened.</p> <p>Metrics: Total hospitalizations, deaths, new hospitalizations, hospital bed capacity, ICU bed capacity, testing capacity, contract tracing capacity</p> <p>North Carolina’s Secretary for Health and Secretary for Public Safety sent a joint letter to 36 counties to encourage enhanced restrictions. The 36 counties were selected based on having 300 or more new cases over the last 14 days and being identified as a county of concern by the White House Task Force; having a case rate of more than 50 per 10,000 population; or being one of the top 3 most populous counties in the state.</p> <p>Major church outbreak still being investigated and includes multiple states.</p> <p>Not sure how many phases there will be throughout the pandemic.</p> <p>Phase 1 (May 8 through May 22, 2020): Stay at Home Order in effect, most retail open at 50%, state parks and trails encouraged to open, 10 or fewer people can gather outdoors, childcare open for working families.</p> <p>Phase 2 (May 22, 2020): Stay at Home Order replaced with Safer at Home Recommendation, restaurants are open at Emergency Maximum Occupancy Limit, all childcare open, personal care services open at 50% occupancy, gatherings limited to 10 people indoors and 25 people outdoors. Phase 2 Extended continued Phase 2 through September 4, 2020.</p> <p>Phase 2 Extended: Enacted because of increasing test positivity, increased Emergency Department visits, and increased hospitalizations.</p>
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North Dakota	Risk Level by county R/O/Y/G/B		<p>Phase 2.5 (September 4 through October 2, 2020): Mass gatherings increased to 25 indoors and 50 outdoors, playgrounds open, museum and aquariums allowed to re-open at 50% occupancy, fitness facilities open at 30% occupancy.</p> <p>Phase 3 (October 2 through November 13, 2020): Meeting spaces in hotels, conference centers, meeting halls and reception venues can host receptions, meetings and other functions with a maximum occupancy of 30% or 100 people whichever is less. Very large outdoor venues with a capacity of greater than 10,000 may re-open at 7% occupancy. Masks required in public places, including on amusement park rides. Schools open with safety measures (masks, social distancing, symptom screening, cleaning) as of October 5, 2020.</p> <p>Metrics: <i>new cases, positivity rate, hospitalizations, testing volume, contact tracing and PPE.</i></p> <p>ND Smart Restart assigns risk level by county. Gating criteria is 14 days. Sectors have specific guidelines based on risk level. North Dakota has the highest case rate in the nation. Rural ICU beds are in short supply and patients are being moved to other areas of the state and to other states.</p> <p>Critical (Red): businesses are closed in this level.</p> <p>High (Orange): businesses are capped at 25% occupancy with a cap of 50 people and businesses are encouraged to require face masks.</p> <p>Moderate (Yellow): businesses are capped at 50% with a cap of 100 people and businesses are encouraged to require face masks.</p> <p>Low (Green): businesses are capped at 75% occupancy with a cap of 200 people.</p> <p>New Normal (Blue): businesses operate as they did pre-pandemic.</p> <p>No county is in critical risk (worst level). Majority of counties are in high risk, a handful in lowest risk ("New Normal").</p>
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Ohio	Levels vary by county (1, 2, 3, 4)		<p>Metrics: active cases per 10,000 population, tests per 10,000 population, and a 14 day rolling average of percent positive tests.</p> <p>All counties must follow all health orders (wear masks, conduct a daily health/symptom self-evaluation, social distancing, avoid high risk areas, follow hygiene orders). Reopening is based on four county Risk Alert/Advisory Levels.</p> <p>Level 1 (Yellow): Active exposure and spread. Follow all current health orders</p> <p>Criteria: Based on the following indicator or low incidence threshold of under 10 cases per 100,000 over a two-week period. (1) New cases per capita - Flagged if greater than 50 cases per 100,000 residents over the last two weeks, allows for counties with different population sizes to be appropriately compare</p> <p>Level 2 (Orange): Increased exposure and spread. Exercise high degree of caution. Follow all current health orders</p> <p>Criteria: Based on the following indicators. (1) Sustained increase in new cases - Flagged if increasing trend of at least 5 consecutive days in overall cases by onset, date over the last 3 weeks. Reflects disease spread in the population. (2) Proportion of cases not in a congregate setting. - Flagged if proportion of cases that are not in a congregate setting goes over 50% in at least one of the last 3 weeks. Used as indicator of greater risk of community spread.</p> <p>Level 3 (Red): Very high exposure and spread, Limit activities as much as possible, Follow all current health orders</p> <p>Criteria: Based on the following indicators or if previously at Level 3, a county stays at Level 3 until it drops below the high incidence threshold of over 100 cases per 100,000 over a two-week period. (1) Sustained increase in Emergency Department (ED) visits for COVID-like illness - Flagged if increasing trend of at least 5 consecutive days in the number of visits to the emergency department with COVID-like illness or a diagnosis over the last 3 weeks, provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus. (2) Sustained increase in outpatient visits for COVID-like illness - Flagged if increasing trend of at least 5 consecutive days in the</p>
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Oklahoma	Statewide Phases (1, 2, 3)		<p>number of people going to a health care provider with COVID symptoms who then receive a COVID confirmed or suspected diagnosis over the last 3 weeks, provides information on the health care seeking behavior of the population and a sense of how concerned residents are about their current health status and the virus.</p> <p>Level 4 (Blue): Severe exposure and spread. Only leave home for supplies and services. Follow all current health orders.</p> <p><u>Criteria:</u> Based on the following indicators for two consecutive weeks. The county will remain at Level 4 and be on a watch list the first week. (1) Sustained increase in new COVID hospital admissions - Flagged if increasing trend of at least 5 consecutive days in the number of new hospitalizations due to COVID over the last 3 weeks. Important indicator of hospital burden and disease severity. (2) Intensive Care Unit (ICU) bed occupancy - Flagged if percentage of the occupied ICU beds in each region goes above 80% for at least three days in the last week, AND more than 20% of ICU beds are being used for COVID-19 positive patients for at least three days in the last week. Provides an indication of the capacity available to manage a possible surge of severely ill patients.</p> <p>Metrics: new cases/capita, sustained increase in new cases, proportion of cases not in congregate settings, sustained increase in ED and outpatient CLI visits, ICU occupancy</p> <p>Implemented a three-phased approach to open economy – Open Up and Recover Safely (OURS) Plan. Between each Phase, the Secretary of Health and Mental Health must certify that hospitals and incidents are at a manageable level, alternate care sites are not needed to care for patients, adequate testing supplies are available, and adequate PPE is available to account for surge requirements.</p> <p>Phase 1, Part 1 (April 24, 2020): Personal care, pet groomers, state parks, outdoor recreation, retail and essential businesses are open.</p> <p>Phase 1, Part 2 (May 1, 2020): Dining, entertainment, movies, sporting venues, gyms, churches with social distancing, tattoo parlors are open with social distancing.</p>
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		<p>Phase 2 (May 15, 2020): More businesses open.</p> <p>Phase 3 (current phase – implemented June 1, 2020): All businesses are open with social distancing up to the owner’s discretion and no gathering limits.</p> <p>Metrics: <i>hospital capacity, outbreak capacity, testing capacity, PPE supplies.</i></p> <p>Masks are required regardless of county’s phase. Oregon uses a Baseline plus Three Phase approach.</p> <p>Baseline: Stay home as much as possible. Businesses must have employees work from home if possible; indoor and outdoor social gatherings are capped at 10 people; civic, cultural, and faith-based gatherings are capped at 25; grocery stores, retail, pharmacies, banks and credit unions, and gas stations are all open; restaurants are take-out/delivery only. Playgrounds, gyms, malls, pools, entertainment facilities, youth sports, spas, sports courts, and personal care services like salons/barbers all must close.</p> <p>Phase 1: To enter Phase 1, a county must successfully demonstrate that it meets certain public health prerequisites in order to safely reopen business and public life. Includes limited reopening of personal services like salons and barbers, gyms, and malls, and restaurants and bars open for in-person service until 10pm; indoor social get-togethers are capped at 10 people with physical distancing; cultural, civic, and faith gatherings are capped at 50 people with physical distancing for indoors or outdoors. Counties must be in Phase 1 for at least 21 days before entering phase 2.</p> <p>Phase 2: Wider reopening includes recreational sports; venues like movie theaters, bowling alleys, and arcades; and increased in-office work. Indoor social get-togethers are capped at 10 people with physical distancing.</p> <p><u>Criteria for moving to Phase 2:</u></p> <ol style="list-style-type: none"> 1. Over the previous 14-day period, the percentage of emergency department visits for COVID-19-like illnesses (CIU) for the state as a whole must be less than the historic average for flu at the same time of year. 2. Over the previous 14-day period, a county must show stable or declining hospital
Oregon	<p>Phases vary by county (Baseline, 1, 2, 3)</p> 	


