

**ORDER OF THE SAN JOAQUIN COUNTY PUBLIC HEALTH OFFICER
IMPLEMENTING THE NOVEMBER 16, 2020, DIRECTIVES OF THE GOVERNOR OF
CALIFORNIA AND THE CALIFORNIA STATE PUBLIC HEALTH OFFICER UPDATING
THE BLUEPRINT AND INDUSTRY GUIDANCE**

DATE OF ORDER: November 17, 2020

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101470, 101475, 101085, 120175, 120200, 120210 AND 120215, THE HEALTH OFFICER OF THE COUNTY OF SAN JOAQUIN ("HEALTH OFFICER") ORDERS:

1. On August 31, 2020, the Health Officer of San Joaquin County, (hereinafter referred to as "County"), adopted and incorporated the Blueprint and associated documents into its Health Order.
2. Pursuant to the State's Department of Public Health, the Blueprint "outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by specific goals relating to the reduction of case transmission.
3. The Blueprint's four-tiered strategy assigns a Tier and corresponding color to each County. This strategy lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention.

	Higher Risk → Lower Risk of Community Disease Transmission			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measures*				
New cases**/100,000 population per day (7 day average; 7 day lag)	>7	4-7	1-3.9	<1
Testing % Positivity (7 day average; 7 day lag)	> 8%	5-8%	2-4.9%	<2%

4. On November 13, 2020, the State issued updated Gathering Guidance and a Travel Advisory. The Gathering Guidance replaces the October 9, 2020 guidance to mandate gatherings that occur outdoors and are limited to three households or less. The Travel Advisory recommends that those traveling into California from other states and countries self-quarantine for 14 days and Californians to remain



at home or in their region and avoid non-essential travel to other states or countries.

5. On November 16, 2020, in light of the recent, unprecedented surge in rate of increase of cases, the California Department of Public Health (CDPH) made the following changes to the Blueprint that were effective upon issuance and will remain in effect until further notice:

- (a) Tier assignments may occur any day of the week and may occur more than once a week when CDPH determines that the most recent reliable data indicate that immediate action is needed to address COVID-19 transmission in a county.
- (b) Counties may be moved back more than one tier if CDPH determines that the data support the more intensive intervention. Key considerations will include the rate of increase in new cases and/or test positivity, more recent data as noted below, public health capacity, and other epidemiological factors.
- (c) The most recent reliable data will be used to complete the assessment.
- (d) In light of the extreme circumstances requiring immediate action, counties will be required to implement any sector changes the day following the tier announcement.

6. CDPH also updated "The California Blueprint Data Chart (Excel)" to show county tier status, date of tier assignment, adjusted case rate for tier assignment, and countywide testing positivity. That information can be found at:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Blueprint_Data_Chart_111620.xlsx

7. Also on November 16, 2020, California Health and Human Services Agency Director Mark Ghaly announced that the County, along with forty other counties in California, have been moved back to the most restrictive Purple Tier, or Tier 1. This is because the County's COVID risk level as "widespread" with more than seven daily new cases per 100,000 residents, or test positivity greater than 8%.

8. Under the updated Blueprint and Purple Tier status the following types of businesses in the County must close or modify operations to comply with the Purple Tier restrictions effective 12:00 p.m. November 17, 2020:

- (a) Bars, breweries, distilleries, pubs (where no meals are served)
- (b) Concert Venues



- (c) Gyms and Fitness Centers- Outdoor Only with modifications
 - (d) Festivals
 - (e) Retail- Indoors with modifications, limited to 25% Capacity
 - (f) Movie Theaters- Outdoor Only with modifications
 - (g) Museums, Zoos, and Aquariums- Outdoor Only with Modifications
 - (h) Places of Worship- Outdoor Only with modifications
 - (i) Restaurants- Outdoor Only with Modifications
 - (j) Saunas and steam rooms
 - (k) Shopping Centers- Indoors with modifications, limited to 25% Capacity-
Food Courts Closed
9. Additionally, under the updated Blueprint, schools that were open for in-person learning prior to November 16, 2020, either due to the Red Tier Status or Waiver, will remain open following State Guidance. However, schools that were not open for in-person learning as of November 16, 2020, must submit a waiver in order to be approved to open.
10. CDPH has updated the Industry Guidance for each of the effected sectors, which can be found at <https://covid19.ca.gov/industry-guidance>.
- 11. The County is hereby adopting and incorporating into this Order the Blueprint as updated on November 16, 2020, and associated documents listed below. The County Orders as follows:**
- (a) **All individuals and businesses within the County, are ordered to comply with this Order and, therefore, the following updated Blueprint documents, unless otherwise directed in this Order. All individuals are encouraged to monitor the County’s Tier status to remain aware of changes imposed by the State.**
 - i. **November 16, 2020, Updates to the Blueprint (Attachment 1):**
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx> :
 - ii. **Updated Blueprint and State Industry Guidance Documents which can be located at**
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx> , including but not limited to the following:



- a. **Guidance for the Use of Face Coverings 11/16/2020 (Attachment 2)**;
 - b. **Guidance for the Prevention of COVID-19 Transmission for Gatherings 11/13/2020 (Attachment 3)**; and
 - c. **Travel Advisory 11/13/2020 (Attachment 4)**.
- (b) **All individuals currently living within the County are ordered to stay at home or place of residence. Individuals may leave their homes or places of residence only for employment purposes, recreational purposes, and to engage with businesses or activities permitted to operate in the County.**
 - (c) **Any individual outside of their home or place of residence for any of the allowed purposes must at all times comply with these Social Distancing Requirements:**
 - i. **Maintaining at least a six-foot distance from other individuals not from their household;**
 - ii. **Wearing a face-covering when indoors (except inside individual's own home or residence);**
 - iii. **Washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer**
 - (d) **No public or private gatherings with individuals outside your own household or living unit are allowed, except for the limited purpose of engaging in activities permitted by this Order and in compliance with this Order's incorporated State Guidance for the Prevention of COVID-19 Transmission for Gatherings 11/13/2020, or as authorized in any subsequent Local Health Order. Nothing in this Order prohibits the gathering of members of a household or living unit outside of their residence.**
 - (e) **The violation of any provision of this Order constitutes an imminent threat to public health, and contributes to the continued closure of schools and businesses in the County.**
 - (f) **Pursuant to Government Code sections 26602 and 41601, and Health and Safety Code section 101029, the Sheriff and all chiefs of police in the County have jurisdiction to ensure compliance with and enforce this Order. Compliance with and effective**



enforcement of this order is a necessary predicate to opening the schools for in-person learning and more fully opening the economy.

- (g) The following County Orders remain in effect until superseded by a County order, or determined by the issuing authority to be impermissibly inconsistent with a State Order:
 - i. Order of July 29, 2020, regarding schools.
 - ii. Order of August 5, 2020, to the extent it addresses Youth Sports.
- (h) The following County Orders are rescinded: June 2, 2020, June 11, 2020, June 18, 2020, July 2, 2020, July 13, 2020, July 16, 2020, and August 31, 2020.
- (i) There continue to be infections and death rates in the County that necessitate a carefully planned and managed response as the California and County economy is reopened. San Joaquin County has experienced **24,171** cases to date and **504** deaths since the appearance of the virus in San Joaquin County. The County's case rate is 16.4 cases per day, per 100,000 people and the positivity rate is 7.4%.
- (j) This Order is issued in accordance with the March 4, 2020, Proclamation of a State of Emergency issued by Governor Gavin Newsom and Executive Orders N-25-20, N- 33-20, and N-60-20; the Public Health Orders of the State Public Health Officer of March 19, 2020, May 7, 2020, and July 13, 2020; the Declaration of Local Health Emergency issued by the Health Officer on March 12, 2020, and the March 17, 2020 Resolution of the Board of Supervisors of the County of San Joaquin Ratifying the Declaration of Local Health Emergency.
- (k) This Order shall become effective immediately and will continue to be in effect until the Health Officer rescinds it in writing.
- (l) Copies of this Order shall promptly be:
 - i. Made available at the County Administration Building at 44 N. San Joaquin, Stockton 95202, First Floor; and
 - ii. Posted on the San Joaquin County Home page (sjgov.org) and at <https://www.sjready.org/events/covid19.html>; and
 - iii. Provided to any member of the public that requests a copy of this Order.



SAN JOAQUIN
— COUNTY —

Greatness grows here.

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

IT IS SO ORDERED:

A handwritten signature in blue ink that reads "Maggie Park".

Maggie Park, M.D.
San Joaquin
County Public
Health Officer

Dated: November 17, 2020

COVID-19

Blueprint for a Safer Economy

California has a blueprint for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Every county in California is assigned to a tier based on its test positivity and adjusted case rate for tier assignment. Additionally, a health equity metric took effect on October 6, 2020. In order to advance to the next less restrictive tier, each county will need to meet an equity metric or demonstrate targeted investments to eliminate disparities in levels of COVID-19 transmission, depending on its size. The California Health Equity Metric is designed to help guide counties in their continuing efforts to reduce COVID-19 cases in all communities and requires more intensive efforts to prevent and mitigate the spread of COVID-19 among Californians who have been disproportionately impacted by this pandemic.

Updates as of 11/16/2020:

- In light of the recent, unprecedented surge in rate of increase of cases, notwithstanding the Blueprint framework outlined below, the following changes are effective until further notice:
 - Tier assignments may occur any day of the week and may occur more than once a week when CDPH determines that the most recent reliable data indicate that immediate action is needed to address COVID-19 transmission in a county.
 - Counties may be moved back more than one tier if CDPH determines that the data support the more intensive intervention. Key considerations will include the rate of increase in new cases and/or test positivity, more recent data as noted below, public health capacity, and other epidemiological factors.
 - The most recent reliable data will be used to complete the assessment.
 - In light of the extreme circumstances requiring immediate action, counties will be required to implement any sector changes the day following the tier announcement.
- The California Blueprint Data Chart (Excel) has been updated to show county tier status, date of tier assignment, adjusted case rate for tier assignment, and countywide testing positivity.
- County requests for tier adjudication will *not* hold the county in the current tier during adjudication, and given the current environment of rapidly escalating cases and widespread disease transmission across California, tier adjudication requests are unlikely to be approved unless unique, extreme circumstances and data are submitted justifying how the county is not impacted by the statewide increases.

