# Appendix F:Guidance for Implementing the Opening Up America Again Framework

This implementation guidance provides tools and resources to assist decision makers to implement the Guidelines for Opening Up America Again framework. Guidance is provided to monitor local conditions (transmission, public health, and healthcare system capacity) and adjust mitigation strategies over time to effectively contain outbreaks and minimize negative side effects of more significant restrictions on commerce and education.

It begins with steps that all Americans need to take in every community. From there, it outlines core capacities needed in communities to respond to and manage COVID-19 cases as well as delineates key metrics to monitor community mitigation efforts. All of the guidance is anchored to the phases of the *Opening Up America Again* framework.

The appendices contain more detailed tools for communities such as indicators to better track and adjust mitigation efforts as well as comprehensive mitigation guidance organized by phase and by setting. Finally, there are user-friendly decision trees to help leaders make informed decisions about reopening. A companion community leader's guide to further enable implementation activities accompanies this resource.

## Steps for All Americans in Every Community

ALL JURISDICTIONS SHOULD CONTINUE TO PROMOTE INDIVIDUAL AND WORKPLACE practices that reduce the risk of transmission AS PEOPLE MOVE THROUGH THE COMMUNITY.

INDIVIDUALS SHOULD:

- ✓ CONTINUE TO wash their hands OFTEN
- ✓ COVER THEIR COUGHS AND SNEEZES
- ✓ AVOID CLOSE CONTACT WITH OTHERS
- ✓ DISINFECT FREQUENTLY-USED ITEMS AND SURFACES
- ✓ STAY HOME WHEN THEY FEEL SICK
- ✓ USE cloth face coverings WHEN OUT IN PUBLIC

EMPLOYERS SHOULD:

- ✓ NOTIFY AND WORK WITH STATE & LOCAL PUBLIC HEALTH OFFICIALS IF AN EMPLOYEE TESTS POSITIVE FOR COVID-19
- ✓ DEVELOP AND IMPLEMENT APPROPRIATE POLICIES, IN ACCORDANCE WITH FEDERAL, STATE, AND LOCAL REGULATIONS AND GUIDANCE AND INFORMED BY INDUSTRY BEST PRACTICES, REGARDING:
  - SOCIAL DISTANCING
  - PERSONAL PROTECTIVE EQUIPMENT
  - HEALTH CHECKS LIKE TEMPERATURE SCREENING
  - ISOLATING AND SENDING HOME THOSE WHO ARE SICK
  - NOT ALLOWING EMPLOYEES POSITIVE FOR COVID-19 TO PHYSICALLY RETURN TO WORK UNTIL CLEARED BY A MEDICAL PROVIDER, OR ACCORDING TO the guidance for discontinuing home isolation for COVID+ cases managed at home
  - NOTIFYING LOCAL HEALTH OFFICIALS AND INDIVIDUALS WHO MAY HAVE BEEN EXPOSED WHEN SOMEONE IS CONFIRMED, OR PRESUMED TO BE POSITIVE FOR COVID-19
  - SANITIZATION, CLEANING AND DISINFECTION
  - BUSINESS TRAVEL

## Preparing– Establishing Core Capacity

All jurisdictions need to build and maintain a core capacity to respond to and manage COVID-19 cases. Leaders should convene a broad set of stakeholders across sectors to:

- ✓ Communicate data about local transmission, public health and healthcare system capacity, risk to vulnerable populations, and economic considerations;
- ✓ Share local status of gating criteria (as described by Opening America Up Again framework, and below); and
- ✓ Develop coordinated re-opening plans and guidance

The framework for *Opening America up Again* outlines core preparedness plans every jurisdiction needs before beginning the process of "gating" or reducing mitigation strategies. This is especially important in a jurisdiction that has experienced significant transmission and healthcare system strain. Assistance is available, including staffing, to support states, tribes, localities, and territories to establish and maintain this capacity.

Plans should be updated throughout the response to ensure lessons learned are rapidly assimilated into practice and at a minimum address the following components:

**Testing and Contact Tracing**

- Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals, and to trace contacts of COVID-19+ cases
- Ability to test syndromic/Influenza-Like Illness (ILI)-indicated persons for COVID-19 and trace contacts of COVID-19+ cases
- Ability to test at sentinel surveillance sites for asymptomatic cases, and trace contacts of COVID-19+ cases

**Healthcare System Capacity**

- Ability to quickly and independently ensure adequate staff and provide critical medical equipment and supplies (e.g. personal protective equipment (PPE)) to meet unexpected surge demands
- Ability to surge ICU capacity

**Develop Plans Specific to Community Needs**

- Protect the health and safety of workers in all settings
- Protect the health and safety of vulnerable populations and those living and working in high-risk settings (e.g., senior care facilities, correctional facilities)
- Protect employees and users of mass transit
- Implement strategies to promote social distancing and use of cloth face coverings
- Monitor local transmission and public health and healthcare system capacity
- Immediately take steps to limit any rebounds in transmission, or outbreaks, by increasing mitigation strategies to address a specific outbreak (e.g., returning to an earlier phase as outlined in the Opening America Up Again framework, depending on severity).