		<p>admissions for COVID-19. (*This metric only applies to counties with more than 5 hospitalized cases in the last 28 days.)</p> <ol style="list-style-type: none"> 3. A county must have an adequate Contact Tracing System. 4. A county must continue to maintain adequate isolation/quarantine facilities, a Minimum Testing Regimen, sufficient health care capacity to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations, and sufficient PPE supply as reported to OHA's Hospital Capacity system. 5. Timely Follow-Up: A minimum of 95% of all new cases must be contact traced within 24 hours as reported in the state's ORPHEUS system over the previous 7 day and 14 day time periods. 6. Successful tracing: A minimum of 70% of new COVID-19 positive cases must be traced to an existing positive case over the previous 7 day and 14 day time periods. 7. No increase in incident cases or positivity a) There cannot be a five percent or greater increase in new cases in the county over the past 7 days; or b) There cannot be a significant increase in the percentage of positive cases out of total tests taken in your county over the past 7 days. 8. Counties with more than 100 cases must significantly reduce their case count to safely reopen. The new metric requires that cases be reduced to 100 cases or less per 100,000 people per week. <p>Majority of counties are in Phase 2, with the exception of the metro Portland area (Phase 1).</p> <p>Phase 3: Mass gatherings such as major concerts or sporting events with live audiences will require a reliable COVID-19 treatment or vaccine.</p> <p>Metrics: new cases, testing, hospitalizations, deaths, CFR.</p> <p>Using a COVID Alert PA app. Uses a three-phase reopening plan (Red, Yellow Green) which began on May 8, 2020. Key dates: schools and adult day care (3/8); non-essential businesses (3/19); stay at home orders (3/23); universal masking (4/3); schools remain closed for academic year (4/9).</p>
Pennsylvania	Risk Level R/Y/G	