Additional information about the Blueprint:

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Learn more about the California Health Equity Metric and the Targeted Equity Investment Plans from each county

- County Tier Adjudication Request
- Explore the complete data by county - California Blueprint Data Chart (Excel)
- Find archived California Blueprint Data Charts
- Proyecto para una economía más segura | For other languages, visit our Multilingual Documents page

Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe

This guidance outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by the following goals:

1. To progress in phases based on risk levels with appropriate time between each phase in each county so impacts of any given change can be fully evaluated.
2. To aggressively reduce case transmission to as low a rate as possible across the state so the potential burden of flu and COVID-19 in the late fall and winter does not challenge our healthcare delivery system's ability to surge with space, supplies and staff. Also, with winter weather pushing more activities indoors, low levels of transmission in the community will make large outbreaks in these riskier settings less likely.
3. To simplify the framework and lay out clear disease transmission goals for counties to work towards.

Tier Framework

This framework lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. A county may be more restrictive than this framework. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention. This framework replaces the former County Data Monitoring metrics. As the COVID-19 pandemic continues to be an evolving situation and new evidence and understanding emerges, the California Department of Public Health (CDPH), in collaboration with other State officials, will continue to reassess metrics and thresholds.

See chart below for the framework metrics as set according to tiers based on risk of community disease transmission. Calculation of metrics is described in Appendix 1. Description of the Health Equity Metric can be found on the Health Equity Metric page.

Higher Risk → Lower Risk of Community Disease Transmission***				
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measure				
Adjusted Case Rate for Tier Assignment** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2-4.9%	<2%

Metrics with values greater than or less than tier cut points by 0.05 are rounded up or down using conventional rounding rules.

^Excludes state and federal inmates, ICE facility residents, State Hospital inmates and US Marshal detainees

*Population denominators from the Department of Finance: State Population Projections - Total Population by County- Table P-1

**Case rate will be determined using cases confirmed by PCR

*** Counties are assigned a tier based on two metrics: test positivity and case rate. Large counties with populations greater than approximately 106,000 must also meet the health equity metric described on the Health Equity Metric page in order to advance to a less restrictive tier.

The case rate is adjusted based on testing volume per 100,000 population as described below. Due to variability in data, this adjustment does not apply to small counties (defined as those with a population less than 106,000 residents).

As counties focus on increased testing in their health equity quartiles and to support school openings, they are likely to experience an increased number of cases. We want to avoid disincentivizing increased testing, provided that test positivity is low and there is sufficient capacity for contact tracing and isolation. We are therefore increasing the adjustment for higher volume testing.

- For counties with testing volume above the state median, the factor is less than 1, decreasing in a linear manner from 1.0 to 0.5 as testing volume increases from the state median to 2x the state median. The factor remains at 0.5 if the testing volume is greater than 2x the state median.
- For counties with testing volume below the state median, the factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as testing volume decreases from the state median to zero. However, this adjustment for low testing volume will not be applied to counties with a test positivity < 3.5%.

California COVID-19 Case Rate Adjustment Factor

Testing Volume	Case Rate Adjustment Factor*
0	1.4
0.25* State Median	1.3
0.50* State Median	1.2
0.75* State Median	1.1
State Median	1
1.25* State Median	0.875
1.5* State Median	0.75
1.75* State Median	0.625
2.0*State Median and above	0.5

- Counties with fewer than 106,000 residents, will be exempted from case rate adjustments, and counties with test positivity <3.5% will be exempted from adjustment for testing rates lower than the state median.
- If the two metrics are not within the same tier, the county's tier assignment will be determined by the more restrictive of the two. For example, if a county's test positivity corresponds to tier 3 (orange, moderate), but the case rate corresponds to tier 1 (purple, widespread), the county will be assigned as tier 1. Movement will be determined by criteria described below.

Moving through the Tiers

Rules of the framework:

1. CDPH will assess indicators weekly on Mondays and release updated tier assignments on Tuesdays.
2. A county must remain in a tier for a minimum of three weeks before being able to advance to a less restrictive tier.
3. A county can only move forward one tier at a time, even if metrics qualify for a more advanced tier.
4. If a county's adjusted case rate for tier assignment and test positivity measure fall into two different tiers, the county will be assigned to the more restrictive tier.
5. The health equity metric is applied to jurisdictions with populations greater than 106,000. Rules of the health equity metric are described on the Health Equity Metric page.
6. City local health jurisdiction (LHJ) data will be included in overall metrics, and city LHJs will be assigned the same tier as the surrounding county
7. An LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.
8. Tier status goes into effect the Wednesday following each weekly tier assignment announcement on Tuesdays.