## Monitoring Community Conditions and Gating Criteria

Once the core capacity is in place, monitoring community transmission, public health, and healthcare system capacity will help jurisdictions assess readiness for moving between phases for lifting mitigation strategies. The *Opening Up America Again* framework outlines gating criteria for states and localities to use in determining when and how to decrease or increase community mitigation strategies over time as the risk of transmission for COVID-19 changes.

These gating criteria are anchored to time-bound, population-level metrics of COVID-19 burden (newly identified cases, emergency department or outpatient visits associated with the disease, and percentage of COVID-19 positive tests) as well as measures of the public health and health-system capacity to address current circumstances (robust testing and contact tracing capabilities, hospital inpatient and ICU beds, and access to PPE).

Communities with significant or uncontrolled community transmission are considered in pre-gating or Phase 0. Jurisdictions need to meet all the gating criteria prior to removing any shelter in place order or entering Phase 1. These metrics and how to utilize them to inform decision-making are described in Appendix 1.

Once the gating criteria are met, jurisdictions enter Phase 1 and proceed to move between three phases, altering the level of community mitigation recommended as they pass through each gate. Phase 1 corresponds to areas with the highest disease burden and ongoing community transmission, with the most significant mitigation strategies in place. At the other end, Phase 3 corresponds to areas with lower disease burden and less frequent community transmission with the least significant community mitigation strategies deployed.

Each phase outlines necessary mitigation strategies to protect public health. Until a vaccine is widely available and/or medications are broadly accessible to manage COVID-19 symptoms, individuals need to follow good personal hygiene practices, stay at home when sick, and practice some amount of physical distancing to lower the risk of disease spread. These precautions are needed regardless of the phase a community is in.

It is also critical to identify when transmission begins to place the public health and healthcare system at risk, so appropriate actions can be taken. A gating indicators dashboard has been created as a tool to help pull relevant data streams into one platform to support decision making and regional planning and coordination. It can be accessed by jurisdiction officials through GeoHealth. Again, indicators and thresholds can be found in Appendix 1.

## Community Mitigation Across the Phases

Protecting public health is at the center of the *Opening Up America Again* framework. However, jurisdictions are also addressing the economic and social consequences of COVID-19. Mitigation strategies should be implemented in a manner that is sufficient to contain transmission and allow sectors to plan for and minimize the negative impacts of the mitigation. The earliest signs of a cluster of new cases or a reemergence of broader community transmission should result in a re-evaluation of community mitigation strategies and a decision on whether they should be strengthened. Increasing mitigation should be tailored and measured, specific to any increase observed.

For example, an outbreak in a high risk setting such as a nursing home or correctional facility would result in strict mitigation, contact tracing and isolation of cases for all individuals *entering that setting,* but may not necessitate implementing strict community-wide measures such as a shelter-in-place order if the outbreak can be effectively contained. Assessing the appropriate mitigation approach and only implementing the strategies appropriate to the observed transmission will help minimize the societal and economic impacts of mitigation.

The following framework categorizes jurisdictions based on the level of transmission and community capacity to contain the transmission. The categories align with the phases in the *Opening Up America Again* plan to assist with transitions between the gates and phases.

| Community Mitigation by Re-Opening Phases | | | | |
|---|---|---|---|---|
| **Opening Up America Again Phase** | **Pre-Gating or Phase Zero** | **Phase One** | **Phase Two** | **Phase Three** |
| **Transmission Characteristics** | Significant or Uncontrolled Transmission | Significant Controlled Transmission | Moderate, Controlled Transmission | Low, Controlled Transmission |
| **Community Description** | Emerging and Current Hot Spots<br><br>Public health and health system capacity exceeded | Previous hotspots where transmission has met thresholds and public health and health care systems can manage level of transmission | Moderate transmission that is within capacity of the public health and health systems | Limited Transmission (rural, low density areas) |
| **Mitigation Needs** | Shelter in Place | Significant Mitigation | Moderate Mitigation | Low Mitigation |
| **Thresholds for Gating & Mitigation Adjustments** | Thresholds for gating not met: maintain or initiate significant mitigation, or implement additional mitigation if not currently in place | Thresholds for gating met/maintained: reduce mitigation to Phase 1 then maintain until next gating thresholds are met<br><br>OR<br><br>Moderate Transmission community where public health or healthcare system capacity thresholds are no longer met: increase mitigation across all settings to Phase 1 level | Thresholds for gating met/maintained: reduce mitigation to Phase 2 then maintain until next gating thresholds are met<br><br>OR<br><br>Low Transmission community where public health or healthcare system capacity thresholds are no longer met: increase mitigation across all settings to Phase 2 level | Thresholds for gating not necessary if community never experienced transmission that exceeded public health or healthcare system capacity: apply Guidelines for all Phases<br><br>OR<br><br>Moderate Transmission community where thresholds for gating met/maintained: reduce mitigation across all settings to Phase 3 level |

**Travel patterns within and between jurisdictions will impact efforts to reduce community transmission too. Coordination across state and local jurisdictions is critical – especially between jurisdictions with different mitigation needs. Considerations for employers and employees are outlined in Appendix 2. Refer to the latest CDC travel guidance for additional information.**

## Decision-Making for Community Mitigation

State, local, tribal, and territorial officials are best positioned to determine which phase their jurisdiction falls within. Decisions about moving to a different phase will be made at the state, local, tribal and territorial level.