<p>RED: Life sustaining businesses only; masks required in businesses and in public; congregate care and prison restrictions; schools (for in-person instruction) and most child-care facilities closed; Stay at Home Orders; large gatherings prohibited; restaurants and bars limited to carry-out and delivery. Only Travel for Life-Sustaining Purposes.</p>	<p>YELLOW (June 5, 2020): Telework where feasible; businesses with in-person operations must follow business and building safety orders; masks are required in businesses and all public spaces, child care may open complying with guidance; congregate care and prison restrictions in place; schools may provide in-person instruction only in accordance with Department of Education guidance; Stay at Home Order lifted; large gatherings of more than 25 prohibited; in-person retail allowable, curbside and delivery preferable; indoor recreation, health and wellness facilities, personal care services (such as gyms, spas, hair salons, nail salons and other entities that provide massage therapy), and all entertainment (such as casinos, theaters) remain closed; restaurants and bars may open outdoor dining, in addition to carry-out and delivery.</p>	<p>GREEN: all businesses operating at 50% occupancy in the Yellow Phase may increase to 75% occupancy; masks required in businesses and public places, Prison and Hospital restrictions determined by individual facilities; schools subject to CDC and Commonwealth Guidance; gathering limits determined using Maximum Occupancy Calculator; Self-certified Restaurants may open at 50% capacity for indoor dining; on-premises alcohol consumption prohibited unless part of a meal; cocktails-to-go and carryout beverages are allowed; personal care services (including hair salons and barbershops) open at 50% occupancy and by appointment only; indoor recreation and health and wellness facilities (such as gyms and spas) open at 50% occupancy with appointments strongly encouraged; fitness facilities are directed to prioritize outdoor fitness activities; all entertainment (such as casinos, theaters, and shopping malls) open at 50% occupancy; construction activity may return to full capacity with continued implementation of protocols.</p> <p>Metrics: Goal is < 50 new confirmed cases per 100,000 population. Partnered with Carnegie Mellon University (CMU) to create a data-driven decision support tool to enable a balance between maximizing the results of their economy while minimizing public health risks. Measures:</p>
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Rhode Island	Phases (1, 2, 3)	<p>7-day difference in confirmed cases, incident cases, PCR positivity percentage, daily number of hospitalizations and patients on ventilators, ED ILI visits.</p> <p>Using CRUSH COVID RI application for exposure notification. Guidelines for upcoming holidays have been posted. Masks are required, social distancing, sanitation and screening. Rhode Island has a three-phase reopening plan.</p> <p>Phase I (Testing the Water): began on May 9 and included capacity limits on non-critical businesses, religious ceremonies and gatherings (max 5 persons); childcare, funerals/end of life (max 10 persons). Close contact businesses, hair salons, gyms, recreation/entertainment remained closed. Also included guidelines for face coverings, cleaning, social distance (6 ft) and retail instructions (e.g. curbside pick-up).</p> <p>Phase II (Navigating Our Way): published on May 22. Social gatherings increased to 15; 14-day travel quarantine from areas with stay at home orders; businesses expand to 33% capacity; religious ceremonies up to 25% capacity; indoor dining at 50% capacity; salons and gyms open with conditions; zoos and historical sites open; child care (open on June 1) and youth sports practices (June 29) now allowed.</p> <p>Phase III (Picking Up Speed): began on October 30. Public health guidance must still be followed: Mask-wearing, social distancing, sanitation and screening are key to stopping the spread of COVID-19. Setting-based public health protocols (table spacing, etc.) from Phase II remains in effect for Phase III. INDOOR social gatherings limited to 10 unless using a licensed caterer, then 50 maximum; performances/religious events up to 125 or 66% capacity with 6 ft social distances or 1 person/100 sq ft. OUTDOOR same as indoor for social gatherings but performances/religious services expanded to 250 with exceptions beyond requiring a control plan. Business inspections are published on public website including citations.</p> <p>Metrics: total tests, total positive cases, new positive cases, total fatalities, current hospitalized.</p>
South Carolina	None - Governor issues and lifts Executive Orders	<p>South Carolina was among the last states to issue a Stay-at-Home Order and among the first to begin opening up.</p>


			<p>On April 20, 2020 the Governor opened retail stores.</p> <p>On August 3, 2020 the Governor allowed movie theaters, concerts, racetracks and nightclubs to re-open at 50% capacity with a masking requirement.</p> <p>On October 2, 2020 the Governor allowed restaurants to operate at full capacity. Personal care services, houses of worship, entertainment venues and outdoor recreation are also open.</p> <p>There are no phase/risk levels; the Governor issues executive orders and lifts orders.</p> <p>Metrics: <i>Case rate, tests per 100,000 population, percent positivity, deaths, hospitalizations due to COVID, ICU hospitalizations due to COVID, COVID patients on ventilators.</i></p>
South Dakota	No categories for reopening		<p>South Dakota has the 2nd highest case rate in the nation. An outbreak at South Dakota State University is contributing to the increased cases. “Back to Normal Plan” offers guidelines that promote health and safety (washing hands, social distancing, mask wearing). South Dakotans are encouraged to use common sense and practice good hygiene with gatherings. There are currently no formal restrictions around in-person work, schools, worship, etc. There is no state-wide mandate on facial coverings. South Dakota never issued a Stay-at-Home or Shelter-in-Place Order.</p> <p>Criteria to initiate the “Back to Normal Plan” include: decrease in ILI for the last 14 days, test available to anyone who needs it, decreasing trajectory of cases for the last 14 days, no clusters that pose a risk to the public, no crisis care being used in healthcare facilities, ample PPE available for healthcare providers, ability to isolate and quarantine individuals, and rapid response team capability to support high-risk businesses.</p> <p>Metrics: <i>ILI syndromic surveillance, testing availability, new case counts, cluster analysis, PPE availability, isolation/quarantine capacity, support for high-risk businesses and normal standards of care being utilized.</i></p>
Tennessee	No categories for reopening		<p>Since March, numerous executive orders have been implemented restricting public gatherings (10 or more), closing non-essential businesses and encouraging delivery/curbside services, ceasing non-essential travel for state employees, and moving schools to remote learning.</p>

Texas	Phases based on Governor Announcements, County Judges can attest to readiness and increase occupancy limits		<p>COVID-19 restrictions on businesses and other gatherings were lifted on Wednesday, September 30.</p> <p>On October 1, the “Tennessee Pledge” was presented, which offered guidelines for residents and specific to businesses/sectors to support sustaining healthy communities and opening businesses, such as limiting capacity, hygiene practices, and screening procedures. All businesses are open.</p> <p>Governor did not issue statewide mask mandate but has urged county mayors in areas with surge to implement mask mandates.</p> <p>Metrics: <i>No specific metrics for re-opening. Appear to track new cases, new deaths, and ESSENCE syndromic surveillance.</i></p> <p>Medical personnel, PPE and medical equipment has been deployed to support hospitals in Texas. Executive orders issued in March, 2020 to avoid gatherings of 10 or more; limit outings to essential activities; and closing schools, bars, gyms, and restaurants. No State “Stay-at-Home order,” but discretion is left to local authorities. In April, it was announced that Texas would reopen in three phases.</p> <p>In May, certain businesses such as hair and nail salons and gyms allowed to reopen at 25% capacity, and then to 50% capacity in late May.</p> <p>In June, businesses allowed to increase to 75% capacity.</p> <p>Days later, record case numbers were reported and re-opening was “paused”. In July, a mask mandate for public spaces in counties with 20 or more cases was implemented.</p> <p>As of October 14, 2020, businesses and venues were allowed to reopen at 75% capacity and bars were allowed to re-open. However, counties in Trauma Service Areas (TSAs) with high</p>
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		<p>hospitalizations were excluded unless they meet attestation parameters. Attestation is by County Judge. If they do not meet attestation parameters, occupancy is limited to 50%.</p> <p>Areas with high hospitalizations means any Trauma Service Area that has had seven consecutive days in which the number of COVID-19 hospitalized patients as a percentage of total hospital capacity exceeds 15 percent.</p> <p>Metric: <i>Percent of hospitalized patients admitted for COVID-19.</i></p> <p>In March a "stay at home" order was issued. On March 24, the "Utah Leads Together" plan, Volume I was presented and outlined three stages of reopening/recovery (Urgent, Stabilization, Recovery).</p> <p>In April the "Stay-at-Home" order was lifted and Volume II of the plan was adopted, which incorporated a color-coded (red, orange, yellow, green) risk indicator based on monitoring, testing, and hospital data. Guidance for businesses and reopening is provided based on each color and stage.</p> <p>Volume III introduced instructions for high-risk individuals.</p> <p>In June, Volume IV outlined recovery plans for 100, 250, and 500 days out.</p> <p>In October, Utah changed to a COVID-19 Transmission Index to classify risk of transmission. There are three levels of risk based on transmission (high, moderate, and low). Transmission Index level is determined by 7-day average percent positivity, 14-day case rate per 100,000 population, and statewide ICU utilization (7-day average). Rules around gatherings and wearing masks are dependent on Transmission Index level.</p> <p>High Transmission Index: areas with a positivity rate of 13% or higher, a case rate of 325 per 100,000 population, an ICU utilization of over 72% and 15% or more of the ICU patients are due to COVID-19.</p>
Utah	<p>COVID-19 Transmission Index (High, Moderate, Low)</p> 	