To advance:

1. A county must have been in the current tier for a minimum of three weeks.
2. A county must meet criteria for the next less restrictive tier for both measures for the prior **two** consecutive weeks in order to progress to the next tier.
3. In addition, counties must meet the health equity criteria to demonstrate the county's ability to address the most impacted communities within a county.

To move back:

1. During the weekly assessment, if a county's adjusted case rate and/or test positivity has fallen within a more restrictive tier for two consecutive weekly periods, the state will review the most recent 10 days of data, and if CDPH determines there are objective signs of improvement the county may remain in the tier. If the county's most recent 10 days data does not show objective signs of improvement the county must revert to the more restrictive tier. For subsequent weekly assessments, the above rules apply.
2. At any time, state and county public health officials may work together to determine targeted interventions or county wide modifications necessary to address impacted hospital capacity and drivers of disease transmission, as needed, including movement across more than one tier. Key considerations will also include the rate of increase in new cases and/or test positivity, more recent data as noted above, public health capacity, and other epidemiological factors.
3. Counties with a population less than 106,000 will have a small county criteria applied to it to ensure movement to a more restrictive tier is appropriate. Description of the small county framework is below.
4. Counties will have three days, beginning the Wednesday after tier assignments are announced on Tuesdays, to implement any sector changes or closures unless extreme circumstances merit immediate action.

Small County Framework

Because California's case rate metric is normalized per 100,000 population, a number of counties with small populations have experienced large swings in their daily case rate as a result of a small number of newly reported cases. For some counties, this has raised the specter of needing to move back to a more restrictive tier despite overall disease stability and a demonstrated ability to trace, follow up with, investigate and support cases.

For example, once a small county is in yellow tier, a small number of cases – as low as 1 case per week for 2 consecutive weeks – could cause it to return to a more restrictive tier. While the overall proportion of cases may be the same as a larger county, the absolute number of cases is also an important consideration in gauging county capacity to control transmission through disease investigation, contact tracing and supportive isolation.

It is not in the interest of the public health of communities to close or restrict entire business sectors on the basis of such a small number of cases, and in some situations a small swing in week over week case counts can move a county from yellow tier all the way to purple tier. Because the state wants to avoid swift shifts in tier status based on small absolute case number changes, we are creating an alternate case assessment measure to apply to small counties. Small counties are defined as having fewer than 106,000 residents.[1]

Alternate Case Assessment Measure. Small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.) with the exception of the case rate thresholds as delineated below.

The alternate case assessment measure provides a small county protection against sudden tier changes as a result of small increases in cases.

For a small county that has test positivity that meets the threshold of that county's currently assigned tier, but is flagged for potentially moving to a more restrictive tier based on its weekly case rate assessment, the following criteria shall be applied in lieu of the Blueprint case rate thresholds.

If the county exceeds the following absolute weekly case numbers based on its population and tier for two consecutive weeks, it will be required to move to a more restrictive tier:

Current Tier	Pop ≤ 35K	Pop 35K-70K	Pop 70K-106K
Yellow	7	14	21
Orange	14	21	28
Red	35	42	49

Movement into Yellow Tier

In moving from purple to red or red to orange tiers, small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.).

For a small county to move from the orange to yellow tier, it must meet the existing test positivity threshold of less than 2%. However, in lieu of meeting the established daily case rate threshold for yellow tier of less than 1 case per 100,000, a small county is allowed to have a daily case rate of less than or equal to 2 cases per 100,000. Of note, these are the same parameters used for the health equity acceleration criteria to yellow tier.

[1] Twenty-two California counties have a population of less than 100,000. Sutter, which has a population of 106,000 is also included as it shares a health officer with Yuba County. Counties below this size have similar challenges and opportunities in controlling COVID-19 transmission and generally do not have major or large, densely populated cities. This distinction factors into how rapidly COVID-19 transmission can increase beyond households and the ability of the county to rapidly identify and contain outbreaks with existing contact tracing, isolation and quarantine resources.

Risk Criteria

Activities and sectors will begin to open at a specific tier based on risk-based criteria (PDF), as outlined below. Lower risk activities or sectors are permitted sooner and higher risk activities or sectors are not permitted until later phases. Many activities or sectors may increase the level of operations and capacity as a county reduces its level of transmission.

Criteria used to determine low/medium/high risk sectors

- Ability to accommodate face covering wearing at all times (e.g. eating and drinking would require removal of face covering)
- Ability to physically distance between individuals from different households

- Ability to limit the number of people per square foot
- Ability to limit duration of exposure
- Ability to limit amount of mixing of people from differing households and communities
- Ability to limit amount of physical interactions of visitors/patrons
- Ability to optimize ventilation (e.g. indoor vs outdoor, air exchange and filtration)
- Ability to limit activities that are known to cause increased spread (e.g. singing, shouting, heavy breathing; loud environs will cause people to raise voice)

Schools

Schools may reopen for in-person instruction based on equivalent criteria to the July 17 School Re-opening Framework (PDF) previously announced. That framework remains in effect except that Tier 1 is substituted for the previous County Data Monitoring List (which has equivalent case rate criteria to Tier 1). Schools in counties within Tier 1 are not permitted to reopen for in-person instruction, with an exception for waivers granted by local health departments for TK-6 grades. Schools that are not authorized to reopen, including TK-6 schools that have not received a waiver, may provide structured, in-person supervision and services to students under the Guidance for Small Cohorts/Groups of Children and Youth.