**APPENDICES 3-5 CONTAIN MORE DETAILED TOOLS AND RESOURCES TO HELP OFFICIALS MAKE DECISIONS ABOUT THE APPROPRIATE LEVEL OF COMMUNITY MITIGATION BY PHASE AND SETTING. APPENDIX 6 CONTAINS THE DEVELOPMENT AND PRE-PRODUCTION CONCEPTS FOR A COMMUNITY LEADER'S GUIDE TOOLKIT.**

## Appendix 1: Indicators and Thresholds for Monitoring and Adjusting Mitigation Strategies

| WH Gating Criteria | Threshold for entering Phase 1 | Threshold for entering Phase 2 | Threshold for entering Phase 3 |
|---|---|---|---|
| **Decreases in newly identified COVID-19 cases** | • Downward trajectory (or near-zero incidence) of documented cases over a 14-day period | • Downward trajectory (or near-zero incidence) of documented cases for at least 14 days *after entering Phase 1* | • Downward trajectory (or near-zero incidence) of documented cases for at least 14 *days after entering Phase 2* |
| **Decreases in ED and/or outpatient visits for COVID-like illness (CLI)** | • Downward trajectory (or near-zero incidence) of CLI syndromic cases reported over a 14-day period | • Downward trajectory (or near-zero incidence) of CLI syndromic cases reported for at least 14 days *after entering Phase 1* | • Downward trajectory (or near-zero incidence) of CLI syndromic cases reported for at least an additional 14 days *after entering Phase 2* |
| **Decreases in ED and/or outpatient visits for influenza-like illness (ILI)** | • Downward trajectory (or near-zero incidence) of ILI reported over a 14-day period | • Downward trajectory (or near-zero incidence) of ILI reported for at least 14 days *after entering Phase 1* | • Downward trajectory (or near-zero incidence) of ILI reported for at least an additional 14 days *after entering Phase 2* |
| **Decreases in percentage of SARS-CoV-2 tests positive** | • Downward trajectory (or near-zero percent positive) of positive tests as a percent of total tests over a 14-day period (flat or increasing volume of tests) | • Downward trajectory (or near-zero percent positive) of positive tests as a percent of total tests for 14 *days after entering Phase 1* (flat or increasing volume of tests) | • Downward trajectory (or near-zero percent positive) of positive tests as a percent of total tests for at least 14 days *after entering Phase 2* (flat or increasing volume of tests) |
| **Treat all patients without crisis care** | • Jurisdiction inpt & ICU beds <80% full<br>• Staff shortage in last week = no<br>• PPE supplies adequate for >4 days | • Jurisdiction inpt & ICU beds <75% full<br>• Staff shortage in last week = no<br>• PPE supplies adequate for >4 days | • Jurisdiction inpt & ICU beds <70% full<br>• Staff shortage in last week = no<br>• PPE supplies adequate for >15 days |
| **Robust testing program** | • Test availability such that % positive tests ≤ 20% for 14 days<br>• Median time from test order to result <5 days | • Test availability such that % positive tests ≤ 15% for 14 days<br>• Median time from test order to result <4 days | • Test availability such that % positive tests ≤ 10% for 14 days<br>• Median time from test order to result <3 days |

## Community Demographics*

***provided as conditions to consider as having an impact on other indicators***

| Category | Indicator | Level of Consideration |
|---|---|---|
| **Population Density** | Population density, as a metric for feasibility of physical distancing in select settings | Population density of < 50 people per square mile |
| **High risk population density** | Proportion of population over 65 years | Less than 10% of population over 65 years<br>Less than 15% of population over 65 years |
| | Prevalence of cardiovascular disease and/or COPD | Less than 3.7% of population estimated to have cardiovascular disease and 6% or less with COPD |
| | Households with limited English literacy | Less than 30% of population<br>Map view (https://bit.ly/2UUtWBn) |
| | Population below the poverty level | Less than 10-12% of population<br>Map view (https://bit.ly/2woXIol) |
| | Percent with no health insurance coverage | Less than 10% of population<br>Map view (https://bit.ly/3e3tubu) |
| **Compliance indicators** | Number of violations / complaints related to mandatory or recommended community mitigation | Significant increase in non-compliance |

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## Economic Health Indicators**