Vermont	No distinct phases – Governor Executive Orders dictate change		<p>Moderate Transmission Index: areas with a positivity rate of 6 to 12.9, a case rate of 101 to 324 per 100,000 population, ICU utilization of 69% to 71.9% and 6% to 14.9% of the ICU patients are due to COVID-19.</p> <p>Low Transmission Index: areas with a positivity less than or equal to 5.9%, a case rate of less than 100 per 100,000 population, and ICU utilization of less than or equal to 68.9% and 5.9% or less of the patients in the ICU are due to COVID-19.</p> <p>Counties can move to a lower Transmission Index level weekly and a higher level every two weeks.</p> <p>Metrics: <i>positivity rate, case rate, ICU capacity, and ICU capacity due to COVID-19.</i></p> <p>In March, bars and restaurants were ordered to close, gatherings were limited to 10, and businesses were required to telecommute to the greatest extent possible. The most cases were seen in March and April but have remained relatively stable with a recent but small increase.</p> <p>On March 24, the governor issued a three week “stay home, stay safe” order that limited individuals to only essential activities and closed in-person operations for businesses. Schools closed in March for the academic year.</p> <p>Due to the spread slowing, the Governor eased restrictions on May 15 with the “Be Smart, Stay Safe” order, which encouraged mask wearing, social distancing, washing hands, and asked adults 65+ and individuals with underlying medical conditions to shelter in place. The order allowed businesses like restaurants and hotels to re-open with gathering size restrictions. Out-of-state visitors are required to quarantine for 14 days.</p> <p>In August, approximately 300,000 face masks were distributed.</p> <p>On September 8, 2020 schools re-opened.</p> <p>Metrics: <i>syndromic surveillance, case rates, reproductive rates, positivity and critical care beds.</i></p>
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Virginia	Phased approach (1, 2, 3)		<p>“Safer at Home” plan to re-open began on May 15, 2020.</p> <p>Phase I: included gatherings limited to 10; teleworking; and 50% capacity for retail, restaurants, and places of worship. Face coverings strongly encouraged, and required indoors, in all phases.</p> <p>Phase II: began on June 12, 2020 and expanded social gatherings and restaurants to 50 people or 50% capacity, and gyms at 30% capacity.</p> <p>Phase III: began on July 1, 2020 and includes limiting social gatherings and restaurants to 250 people or 50% capacity; and gyms limited at 75% capacity.</p> <p>Virginia is seeing ongoing outbreaks in several LTC facilities.</p> <p>Metrics: <i>new cases by date reported and symptom onset, deaths, number of people tested, hospital bed capacity, number of patients hospitalized with confirmed or suspected COVID, PPE availability.</i></p>
Washington	Phases vary by county (1, 2, 3, 4)		<p>“Safe Start” is a four-phase, county-by-county, reopening plan. Businesses must meet all criteria in order to open. Counties can apply to move to next phase unless in a “freeze.” County readiness to move to next phase is evaluated on the county’s status on metrics listed below. Requirements for face covering and proper hygiene in all phases.</p> <p>Phase 1: allows for some outdoor recreation; no social gatherings; drive in spiritual service with one household per vehicle; only essential travel; essential businesses, landscaping, automobile sales, car washes and pet walkers are open; retail is open with curbside pick-up only.</p> <p>Phase 2: allows all outdoor recreations with less than 5 people in another household(s); gatherings with no more than 5 people outside your household per week; limited non-essential travel within proximity of your home; retail, real estate, hair and nail salons, barbers, museums and movie theaters at 25% capacity, housecleaning and restaurants at 50% capacity with table size no larger than 6 are allowed.</p>

			<p>Phase 3: allows outdoor group sports activities of 5 to 50 people and recreational facilities at less than 50% capacity; gatherings (including wedding receptions) are allowed with no more than 50 people; non-essential travel may resume; restaurants at 75% capacity with table size no larger than 8, bars at less than 25% capacity; indoor gyms and movie theaters at 50% capacity; libraries, museums and all other businesses are allowed.</p> <p>Phase 4: allows all recreational activity to resume; all gatherings greater than 50 people are allowed; non-essential travel is allowed; nightclubs, concert venues, and large sporting events are allowed.</p> <p>Countries must apply to the Secretary of Health and be approved in order to move between phases. A minimum of 3 weeks is required between Phase 2 and Phase 3.</p> <p>Metrics: <i>health care system readiness (% licensed beds occupied by patients, % licensed beds occupied by suspected and confirmed COVID-19 cases); testing capacity and availability (average number of tests performed per day during the past week, median time from symptom onset to specimen collection during the past week); case and contact investigations (% of cases reached by phone or in person within 24 hours of receipt of + lab test report, % of contacts reached by phone or in person within 48 hours of receipt of + lab test report on a case, % of cases being contacted daily (phone/electronically) during the isolation period, % of contacts being contacted daily (phone/electronically) during their quarantine period), and ability to protect high-risk populations (# of outbreaks reported by week (2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting).</i></p>
West Virginia	Rolling Opening with More Businesses Added Weekly and County Alert System R/Y/G		<p>High hospitalization rates. Several outbreaks linked to places of worship. In March, there were travel bans and closures of schools, bars, restaurants, gyms, hair and nail salons. A “Stay at Home” order was issued on March 23.</p> <p>In April, the Governor presented “West Virginia Strong—The Comeback,” a multi-phased week-by-week plan to reopen. In early May, small businesses allowed to reopen with specific guidelines. On May 18, gyms allowed to reopen with limited capacity, followed by indoor dining and retail on May 21. Bars reopened at 50% capacity on May 26. “Safer at Home” order replaces “Stay at Home” order, changing the mandate from remain at home, to strongly encouraging</p>