Schools are eligible for reopening at least some in-person instruction following California School Sector Specific Guidelines once the county is out of Tier 1 (and thus in Tier 2) for at least 14 days, which is similar to being off the County Data Monitoring List for at least 14 days. The first day a county is considered in Tier 2 is the Wednesday after the weekly county tier assignments are announced and posted on the CDPH website (Tuesdays). For example, if a county is assigned to Tier 2 on Tuesday, October 13, the first full day the county is in Tier 2 is Wednesday, October 14. The county will have completed 14 days in Tier 2 on Tuesday, October 27 and may reopen schools for in-person instruction on Wednesday, October 28. As noted above, an LHO may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

As stated in the July 17 School Re-opening Framework (PDF), schools are not required to close if a county moves back to Tier 1, but should consider surveillance testing of staff. However, if a school or district had not already reopened for in-person instruction while in Tier 2 and is then moved to Tier 1, it may not reopen those schools until the county moves back to Tier 2 and remains in Tier 2 for 14 days.

County Tier Adjudication Process

For more information, visit our County Tier Adjudication Request page.

APPENDIX 1: Calculation of metrics

Metric	Definition
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<p>Case Rate (rate per 100,000 excluding prison cases, 7-day average with 7-day lag)</p>	<p>Calculated as the average (mean) daily number of COVID-19+ cases, this excludes: (a) persons out of state or with unknown county of residence and (b) persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities or Department of State Hospitals (identified as cases with an ordering facility name or address associated with these locations), over 7 days (based on episode date), divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delays, there is a 7-day lag built into this calculation. For example, for data updated through 8/22/20, the case rate will be dated as 8/15/20 and will include the average case rate from 8/9/20 - 8/15/20.</p>
<p>Linear adjusted case Rate per 100,000 per day, excluding prisoners (7-day average with 7-day lag)</p>	<p>Calculated as the case rate multiplied by a case rate adjustment factor that is based on the difference between the county testing volume (testing volume, tests per 100,000 per day, described below) and the median county testing volume calculated across all counties. The median testing volume thus forms an anchor for this adjustment and is recalculated every four weeks to prevent undue fluctuation while remaining sensitive to evolving testing trends. For counties with a testing volume above the median, the adjustment factor is less than 1, decreasing in a linear manner from 1.0 to 0.5 as testing volume increases from the anchor point to 2x that value. The adjustment factor remains at 0.5 if the county testing volume is greater than 2x the state median. For counties with a testing volume below the state median, the adjustment factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as county testing volume decreases from the state median to zero. The linear adjustment formula can be expressed mathematically as follows:</p> <p>For counties testing above the state median:</p> $1 - \left(\frac{\text{county testing rate} - \text{state median testing rate}}{\text{state median testing rate}} \right) * 0.5$ <p>For counties testing below the state median:</p> $1 + \left(\frac{\text{state median testing rate} - \text{county testing rate}}{\text{state median testing rate}} \right) * 0.4$ <p>There are two conditions in which this formula is not applied. The first is small counties, those with a population less than approximately 100,000 based on CA Department of Finance population projections (see reference * in tier framework table). The small county exception prevents potential spurious adjustment due to fluctuations in testing influenced by secular events unrelated to underlying transmission risk. As a second condition for exception from the adjustment, counties with a testing volume below the state median and testing positivity < 3.5% are not adjusted, based on the assumption that volume of testing in these counties may not need to be as high with low test positivity. Under both these conditions, the adjusted case rate is equal to the unadjusted rate.</p>

<p>Overall testing Positivity, excluding prisoners over 7-days (PCR only, 7-day lag)</p>	<p>Calculated as the total number of positive polymerase chain reaction (PCR) tests for COVID-19 over a 7-day period (based on specimen collected date) divided by the total number of PCR tests conducted; this excludes tests for: (a) persons out of state or with unknown county of residence and (b) persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities and Department of State Hospitals (identified as cases with an ordering facility name or address associated with prison/state hospitals locations). This number is then multiplied by 100 to get a percentage. Due to reporting delay (which may be different between positive and negative tests), there is a 7-day lag.</p> <p><i>Example:</i> For cumulative lab data received on 6/30/20, reported test positivity is dated as 6/23/20 and is calculated based on tests with specimen collection dates from 6/17-6/23</p>
<p>Tests per 100,000 per day, excluding prisoners (7-day average with 7-day lag)</p>	<p>Calculated as the number of polymerase chain reaction (PCR) tests per day over a 7-day period (based on specimen collection date), excluding tests for persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities and Department of State Hospitals (identified as cases with an ordering facility name or address associated with prison/state hospitals locations), and divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delay, there is a 7-day lag included in the calculation.</p> <p><i>Example:</i> For cumulative lab data received through 8/22/20, the reported 7-day average number of tests will be dated as 8/15/20 and will include PCR tests with specimen collection dates from 8/9/20 - 8/15/20.</p>