***Provided as conditions to observe as indications of civic strain under strict mitigation measures***

| Category | Indicator | Thresholds |
|---|---|---|
| Economic Activity | Overall & Small Business Health Indices | • +/- monthly / quarterly change per industry, lifeline, CIKR |
| | Foot traffic (leading), COVID-19 Business Impact Index (lagging) | • Federal, state and local orders are lifted with ability for 65-80% of in-person business activity to safely resume with guidance. |
| | Daily Economic Loss | • Onsite worker wages lost<br>• Permanent business closures |
| | Loss of jobs, businesses, real estate (lagging) | • Number of evictions foreclosures and in community (commercial and residential) |
| | High output economic producers | • List, ranking by state, community |
| | Loss of sales and business revenue | • Quarterly and Annual sales and earnings reports<br>• Earnings before interest/tax/depreciation by industry and geography (state, community) |
| | Permanent Business Closure | • # or % in a community or state<br>• # or % of a sector |
| | GDP Loss | • Less than 30% loss from pre-COVID-19 baseline<br>• Monthly business activity index at 80% pre-COVID19 levels |
| Testing Required to Safely Operate Business | # Employees, customers and household members exposed with planned business and industry re-openings | • Testing availability for 100% symptomatic individuals exposed contacts |

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| | Screening | • Company screening processes / guidelines exist |
| | # Testing Units | • 10 business day standby inventory of 1 test per 10 employees;<br>• Production targets established and supply chains coordinated to ensure targets are met for 30 days for employees and households including critical infrastructure, small businesses and retail business market segments. |
| | Number or percentage of businesses with high contact rates | • Percentage or number of businesses that cannot socially distance (e.g., meat packing) |
| **PPE Required to Safely Operate Business** | # PPE/day/ employee for normal workplace requirements | • Sufficient routine PPE / day / employee for a minimum of 5 business days in the health & medical lifeline, safety & security lifeline, retail marketplace, manufacturing and constructions sites |
| | # PPE/day/employee for COVID-19 workplace requirements | • PPE production targets established and supply chains coordinated to ensure production and delivery targets are met for a period of 15 business days for employees of critical infrastructure, small business and retail market segments. |
| | Ability of businesses to obtain PPE and disinfectants to support operations | • PPE and cleaning requirements for essential and reopened businesses (contact rate (high, medium, low)) |

## Business & Industry Capacity Indicators**

***Provided as conditions to observe as indications of civic strain under strict mitigation measures*

| Category | Indicator | Thresholds |
|---|---|---|
| Business Continuity | COVID-19 continuity plan | • Workplace has standard risk management guidance, safe work plans, and a monitoring and surveillance system; ability to enforce strict mitigation. |
| | # workforce lost and $ wages lost per day | • Employee and sales losses exceed stimulus provisions and will result in intractable service disruptions and business deaths |
| | Financial benefits of industry reopening | • # Businesses per state, county, industry, lifeline, critical infrastructure<br>• # Employees per state, county, industry, lifeline, critical infrastructure |
| | Public health cost/risk of industry reopening | • # Projected new cases (growth rate)<br>• # Impacted employees and households<br>• # Impacted patrons per establishment, and patron households |
| | COVID-19 Compliance Score | • DUNS-level certification that business is ready to reopen. Scored by industry (e.g. Score above 70 = ready to reopen) |
| Supply Chain | # Essential supplies | • Businesses have essential health and safety supplies in place to ensure safe and responsible operations for workers and customers. |
| | Supply chain and critical infrastructure disruptions increase and viability and risk rates trend negative month over month. | • Critical infrastructure and supply chain performance targets established to enable market segments of the economy to reopen. |
| | Stability in supply chains and consumer confidence indicators | • Stability in supply chains and consumer confidence indicators |
| | Import / Export Supplier Relationships | • # of OCONUS suppliers, supplies that require overseas production |
| | Food acquisition capability | • Is food available? Is food accessible through government assistance? |

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| Workforce | Business/industry reopens | • Ability to provide onsite social distancing, alternative staffing, cohorts, or splitting shift workers for high, medium and low exposure workers. |
| | Telework rate | • Percentage of workforce teleworking<br>• Percentage of business/positions that cannot pivot to TW options |
| | # COVID+ staff and household members | • Decline in number of COVID+ staff and household members for a minimum of 5 consecutive days. |
| | Workforce Loss Per Industry | • % loss in productivity |
| | New Medicaid enrollments | • Less than 5% increase in new applications for Medicaid |
| | Unemployment Claims | • # Repetitive (% of total)<br>• # First time (% of total) |
| | Return to work or job loss | • #/% Returning to pre-COVID job<br>• #/% Returning to work in different job<br>• Number of layoffs above a threshold |