<p>individuals to stay at home except for essential activities. Youth sports games with spectators were allowed beginning on June 22, 2020.</p> <p>A County Alert System categorizes counties in red, yellow or red based on infection rate and percent positivity.</p> <p>As of July 7, individuals 9 and older were mandated to wear a face covering at all indoor public places where 6' distancing cannot be maintained.</p> <p>Metrics: case rate and positivity rate.</p> <p>In March, the Governor issued a "Safer at Home" order, schools, hair and nail salons, and restaurants/bars were closed, and gatherings of 10 or more were prohibited. The "Safer at Home" order was lifted on May 14, after the Wisconsin Supreme Court ruled it unlawful.</p> <p>In June, Wisconsin began monitoring counties and Healthcare Emergency Readiness Coalition (HERC) regions by COVID-19 activity status (low, medium, high) based on two data points: case rate (total number of cases per 100,000 in the past 2 weeks described as low, moderate, moderately high, or high) and the trajectory of cases (% change of cases in the past 2 weeks described as shrinking, growing, or having no significant change). Based on the metrics, four mitigation strategies (low, medium, high, and very high) provide guidance on gatherings and business operations.</p> <p>On July 30, a face covering mandate was issued.</p> <p>In mid-September, multiple cities in Wisconsin were among the top cities with the fastest rising cases. On September 22, the mask mandate was extended another 60 days, as it was originally set to expire on September 28.</p> <p>A judge reinstated a capacity limit of 25% on indoor spaces that will remain in effect until November 6, 2020. The number of COVID-19 hospitalized patients has tripled over the last</p>		
<p>Wisconsin</p>	<p>Four Mitigation Strategies at the Region and County Level (Low, Medium, High and Very High)</p>	<p>←</p>

Wyoming	No Categories for reopening, but 3 categories for monitoring metrics (Improving, Stabilizing, Concerning)		<p>month and hospitals across the state report being at or near capacity and having staffing shortage issues. ICUs statewide are over 90% full.</p> <p>Metrics: <i>case rate and case trajectory.</i></p> <p>Wyoming is experiencing strained hospital capacity and some facilities are diverting patients to other facilities and other counties.</p> <p>Wyoming has a “Transition Plan for a Healthy Wyoming”, but it does not outline specific phases of re-opening. The Plan does outline steps towards re-opening; including analyzing data, modifying some health orders, and easing some restrictions on businesses.</p> <p>There are three categories for monitoring metrics as the Governor considers the relaxation or strengthening of public health orders; these three categories include Improving (Green), Stabilizing (Yellow) and Concerning (Red).</p> <p>As of October 27, 2020, the following are allowed/open: gyms, personal care services, bars, restaurants, movie theaters, performance venues, nightclubs, childcare centers, outdoor gatherings up to 250 people if social distancing can be maintained, and schools.</p> <p>Metrics: <i>new cases, percent of cases attributed to community spread, percent positivity, COVID hospital admissions, hospital bed availability, and ICU bed availability.</i></p>
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Public Health Mitigation Strategies for COVID-19

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged in Wuhan, China. The virus caused a major outbreak of severe pneumonia and rapidly spread to over 200 countries as the outbreak turned in to a worldwide pandemic. As of November 5, 2020, over 48.6 million cases and 1.23 million deaths have occurred worldwide due to COVID-19, including 9.6 million cases and almost 235,000 deaths in the United States.

Public Health Officials have planned for pandemic response with the knowledge that a virus would be novel and strategies for containment would change over time. As COVID-19 has evolved Public Health Officials worldwide have settled on effective mitigation strategies such as social distancing, masking, hand-washing, sheltering in place, testing, mobility restrictions, isolation, quarantine, and vaccination. As more experience is gained with a novel virus, approaches to mitigation may change to better control viral transmission. Researchers study the pandemic response and theories arise as to strategies for enhanced disease control.

One example of pandemic response strategy is presented in the Great Barrington Declaration (GBD) written by Sunetra Gupta, PhD (Oxford); Jay Bhattacharya, MD, PhD (Stanford); and Martin Kulldorff, PhD (Harvard). The GBD asserts that current lockdown policies are producing devastating effects on short- and long-term public health and that keeping these lockdowns in place until a vaccine is available will cause irreparable damage to the population – most significantly to underprivileged communities. The concept of herd immunity is presented as “the most compassionate approach”. The document advocates turning from the current public health approach which aims to reduce the spread of disease through large-scale population measures (e.g., tiered or phased re-openings, social distancing, masking, stay at home orders) toward a “focused protection” model. In striving for herd immunity, those individuals who are at the lowest risk of death are encouraged to live their lives as they did pre-pandemic and to build up immunity to the virus through natural infection. Concurrently, GBD advocates that those populations that are vulnerable to more severe outcomes from COVID-19 infection be protected by staying at home (“focused protection”). To achieve this protection, the GBD states that nursing homes should use staff with acquired immunity so as to not infect residents and other staff or visitors should be regularly tested by PCR methods. Further, the GBD asserts that retired people should have groceries and other essential services delivered to their home, and family members should be met outside instead of inside. Additional measures to protect the vulnerable populations and to mitigate riskier environments (e.g., multi-generational housing) could be developed and implemented by public health professionals. Simple hygiene measures, including hand washing and staying home when sick, should be practiced by everyone to reduce the herd immunity threshold required to provide protection. The GBD further states that people who are more at risk may participate in regular life activities if they