Data Source: CalREDIE

Helpful Links

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Learn more about the California Health Equity Metric and the Targeted Equity Investment Plans from each county
- County Tier Adjudication Request
- Explore the complete data by county (Excel)
- Find archived California Blueprint Data Charts
- School Re-opening Framework (PDF)
- Guidance for Small Cohorts/Groups of Children and Youth
- www.covid19.ca.gov
- Proyecto para una economía más segura | For other languages, visit our Multilingual Documents page



State of California—Health and Human
Services Agency
**California Department of
Public Health**



November 16, 2020

TO: All Californians

SUBJECT: Guidance for the Use of Face Coverings

Note: The following guidance supersedes face coverings guidance released on June 18, 2020. This updated guidance mandates that a face covering is required at all times when outside of the home, with some exceptions.

Background

The risk for COVID-19 exposure and infection remains and will continue to be in our midst for the foreseeable next several months. Since the start of the pandemic, we have learned a lot about COVID-19 transmission, most notably that there are a large proportion of people who are infected but are asymptomatic or pre-symptomatic, and they play an important part in community spread. The use of face coverings by everyone can limit the release of infected droplets when talking, coughing, sneezing, singing, exercising, shouting, or other forms of increased respiration, and they can also reinforce physical distancing by signaling the need to remain apart. In addition, increasing evidence also demonstrates a cloth face covering or mask also offers some protection to the wearer, too.

The purpose of this guidance is to provide information about when face coverings are required. It mandates that face coverings be worn state-wide at all times when outside of the home, unless one or more of the exceptions outlined below apply. It does not substitute for existing guidance about physical distancing and hand hygiene.

Guidance

People in California must wear face coverings when they are outside of the home, unless one of the exemptions below applies.

Individuals are exempt from wearing face coverings in the following specific settings:

- Persons in a car alone or solely with members of their own household.
- Persons who are working in an office or in a room alone.
- Persons who are actively eating or drinking provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are outdoors and maintaining at least 6 feet of social distancing from others not in their household. Such persons must have a face covering with them at all times and must put it on if they are

within 6 feet of others who are not in their household.

- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Workers who are required to wear respiratory protection.
- Persons who are specifically exempted from wearing face coverings by other CDPH guidance.

The following individuals are exempt from wearing face coverings at all times:

- Persons younger than two years old. These very young children must not wear a face covering because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. Such conditions are rare.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

Note: Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Additional Information

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How should I choose and wear a cloth face covering?

You should select a face covering that covers your nose and mouth, goes under the chin, and does not have significant gaps around the nose or other parts of the face. Look for face coverings that have three layers, if possible, and are still easy to breathe through. Be sure that the ear loops or ties are tight enough to keep the face covering from sliding down the nose. Always wear your face covering over your nose and mouth, not under your nose or under your chin.

How well do cloth face coverings work to prevent spread of COVID-19?

There is increasing scientific evidence demonstrating that use of face masks or cloth face coverings by the public during this COVID-19 pandemic helps reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19

but feels well, as well as reduce exposure for the wearer. Cloth face coverings are not a substitute for physical distancing, washing hands, and staying home when ill or under quarantine, but they are additive when combined with these primary interventions.

When should I wear a cloth face covering?

You should wear face coverings whenever you are outside of your home, unless one of the exceptions described above applies to you. Individuals who have significant COVID-19 exposure outside of their home, such as in the workplace, should consider wearing a mask at home, especially if vulnerable individuals are part of their household.

How should I care for a cloth face covering?

It's a good idea to wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric

For additional information and resources regarding masks and face coverings, including types of recommended and not recommended masks, see the [CDC Face Coverings Website](#).

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GAVIN NEWSOM
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November 13, 2020

TO: All Californians

SUBJECT: CDPH Guidance for the Prevention of COVID-19 Transmission for Gatherings

Summary

This guidance provides an updated plan for Californians to gather outside their household and replaces the March 16, 2020, October 9, 2020 and other prior gatherings guidance. It applies to private gatherings, and all other gatherings not covered by existing sector guidance are prohibited. It also applies to activities protected by the First Amendment to the extent that they are not already permitted by other guidance, notwithstanding any guidance, orders, or directives to the contrary. Gatherings are defined as social situations that bring together people from different households at the same time in a single space or place. When people from different households mix, this increases the risk of transmission of COVID-19.

Context

COVID-19 continues to pose a severe risk to communities and requires all people in California to follow necessary precautions and to adapt the way they live and function in light of this ongoing risk. The safest way to gather is to spend time with people in the same household, gather virtually, or gather outdoors.