## Appendix 2: Travel Recommendations

| Travel Recommendations by Phase | | | | |
|---|---|---|---|---|
| Opening Up America Again Phase | **Pre-Gating or Phase Zero** | **Phase One** | **Phase Two** | **Phase Three** |
| Transmission Characteristics | Significant or Uncontrolled Transmission | Significant Controlled Transmission | Moderate, Controlled Transmission | Low, Controlled Transmission |
| Impact of virus introduction into this setting by a domestic traveler | Low | Low | Low | High |
| Likelihood of virus exportation from this setting to a new community by a domestic traveler | High | High | Medium | Low |
| Domestic Travel Guidance | • Avoid non-essential travel to, from, and within to prevent infection during travel and spread to other jurisdictions<br>• Work-related travel needed for critical infrastructure is exempt from restrictions | • Avoid non-essential travel to, from, and within to prevent infection during travel and spread to other jurisdictions<br>• Work-related travel needed for critical infrastructure is exempt from restrictions | • Avoid non-essential travel to Phase 0 and Phase 1 jurisdictions to prevent infection during travel<br>• Avoid non-essential travel to Phase 3 jurisdictions to prevent spreading<br>• Work-related travel needed for critical infrastructure is exempt from restrictions | • Non-essential travel may be considered within and between low, controlled transmission jurisdictions<br>• Avoid non-essential travel to moderate, controlled or significant, uncontrolled transmission jurisdictions to protect those in low, controlled transmission jurisdictions |
| International Travel | • Avoid non-essential international travel<br>• Returning international travelers should be managed according | • Avoid non-essential international travel | • Avoid non-essential international travel | • International travel may be considered following CDC international travel guidance |

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| | to Travel Health Notice | • Avoid international travel to Travel Health Notice Level 3 countries<br>• Returning international travelers should be managed according to Travel Health Notice guidance |

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# Appendix 3: Mitigation Guidance by Phase

**Gating Criteria for all Phases**

- **Transmission:** Community transmission is under control (Decrease in the percent of patient visits for influenza-like illness (ILI) **or** a decrease in ILI activity levels over 14 days, **plus** downward trajectory of documented cases within a 14 day period **or** downward trajectory of positive tests as a percent of total tests within a 14-day period- flat or increasing volume of tests).
- **Public Health Capacity:** Public health systems can detect, test, track, isolate and quarantine cases and quickly contain an outbreak.
- **Health System Capacity:** Health system is able to treat all new cases with capacity to absorb increased transmission.

GUIDANCE IN APPENDICES 3-5 NOT FINAL – AWAITING OIRA COMMENTS TO DOCUMENTS SUBMITTED 4-24

## Pre-Gating/Phase 0: Significant, Uncontrolled Transmission

Jurisdictions in Phase 0 are in need of significant mitigation. Policy makers have often implemented this in the form of stay at home or shelter in place orders. The risk of transmission, or the spread of COVID-19, is still considered significant and uncontrolled in these jurisdictions. The table below describes an overview of strategies to be implemented across different settings in jurisdictions that are in Phase 0.

Leaders of these jurisdictions are tasked with ensuring that significant mitigation strategies are followed to the best extent possible to protect jurisdictions, prevent further COVID-19 spread, and ensure that jurisdictions can safely advance to Phase 1 as the risk of COVID-19 transmission decreases.

It is critically important in this Phase, and in others, that jurisdictions continue to monitor their Gating Criteria data on 1) Transmission, 2) Public Health Capacity, and 3) Health System Capacity to determine any mitigation adjustments that may be needed.

- **Jurisdictions remain in Phase 0 until Gating Criteria is met.**
- **Jurisdictions may consider transitioning to Phase 1 after meeting Gating Criteria.**

The following table describes guidelines for individuals, employers, and essential workplaces for jurisdictions that are in Phase 0.

| **Pre-Gating/Phase 0. Community Mitigation Strategies in Areas with Significant, Uncontrolled Transmission** | |
|---|---|
| Guidelines for All Phases | Individuals<br>• Continue to practice good hygiene and implement personal protective measures (e.g., handwashing, cough etiquette, and face coverings)<br>• Social distancing (e.g., maintaining physical distance between persons)<br>• Environmental surface cleaning at home and in community settings, such as schools or workplaces<br>• People who feel sick should stay home |

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| Essential Workplaces | • Develop and implement appropriate policies, in accordance with FSLTT regulations and guidance, informed by industry best practices<br>• Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider<br>• Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test<br>• Remain open and ensure social distancing, proper cleaning requirements and protection of workers and customers<br>• Institute or continue telework flexibility<br>• Staff from low and moderate and transmission settings should be offered telework to eliminate travel to workplaces in high transmission settings<br>• Encourage employees and customers to use face coverings when around others<br>• Consider identifying childcare, schools and camps serving families of essential workers as essential workplaces |

## Phase 1: Significant, Controlled Transmission

Jurisdictions in Phase 1 are in need of **significant** mitigation. That means the risk of transmission, or the spread of COVID-19, is still considered significant and controlled in these jurisdictions.

Leaders of these jurisdictions are tasked with ensuring that significant mitigation strategies are followed to the best extent possible to protect jurisdictions, prevent further COVID-19 spread, and ensure that jurisdictions can safely advance to Phase 2 as the risk of COVID-19 transmission decreases.

It is critically important in this Phase, and in others, that jurisdictions continue to monitor their Gating Criteria data on 1) Transmission, 2) Public Health Capacity, and 3) Health System Capacity to determine any mitigation adjustments that may be needed.

- Jurisdictions may consider transitioning to Phase 2 after meeting Gating Criteria a second time with no rebound.
- Jurisdictions should return to Pre-Gating/Phase 0 if the community experiences rebound in transmission or has insufficient Public Health and Healthcare System capacity to manage an increase in cases.