wish, while society enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

A document called the John Snow Memorandum (JSM) was developed in response to the GBD and was originally published in *The Lancet* (a peer reviewed journal) on October 14, 2020. The JSM has over 31 authors from a variety of institutions, including: Oxford, Edinburgh, Cambridge, Duke, Harvard, George Washington University, the Federation of American Scientists, and others. The JSM acknowledges that the arrival of a second wave of disease and the realization of the ongoing challenges with pandemic response has led to renewed interest in a “herd immunity approach” to managing COVID-19. This approach suggests allowing the virus to spread uncontrolled in the low-risk population while protecting the vulnerable. The authors of the JSM assert that this approach is a “dangerous fallacy unsupported by scientific evidence”. One of the arguments presented in the JSM against herd immunity and “focused protection” is that there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection and the endemic transmission that would be the consequence of waning immunity would be a risk to vulnerable populations for the indefinite future. Further, the JSM asserts that the strategy outlined in the GBD would result in recurrent epidemics, similar to what has been seen with numerous infectious diseases before vaccines were developed. The authors also highlight that defining vulnerable populations is a difficult task and that those at risk of severe illness may constitute 30% or more in some regions. As a result, the JSM advocates that the most vulnerable must be protected, but multi-pronged population-level strategies must also be employed. More specifically, authors assert that continuing restrictions will probably be required in the short term to “reduce transmission and fix ineffective pandemic response systems” so that life can return to “normal” without the need for generalized restrictions. The JSM also acknowledges that protecting the economy is inextricably tied to controlling COVID-19 and that our workforce must be protected to avoid long-term uncertainty.

Herd Immunity

Herd immunity is the state at which there are a sufficient number of people immune to a disease in a population, whether by previous infection or by vaccination, such that the disease gradually disappears. It may occur naturally as a result of widespread infection or artificially through vaccination campaigns.

Herd immunity as a proportion of the population is based on the *basic reproduction number* (R0) of the particular disease. This number is the average number of new infections caused by each case in a population that is susceptible. For highly transmissible viruses like measles, the R0 is high, between 12 and 18; influenza has an R0 estimated at 1.5 to 1.8. COVID-19’s R0 is estimated at 2.5 to 4 by most authorities, making it about twice as contagious as the flu.

The *effective reproduction number* (R_e) is based on R_0 times the percentage of people in the population that can be infected. If R_e comes out less than 1 (because the population is more resistant to being infected, either due to immunity or other controls on infection), then each case translates into less than one new case, and the disease gradually dies out.

Thus, if we aim for an R_e of 1 (the highest we can allow to control the disease), and try to solve for the number of people in the population who can't be infected, the number we get is the percentage we need for herd immunity. Based on the what is known about COVID-19, a minimum of 60% to 75% of the population would need to be immune to COVID-19 to achieve herd immunity.

Herd immunity can be achieved through natural infection or vaccination. However, although individuals have some immunity to COVID-19 after infection and thus there is the possibility herd immunity could be achieved through widespread infection, it is disputed for how long this immunity lasts or how good it is. In addition, every COVID-19 infection carries a risk, however small, of serious or fatal disease. Because of this risk, and because vaccination is generally much less risky than infection even for mild diseases, achieving herd immunity through immunization rather than infection is almost always preferable, including for COVID-19.

Measles and chicken pox are good examples for comparison: both are generally benign diseases, but both can spread quickly, and a large number of cases will mean some level of serious and even life-threatening complications. For this reason, they are part of standard childhood vaccination schedules and society no longer attempts to achieve herd immunity through infection as was practiced in prior decades.

The U.S. Centers for Disease Control and Prevention (CDC) state that “[a]s you get older, your risk for severe illness from COVID-19 increases.” This is also reflected in local Riverside County data. The CDC adds that “[t]he greatest risk for severe illness from COVID-19 is among those aged 85 or older.” 2019 U.S. Census data records 43,037 individuals (1.74% of Riverside County residents) 85 and above, and 364,397 individuals (14.71%) of the population 65 and above. Only about 1.7% of California seniors are in skilled nursing facilities [ACS 2018] and this is believed to be similar in Riverside County; the majority reside in their own homes.

The U.S. Centers for Disease Control and Prevention also have a list of conditions they believe put adults of any age “at increased risk of severe illness from the virus that causes COVID-19.” These diseases include, among others, heart disease (6.5% in Riverside County, California Health Information Survey 2016), diabetes (12.5% in Riverside County, CHIS 2017), and obesity or a body-mass index of greater than 30 (32.2% in Riverside County, CHIS 2018).

These numbers do not sum, because individuals may fall into multiple categories, and we do not know the absolute nor the relative risk of each condition (how much riskier it is for an older individual than for an obese one, or for one who is both older and obese).

Re-Opening Strategies Used in the United States

The attached table summarizes the various re-opening strategies used by states in the United States. Many states have structured re-opening plans with specific metrics for moving between phases of re-opening. Other states have less structured strategies. All states are trying to balance protecting the public's health with impacts to the economy and other indirect impacts from public health mitigation strategies.

Experience with Infection in Children and Re-Opening Schools

While children can definitely become infected with COVID-19, they seem to become infected less frequently than adults. When infected, children generally have milder illness from COVID-19 and are less likely to die from the disease. Younger healthy children seem to be affected least, with increasing frequency and severity of infection as children get closer to adulthood. Clinically, children and adolescents also differ from adults in that they may develop a severe condition related to COVID-19 called Multisystem Inflammatory Syndrome in Children (MIS-C). In this condition children can become severely ill with failure of multiple body systems, long hospitalizations and even death in some cases.

While we don't know exactly how contagious children are to each other and to adults, research is starting to show that children can spread COVID-19 to both groups. A very large Indian study with researchers from India, Princeton, Johns Hopkins and UC Berkeley revealed that children definitely spread the virus to one another and they can, in particular, also spread the virus to other members of their household. Another U.S. study looked at an outbreak at a Georgia Sleepaway Camp. Of the 344 campers and staff, 260 tested positive for the virus. Those who became ill spanned ages from 6-21 years of age.