The season of cold weather has now arrived in many parts of the state, and rainy season is imminent, making it more difficult to gather outdoors. Because of this, many people in California may feel the need to gather indoors instead. Indoor gatherings remain risky activities, and it would always be safer to gather outdoors or virtually whenever possible. But this guidance explains some important and necessary steps to make indoor gatherings less risky if they do occur.

In general, the more people from different households a person interacts with at a gathering, the closer the physical interaction is, and the longer the interaction lasts, the higher the risk that a person with a COVID-19 infection, symptomatic or asymptomatic, may spread it to others. Public health studies have also shown that the risk of transmission is increased in indoor spaces, particularly when there isn't appropriate ventilation. [1] Unlike indoor spaces, wind and air in outdoor spaces can help reduce spread of the virus from one person to another.

Planning scenarios published by the CDC estimate that, on average, a person with COVID-19 goes on to infect between 2-4 people, with a best estimate of 2.5 when there are no preventive measures.[2] For example, if each infected person spreads the virus to two people, who in turn spread it to two others each; those four will spread the virus to eight others; those eight will spread the virus to 16; and so on. As a result, after 10 transmission cycles, one person could be responsible for 1,024 other people contracting the virus.[3] Additionally, there is broad agreement that people who are not experiencing symptoms can still spread COVID-19[4]. The fact that COVID-19

can be spread by people who don't have symptoms or aren't showing symptoms yet is one of the aspects of the COVID-19 that makes it difficult to control.

All gatherings pose a higher risk of transmission and spread of COVID-19 when people mix from different households and communities. The likelihood of transmission and spread increases with laughing, singing, loud talking and difficulty maintaining physical distance. Limiting attendance at gatherings is a way to reduce the risk of spread as it lowers the number of different people who are interacting. Additionally, by limiting attendance there is an improved ability to perform effective contact tracing if there is a positive case discovered, which can help to slow the spread of COVID-19[5]. People who do choose to attend gatherings should discuss and agree upon the specific group rules before convening together.

Like other types of activities, activities protected by the First Amendment pose risks of COVID-19 transmission. People who wish to engage in political, artistic, or other forms of expression or in religious expression and practice are strongly encouraged to find means of expression that do not involve in-person gatherings or to wait to gather in person until those activities are permitted by the Blueprint for a Safer Economy. However, because this guidance offers safer ways to operate in the colder climate, with higher likelihood of rain, associated with the time of year we now enter, the safeguards in this guidance apply as well to activities protected by the First Amendment and those activities are not prohibited if conducted in accordance with this guidance.

Recommendations & Mandatory Requirements for All Gatherings

All persons planning to host or participate in a private gathering, as defined above, must comply with the requirements identified below and are strongly encouraged to follow the recommendations as well. Activities protected by the First Amendment may proceed under this guidance notwithstanding any guidance, orders, or directives to the contrary. Local health jurisdictions may be more restrictive than this guidance. Refer to your local guidance for what is allowed in your area.

1. Attendance

a. Gatherings that include more than 3 households are prohibited. This includes everyone present, including hosts and guests. Remember, the smaller the number of people, the safer.

b. Keep the households that you interact with stable over time. By spending time with the same people, risk of transmission is reduced. Participating in multiple gatherings with different households or groups is strongly discouraged.

c. The host should collect names of all attendees and contact information in case contact tracing is needed later.

2. Location: Gatherings Must be Outdoors for Counties in the Purple Tier

a. Gatherings that occur outdoors are significantly safer than indoor gatherings. All gatherings must be held outside in the Purple Tier, and indoor gatherings are strongly discouraged in Red, Orange and Yellow Tiers.

i. If gathering indoors, increase fresh air circulation by opening windows or doors, as much as possible, especially in the rooms where people are gathering.

b. A gathering of no more than three households is permitted in a public park or other outdoor space, even if unrelated gatherings of other groups up to three households are also occurring in the same park or other outdoor

space. If multiple such gatherings are occurring, mixing between groups gatherings is not allowed. Additionally, multiple gatherings of three households cannot be jointly organized or coordinated to occur in the same public park or other outdoor space at the same time – this would constitute a gathering exceeding the permitted household limits.

3. Don't Attend Gatherings If You Feel Sick

a. Anyone with any COVID-19-like symptoms (fever, cough, shortness of breath, chills, night sweats, sore throat, nausea, vomiting, diarrhea, tiredness, muscle or body aches, headaches, confusion, or loss of sense of taste/smell), must stay home and not come into contact with anyone outside their household.

b. Anyone who develops COVID-19 within 48 hours after attending a gathering should notify the organizer of the gathering and/or other attendees as soon as possible regarding the potential exposure.

4. Individuals in a High-Risk Group are Discouraged from Attending any Gatherings

a. People at higher risk of severe illness or death from COVID-19 (such as older adults and people with chronic medical conditions) are strongly urged not to attend any gatherings, especially indoor gatherings.

b. If higher-risk individuals do attend any gatherings, they should do the following to decrease the risk for exposure:

i. Spend as much time outside, or near outside air flow such as open windows or doors, as possible.

ii. Wear a respirator or surgical mask instead of a cloth mask, and minimize any time at the event with the mask off.

iii. Remain at least six feet, or ideally even farther away, from others outside their household as much as possible, especially when people are eating or drinking without face coverings.

iv. Spend a shorter time at the gathering than others to reduce potential exposure.