The following table describes an overview of strategies to be implemented across different settings in jurisdictions that are in **Phase 1**. The next section provides more detailed guidance for each of these settings..

| Phase 1. Community Mitigation Strategies in Areas with Significant, Controlled Transmission | |
|---|---|
| Guidelines for All Phases | Individuals<br>• Continue to practice good hygiene and implement personal protective measures (e.g., handwashing, cough etiquette, and face coverings)<br>• Social distancing (e.g., maintaining physical distance between persons)<br>• Environmental surface cleaning at home and in community settings, such as schools or workplaces<br>• People who feel sick should stay home<br>Employers<br>• Develop and implement appropriate policies, in accordance with FSLTT regulations and guidance, informed by industry best practices<br>• Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider<br>• Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test |
| Phase 1 Guidelines for Individuals | • ALL VULNERABLE INDIVIDUALS* should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents<br>• All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed<br>• Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows) |

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| | • MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel |
| Phase 1 Guidelines for Employers | • Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations<br>• If possible, RETURN TO WORK IN PHASES<br>• Close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols<br>• Minimize NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel<br>• Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION |
| Phase 1 Guidelines for Specific Types of Employers *expanded below* | • SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed<br>• VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited<br>• Those who do interact with residents and patients must adhere to strict protocols regarding hygiene<br>• LARGE VENUES (e.g., sit down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols<br>• ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines<br>• GYMS can open if they adhere to strict physical distancing and sanitation protocols<br>• BARS should remain closed |
| Essential Workplaces | • Remain open and ensure social distancing, proper cleaning requirements and protection of workers and customers<br>• Institute or continue telework flexibility<br>• Staff from low and moderate and transmission settings should be offered telework, where possible, to eliminate travel to workplaces in high transmission settings<br>• Encourage employees and customers to use face coverings when around others<br>• Close common areas such as breakrooms, cafeterias<br>• Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least 6 feet apart<br>• Strongly consider special accommodations for personnel who are members of a vulnerable population (e.g., flexible leave policies, telework, reassignment of duties to minimize contact with others)<br>• Cancel work-related gatherings (e.g., staff meetings, after-work functions) where 6-foot distancing cannot be maintained<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a cloth face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns<br>• Consider identifying childcare, schools and camps serving families of essential workers as essential workplaces |
| General Workplaces | • Reopen only if business can ensure strict social distancing, proper cleaning and disinfecting, and protection of their workers and customers |

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| | • Limit service to drive-throughs, curbside take out, or delivery<br>• Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel<br>• Continue to encourage telework and virtual vs. in-person meetings wherever possible and feasible<br>• Encourage employees and customers to use face coverings when around others<br>• Close common areas such as breakrooms, cafeterias<br>• Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least 6 feet apart<br>• Strongly consider special accommodations for personnel who are members of a vulnerable population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others)<br>• Staff from low and moderate transmission (Phase 2 & 3) areas should be offered telework or other options as feasible to eliminate travel to workplaces in high transmission settings<br>• Cancel work-related gatherings (e.g., staff meetings, after-work functions) where 6ft distancing cannot be maintained<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a cloth face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Schools | • Schools that are currently closed should remain closed<br>• E-learning or distance learning opportunities should be provided for all students<br>• Ensure provision of student services such as school meal programs<br>• Encourage employees to use face coverings when around others<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering |
| Childcare Facilities | • Childcare facilities should only remain open for children of essential workers<br>• Childcare facilities that remain open should maintain enhanced social distancing measures (e.g. spaced seating to at least 6 feet apart when possible, restrict mixing between classes/groups, cancel all field trips, inter-group events, and extracurricular activities).<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Restrict non-essential visitors and volunteers<br>• Close communal use spaces such as cafeterias and playgrounds if possible, or stagger use and clean/disinfect in between use. Serve individually plated meals to limit sharing of food or utensils and hold activities in separate classrooms<br>• Keep children's belongings separated<br>• Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment for by one group of children at a time and disinfect between use<br>• Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched (e.g., toys) and avoid use of items that are not easily cleaned |

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| | • Staff from low and moderate transmission (Phase 2 & 3) settings should be offered telework or other options as feasible to eliminate travel to childcare centers in high transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Summer Camps | • Summer camps should only remain open for children of essential workers and only for children who live in the local geographic area<br>• Ensure enhanced distancing measures (e.g., spaced seating to at least 6 feet apart when possible, restrict mixing between classes/groups, cancel all field trips and inter-group events)<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Close communal use spaces such as cafeterias and playgrounds if possible, or stagger use and clean/disinfect in between use. Serve individually plated meals to limit sharing of food or utensils and hold activities in separate areas<br>• Keep children's belongings separated<br>• Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper)<br>• Staff from low and moderate transmission (Phase 2 & 3) settings should be offered telework or other options as feasible to eliminate travel to workplaces in high transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Parks and recreational facilities | • Remain open, or re-open if closed, with modifications to ensure visitors can maintain social distancing, and practice proper hand hygiene<br>• Close facilities and areas where social distancing cannot be maintained (e.g., water parks, courts, playgrounds)<br>• Cancel or postpone events and gatherings<br>• Use flexible telework policies, especially for staff at higher risk for severe illness<br>• Staff from low and moderate transmission (Phase 2 & 3) settings should be offered telework or other options as feasible to eliminate travel to workplaces in high transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Healthcare Settings | • Continue telehealth expansion<br>• Cancel elective surgeries |