In Israel, schools were opened around the same time that restrictions in the community were relaxed. Students older than 7 were required to wear masks outside the classroom and children in the 4th grade and above were required to wear masks at all times though enforcement was intermittent.¹ Initially classes were split to reduce class size but those restrictions were lifted shortly after reopening.² A few weeks after school openings students and staff began to become sick with COVID-19 and the community infection rate also spiked. This led to Israel closing schools shortly after reopening them. Schools in some areas have since re-opened.

¹ Lieberman, Mark. "Reopening Schools During COVID-19: Lessons Learned From Around the World." *Education Week*, Editorial Projects in Education, 25 Aug. 2020, www.edweek.org/ew/articles/2020/08/13/reopening-schools-during-covid-19-lessons-learned-from.html.

² Estrin, Daniel. "After Reopening Schools, Israel Orders Them To Shut If COVID-19 Cases Are Discovered." *NPR*, NPR, 3 June 2020, www.npr.org/sections/coronavirus-live-updates/2020/06/03/868507524/israel-orders-schools-to-close-when-covid-19-cases-are-discovered.

In Korea, the virus has been under much better control than in most other countries around the world due to their widespread testing and contact tracing strategies. Schools were permitted to reopen with strict social distancing and hygiene measures including mandatory masks, social distancing and reduced class size³ but have closed at times and within regions when infection rates start to increase in the community.

Sweden has kept schools open for younger students, closing only for children 16 years and up. So far they have continued to keep schools open for young children. Sweden's numbers are currently spiking to levels greater than their peak summertime numbers.⁴ It is unknown if Sweden will be able to keep schools open if the infection spreads more widely within the community.

In general, the opening of schools around the world has been most successful and safest when the community at large has a very low level of circulating virus due to general adherence to public health measures like social distancing, facial coverings, avoidance of gatherings and appropriate handwashing and hygiene. If levels in the community are low, levels in schools will be low and outbreaks will be rare. It is possible that as new cases grow in the community, schools may become a reservoir for the disease and could lead to more widespread infection in vulnerable populations.

³ Lee, Hakyung Kate. "South Korea's COVID Precautions as Students Head Back to School Offers a Glimpse of What's Needed to Re-Open." *ABC News*, ABC News Network, 20 May 2020, abcnews.go.com/International/high-school-seniors-head-back-school-south-korea/story?id=70784590.

⁴ Ahlander, John. *Sweden Sets New Daily COVID-19 Case Record as Infections Surge*, 28 Oct. 2020, www.msn.com/en-au/lifestyle/wellbeing/sweden-sets-new-daily-covid-19-case-record-as-infections-surge/ar-BB1atvAk.

Scientific consensus on the COVID-19 pandemic: we need to act now

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has infected more than 35 million people globally, with more than 1 million deaths recorded by WHO as of Oct 12, 2020. As a second wave of COVID-19 affects Europe, and with winter approaching, we need clear communication about the risks posed by COVID-19 and effective strategies to combat them. Here, we share our view of the current evidence-based consensus on COVID-19.

SARS-CoV-2 spreads through contact (via larger droplets and aerosols), and longer-range transmission via aerosols, especially in conditions where ventilation is poor. Its high infectivity,¹ combined with the susceptibility of unexposed populations to a new virus, creates conditions for rapid community spread. The infection fatality rate of COVID-19 is several-fold higher than that of seasonal influenza,² and infection can lead to persisting illness, including in young, previously healthy people (ie, long COVID).³ It is unclear how long protective immunity lasts,⁴ and, like other seasonal coronaviruses, SARS-CoV-2 is capable of re-infecting people who have already had the disease, but the frequency of re-infection is unknown.⁵ Transmission of the virus can be mitigated through physical distancing, use of face coverings, hand and respiratory hygiene, and by avoiding crowds and poorly ventilated spaces. Rapid testing, contact tracing, and isolation are also critical to controlling transmission. WHO has been advocating for these measures since early in the pandemic.

In the initial phase of the pandemic, many countries instituted lockdowns (general population restrictions, including orders to stay at home and work from home) to slow the

rapid spread of the virus. This was essential to reduce mortality,^{6,7} prevent health-care services from being overwhelmed, and buy time to set up pandemic response systems to suppress transmission following lockdown. Although lockdowns have been disruptive, substantially affecting mental and physical health, and harming the economy, these effects have often been worse in countries that were not able to use the time during and after lockdown to establish effective pandemic control systems. In the absence of adequate provisions to manage the pandemic and its societal impacts, these countries have faced continuing restrictions.

This has understandably led to widespread demoralisation and diminishing trust. The arrival of a second wave and the realisation of the challenges ahead has led to renewed interest in a so-called herd immunity approach, which suggests allowing a large uncontrolled outbreak in the low-risk population while protecting the vulnerable. Proponents suggest this would lead to the development of infection-acquired population immunity in the low-risk population, which will eventually protect the vulnerable.

This is a dangerous fallacy unsupported by scientific evidence.

Any pandemic management strategy relying upon immunity from natural infections for COVID-19 is flawed. Uncontrolled transmission in younger people risks significant morbidity³ and mortality across the whole population. In addition to the human cost, this would impact the workforce as a whole and overwhelm the ability of health-care systems to provide acute and routine care. Furthermore, there is no evidence for lasting protective immunity to SARS-CoV-2 following natural infection,⁴ and the endemic transmission that would be the consequence of waning immunity would present a risk to vulnerable populations for the indefinite future.

Such a strategy would not end the COVID-19 pandemic but result in recurrent epidemics, as was the case with numerous infectious diseases before the advent of vaccination. It would also place an unacceptable burden on the economy and health-care workers, many of whom have died from COVID-19 or experienced trauma as a result of having to practise disaster medicine. Additionally, we still do not understand who might suffer from long COVID.³ Defining who is vulnerable is complex, but even if we consider those at risk of severe illness, the proportion of vulnerable people constitute as much as 30% of the population in some regions.⁸ Prolonged isolation of large swathes of the population is practically impossible and highly unethical. Empirical evidence from many countries shows that it is not feasible to restrict uncontrolled outbreaks to particular sections of society. Such an approach also risks further exacerbating the socio-economic inequities and structural discriminations already laid bare by the pandemic. Special efforts to protect the most vulnerable are essential but must go hand-in-hand with multi-pronged population-level strategies.