5. Practice Physical Distancing and Hand Hygiene at Gatherings

a. For any gatherings permitted under this guidance, the space must be large enough so that everyone at a gathering can maintain at least a 6-foot physical distance from others (not including their own household) at all times.

b. Seating must provide at least 6 feet of distance (in all directions—front-to-back and side-to-side) between different households.

c. Everyone at a gathering should frequently wash their hands with soap and water, or use hand sanitizer if soap and water are not available.

d. Shared items should be minimized during a gathering. Food and beverages should be served by a person who washes or sanitizes their hands frequently, and who must wear a face covering. Self-serve items from communal containers should be minimized.

e. Remind all persons to sanitize hands before eating or drinking, and after touching shared items if shared items are unavoidable.

6. Wear a Face Covering to Keep COVID-19 from Spreading

a. When gathering, face coverings must be worn in accordance with the CDPH Guidance on the Use of Face Coverings, unless an exemption is applicable.

b. People at gatherings are advised to limit removal of their face coverings to when they are actively eating or drinking. While face coverings are removed for this purpose, they should stay at least 6 feet away from everyone outside their own household, and put their face covering back on as soon as they are done with the activity.

c. Face coverings can also be removed to meet urgent medical needs (for example, to use an asthma inhaler, take medication, or if feeling light-headed).

7. Keep it short

a. Gatherings should be two hours or less. The longer the duration, the risk of transmission increases.

8. Singing, Chanting, Shouting, Cheering and Similar Activities Are Strongly Discouraged at Outdoor Gatherings and Prohibited at Indoor Gatherings

a. Singing, chanting, shouting, cheering, physical exertion, and similar activities significantly increase the risk of COVID-19 transmission because these activities increase the release of respiratory droplets and fine aerosols into the air. Because of this, singing, chanting, shouting, cheering, and similar activities are strongly discouraged in outdoor settings, but if they occur, the following rules and recommendations apply:

i. All people who are singing, chanting, shouting, cheering, or engaging in similar activities should wear a face covering at all times while engaging in those activities, including anyone who is leading a song, chant, or cheer. Because these activities pose a very high risk of COVID-19 transmission, face coverings are essential to reduce the spread of respiratory droplets and fine aerosols;

ii. People who are singing, shouting, chanting, cheering, or exercising are strongly encouraged to maintain physical distancing beyond 6 feet to further reduce risk.

iii. People who are singing or chanting are strongly encouraged to do so quietly (at or below the volume of a normal speaking voice).

b. Instrumental music is allowed outdoors as long as the musicians maintain at least 6-foot physical distancing. Musicians must be from one of the three households. Playing of wind instruments (any instrument played by the mouth, such as a trumpet or clarinet) is strongly discouraged, and if played should use protective or tightly woven cloth barriers on the instrument bells or at the end of the instrument to protect from spread of condensation droplets. If music is played, it is recommended that the volume be quiet enough that attendees can speak in a normal voice without shouting.

c. Singing, chanting, shouting, cheering, playing of wind instruments and similar activities are not permitted in indoor gatherings.

[1] See, e.g., Hiroshi Nishiura, et al., Closed environments facilitate secondary transmission of coronavirus disease 2019 (COVID-19); Hu Qian, et al., “Indoor transmission of SARS-CoV-2” [pre-print] published in medRxiv on April 4, 2020.

[2] See Planning Scenarios.

[3] See, e.g., Report 3: Natsuko Imai et al, WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, J-IDEA, “Imperial college London, UK. Transmissibility of 2019 -n-CoV).” See also Inglesby T B JAMA Public Health Measures and the Reproduction Number of SARS-CoV-2. JAMA Network.2020.7878 (May 1, 2020).

[4] Transmission of SARS-CoV-2: implications for infection prevention precautions.

[5] See Preventing the Spread of the Coronavirus

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November 13, 2020

TO: All Californians

SUBJECT: Travel Advisory

The incidence of COVID-19 is increasing in many states and countries. Persons arriving in California from other states or Californians returning from other states or countries could increase the risk of COVID-19 spread. In addition, travel itself can be a risk for exposure to COVID-19, particularly travel through shared conveyance such as air, bus or rail travel.

Travel Advisory for Non-Essential Travel [1]

1. Persons arriving in California from other states or countries, including returning California residents, should practice self-quarantine for 14 days after arrival. These persons should limit their interactions to their immediate household. This recommendation does not apply to individuals who cross state or country borders for essential travel. [2]
2. Californians are encouraged to stay home or in their region and avoid non-essential travel to other states or countries. Avoiding travel can reduce the risk of virus transmission and bringing the virus back to California.

[1] “Non-essential travel” includes travel that is considered tourism or recreational in nature.

[2] “Essential travel” includes: work and study, critical infrastructure support, economic services and supply chains, health, immediate medical care, and safety and security.

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