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| | • Only schedule essential outpatient care (routine immunizations, well child care visits, etc.: https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html; https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html)<br>• Nursing homes and hospitals should restrict all visitors<br>• Restrict entry of non-essential staff and contractors<br>• Limit group activities, including meals |
| Colleges and Universities | Guidance will be forthcoming |
| Restaurants and Bars | • Provide physical guides (e.g., tape on floors/sidewalks) to ensure customers remain at least six feet apart in lines or ask customers to wait in cars when picking up food.<br>• Post signs to inform customers of food pick-up protocols<br>• Consider installing physical barriers, such as sneeze guards and partitions at cash registers or other food pick-up areas where maintaining distancing of at least 6 feet is difficult<br>• Restrict the number of employees in shared spaces (e.g., kitchens, break rooms, offices) to maintain at least 6 feet distance between people<br>• Rotate/stagger shifts to limit number of employees in the workplace at a time<br>• Consider special accommodations for personnel who are members of a vulnerable population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others)<br>• Staff from low and moderate transmission (Phase 2 & 3) settings should be offered telework or other options as feasible to eliminate travel to workplaces in high transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Social Gatherings | • Cancel all gatherings of 10 or more<br>• Cancel gatherings of any size where distancing cannot be maintained (this does not include household contacts) |
| Mass Transit | • Restrict ridership to employees of essential businesses and critical infrastructure to the extent possible<br>• Restrict routes between areas experiencing different levels of transmission (between areas in different Phases)<br>• Ensure strict social distancing, proper cleaning and disinfecting and protection of workers and customers<br>• Install no-touch trash cans<br>• Clean and disinfect frequently touched surfaces (e.g., kiosks, digital interfaces such as touchscreens and fingerprint scanners, ticket machines, turnstiles, handrails, restroom surfaces, elevator buttons) at least daily<br>• Clean and disinfect the operator area between operator shifts<br>• Use touchless payment, trash cans, and doors as much as possible, when available.<br>• Institute measures to physically separate or create distance of at least 6 feet between all occupants. This may include:<br>  • Adjust how passengers enter and exit (while allowing exceptions for persons with disabilities) |

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| | • Close every other row of seats<br>• Reduce maximum occupancy and increase service on crowded routes<br>• Provide physical guides on vehicles and at transit stations and stops. Floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers<br>• Install physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable<br>• Close communal spaces, such as break rooms or stagger use and clean in between uses<br>• Consider assigning vulnerable workers duties that minimize their contact with passengers and other employees.<br>• Offer staff from low and moderate transmission (Phase 2 & 3) settings telework or other options as feasible to eliminate travel |
| Mass Gatherings | Guidance will be forthcoming |
| Communities of Faith | • Limit gatherings to those that can be held virtually (online video streaming) for vulnerable populations and consider video streaming or drive-in options for services.<br>• Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing<br>• Consider modifying clergy visits to over the phone or online<br>• Encourage the use of face coverings when around others<br>• Encourage proper hand hygiene and avoid direct person-to-person contact and sharing of objects<br>• Consider posting signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible). |

## Phase 2: Moderate, Controlled Transmission

Jurisdictions in Phase 2 are in need of **moderate** mitigation. That means that risk of transmission, or the spread of COVID-19, is still considered moderate and controlled in these jurisdictions.

Leaders of these jurisdictions are tasked with ensuring that significant mitigation strategies are followed to the best extent possible to protect jurisdictions, prevent further COVID-19 spread, and ensure that jurisdictions can safely advance to the Phase 3 as COVID-19 transmission decreases.

It is critically important in this Phase, and in others, that jurisdictions continue to monitor their Gating Criteria data on 1) Transmission, 2) Public Health Capacity, and 3) Health System Capacity to determine any mitigation adjustments that may be needed.

- Jurisdictions may consider transitioning to Phase 3 after meeting Gating Criteria a third time with no rebound.
- Jurisdictions should return to Phase 1 if community experiences rebound in transmission or has insufficient public health and healthcare system capacity to manage increase in cases (or return to Pre-Gating/Phase 0, depending on severity of rebound and/or capacity needs).