Once again, we face rapidly accelerating increase in COVID-19 cases across much of Europe, the USA, and many other countries across the world. It is critical to act decisively and urgently. Effective measures that suppress and control transmission need to be implemented widely, and they must be supported by financial and social programmes that encourage community responses and address the inequities that have been amplified by the pandemic. Continuing restrictions will probably be required in the short term, to reduce transmission and fix ineffective pandemic response systems, in order to prevent future lockdowns. The purpose of these restrictions is to effectively suppress SARS-CoV-2 infections to low levels



Published Online
October 14, 2020
[https://doi.org/10.1016/S0140-6736\(20\)32153-X](https://doi.org/10.1016/S0140-6736(20)32153-X)

For the WHO COVID-19 dashboard see <https://covid19.who.int/>

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that allow rapid detection of localised outbreaks and rapid response through efficient and comprehensive find, test, trace, isolate, and support systems so life can return to near-normal without the need for generalised restrictions. Protecting our economies is inextricably tied to controlling COVID-19. We must protect our workforce and avoid long-term uncertainty.

Japan, Vietnam, and New Zealand, to name a few countries, have shown that robust public health responses can control transmission, allowing life to return to near-normal, and there are many such success stories. The evidence is very clear: controlling community spread of COVID-19 is the best way to protect our societies and economies until safe and effective vaccines and therapeutics arrive within the coming months. We cannot afford distractions that undermine an effective response; it is essential that we act urgently based on the evidence.

To support this call for action, sign the John Snow Memorandum.

For the John Snow
Memorandum see <https://www.johnsnowmemo.com/>
See Online for appendix

This work was not in any way directly or indirectly supported, funded, or sponsored by any organisation or entity. NA has experienced prolonged COVID-19 symptoms. AH advises Ligandal (unpaid advisory role), outside the submitted work. FK is collaborating with Pfizer on animal models of SARS-CoV-2, and with the University of Pennsylvania on mRNA vaccines against SARS-CoV-2. FK has also filed IP regarding serological assays and for SARS-CoV-2, which name him as inventor (pending). PK reports personal fees from Kymab, outside the submitted work; PK also has a patent 'Monoclonal antibodies to treat and prevent infection by SARS-CoV-2 (Kymab)' pending and is a scientific advisor to the Serology Working Group (Public Health England), Testing Advisory Group (Department of Health and Social Care) and the Vaccines Task force (Department for Business, Energy and Industrial Strategy). ML has received honoraria from Bristol-Myers Squibb and Sanofi Pasteur, outside the submitted work. MM is a member of Independent SAGE and Research Director European Observatory on Health Systems and Policies, which manages the COVID Health Systems Response Monitor. DS sits on the Scottish Government COVID-19 Advisory Group, has attended SAGE meetings, and is on the Royal Society DELVE initiative feeding into SAGE. CS reports grants from BMS, Ono-Pharmaceuticals, and Archer Dx (collaboration in minimal residual disease sequencing technologies), outside the submitted work; personal fees from Bristol Myers Squibb,

Roche-Ventana, Ono Pharmaceutical, GlaxoSmithKline, Novartis, Celgene, Illumina, MSD, Sarah Canon Research Institute, Genentech, Bicycle Therapeutics, and Medicixi, outside the submitted work; personal fees and stock options from GRAIL and Achilles Therapeutics, outside the submitted work; and stock options from Epic Biosciences and Apogen Biotechnologies, outside the submitted work. GY directs the Center for Policy Impact in Global Health at Duke University, which has received grant funding from the Bill & Melinda Gates Foundation for policy research that includes policy analysis on COVID-19 control. All other authors declare no competing interests within the submitted work.

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The Great Barrington Declaration

As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical, and mental health impacts of the prevailing COVID-19 policies and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health - leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

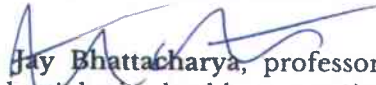
As immunity builds in the population, the risk of infection to all - including the vulnerable - falls. We know that all populations will eventually reach herd immunity - i.e. the point at which the rate of new infections is stable - and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.


Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes should use staff with acquired immunity and perform frequent PCR testing of other staff and all visitors. Staff rotation should be minimized. Retired people living at home should have groceries and other essentials delivered to their home. When possible, they should meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.

On October 4, 2020, this declaration was authored and signed in Great Barrington, United States, by:


Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations.


Dr. Sumitra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases.


Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring of infectious disease outbreaks and vaccine safety evaluations.

Maxwell, Sue

From: cob@rivco.org
Sent: Tuesday, November 10, 2020 8:50 AM
To: COB
Subject: Board comments web submission



First Name: Carolina
Last Name: Kolbush
Phone: 7143187216
Agenda Item # or Public Comment: Public comment Covid

Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use Meeting ID #864-4411-6015. Password is 20201110. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Maxwell, Sue

From: cob@rivco.org
Sent: Tuesday, November 10, 2020 9:46 AM
To: COB; cedestlnanab@hotmail.com
Subject: Board comments web submission



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Email: cedestlnanab@hotmail.com
Agenda Date: 11/10/2020
Agenda Item # or Public Comment: pb

Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use Meeting ID #864-4411-6015. Password is 20201110. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

10:58

Riverside County Board of Supervisors Request to Speak

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Roy Buzilera

Address: _____

City: _____ Zip: _____

Phone #: _____

Date: 11-10-20 Agenda # 3:32

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ Support _____ Oppose _____ Neutral

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

_____ Support _____ Oppose _____ Neutral

I give my 3 minutes to: _____

11:00

Riverside County Board of Supervisors Request to Speak

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: CHARESE MORGIELLO

Address: _____

City: _____ Zip: _____

Phone #: _____

Date: 11-10-2020 Agenda # 3.32 COVID GENERAL

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

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I give my 3 minutes to: _____

11:02

Riverside County Board of Supervisors Request to Speak

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Mercedes DeLeon

Address: _____

City: _____ Zip: _____

Phone #: _____

Date: _____ Agenda # COVID 3.32

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ Support _____ Oppose _____ Neutral

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

_____ Support _____ Oppose _____ Neutral

I give my 3 minutes to: _____