The following table describes an overview of strategies to be implemented across different settings in jurisdictions that are in Phase 2. Links in the table are also included for more detailed guidance for each of these settings.

| Phase 2. Community Mitigation Strategies in Areas with Significant, Controlled Transmission | |
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| Guidelines for All Phases | Individuals<br>- Continue to practice good hygiene and implement personal protective measures (e.g., handwashing, cough etiquette, and face coverings)<br>• Social distancing (e.g., maintaining physical distance between persons)<br>• Environmental surface cleaning at home and in community settings, such as schools or workplaces<br>• People who feel sick should stay home<br>Employers<br>• Develop and implement appropriate policies, in accordance with FSLTT regulations and guidance, informed by industry best practices<br>• Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.<br>• Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test. |
| Phase 2 Guidelines for Individuals | - ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents<br>• All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed |
| Phase 2 Guidelines for Employers | • NON-ESSENTIAL BUSINESS AND PERSONAL TRAVEL can resume. |

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| | • Businesses continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations<br>• Businesses close COMMON AREAS where personnel are likely to congregate and interact, or enforce moderate social distancing protocols<br>• Businesses strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION |
| Phase 2 Guidelines for Specific Types of Employers *expanded below* | • SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene<br>• LARGE VENUES (e.g., sit down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols<br>• ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and inpatient basis at facilities that adhere to CMS guidelines<br>• GYMS can remain open if they adhere to strict physical distancing and sanitation protocols<br>• BARS may operate with diminished standing room occupancy, where applicable and appropriate |
| Essential Workplaces | • Remain open and ensure social distancing, proper cleaning and disinfecting requirements and protection of workers and customers<br>• Institute or continue telework to the extent feasible<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to workplaces in moderate transmission settings<br>• Encourage employees and customers to use cloth face coverings when around others<br>• Close common areas such as breakrooms, cafeterias or stagger use and clean/disinfect between use<br>• Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least 6 feet apart<br>• Strongly consider special accommodations for personnel who are members of a vulnerable population (e.g., flexible leave and telework policies where possible reassignment of duties to minimize contact with others)<br>• Consider resuming non-essential travel in accordance with state and local regulations and guidance<br>• Cancel work-related gatherings (e.g., staff meetings, after-work functions) where 6-foot distancing cannot be maintained<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a cloth face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| General Workplaces | • Reopen only if business can ensure moderate social distancing (e.g. staggered work shifts to limit number of employees in workplace at a time), proper cleaning and disinfecting requirements (Infection Prevention Certification), and protection of their workers and customers<br>• Continue to encourage telework and virtual vs. in-person meetings wherever possible and feasible<br>• Encourage employees and customers to use face coverings when around others |

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| | • Close common areas such as breakrooms, cafeterias or stagger use and clean/disinfect between use<br>• Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least 6 feet apart<br>• Strongly consider special accommodations for personnel who are members of a vulnerable population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others)<br>• Consider resuming non-essential travel in accordance with state and local regulations and guidance<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to workplaces in moderate transmission settings<br>• Cancel work-related gatherings (e.g., staff meetings, after-work functions) where 6 feet distancing cannot be maintained<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a cloth face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Schools | • Remain open with enhanced distancing measures (e.g., spaced seating to at least 6 feet apart when possible, restrict mixing between classes/groups, cancel field trips, limit gatherings & extracurricular events to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from significant mitigation (Phase 1) areas)<br>• Restrict non-essential visitors and volunteers<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Close communal use spaces such as cafeterias and playgrounds if possible, or stagger use and clean/disinfect in between use. Serve individually plated meals to limit sharing of food or utensils and hold activities in separate classrooms.<br>• Keep children's belongings separated<br>• Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) student) or limit use of supplies and equipment for by one group of children at a time and clean and disinfect between use<br>• E-learning or distance learning opportunities should be provided for higher-risk students, and those with vulnerable family members<br>• Teachers, staff, and students from significant transmission (Phase 1) areas should be offered telework, e-learning, or other options as feasible to eliminate travel to schools in moderate controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Childcare Facilities | • Childcare facilities should remain open with enhanced social distancing measures (e.g., spaced seating to at least 6 feet apart when possible, restrict mixing between classes/groups, cancel field trips, limit gatherings & extracurricular events to those that |

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| | where can maintain social distancing can be maintained, support proper hand hygiene, and restrict attendance of those from significant mitigation (Phase 1) areas).<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Restrict non-essential visitors and volunteers<br>• Close communal use spaces such as cafeterias and playgrounds if possible, or stagger use and clean/disinfect in between use. Serve individually plated meals to limit sharing of food or utensils and hold activities in separate classrooms<br>• Keep children's belongings separated<br>• Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment for by one group of children at a time and disinfect between use<br>• Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched (e.g., toys) and avoid use of items that are not easily cleaned<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to childcare centers in moderate controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Summer Camps | • Remain open with enhanced distancing measures (e.g., spaced seating to at least 6 feet apart when possible, restrict mixing between classes/groups, cancel field trips, limit gatherings & extracurricular events to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from significant mitigation (Phase 1) areas)<br>• Restrict attendance to those from the local geographic area<br>• Restrict non-essential visitors and volunteers<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Close communal use spaces such as cafeterias and playgrounds if possible, or stagger use and clean/disinfect in between use. Serve individually plated meals to limit sharing of food or utensils and hold activities in separate areas.<br>• Keep children's belongings separated<br>• Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment for by one group of children at a time and disinfect between use<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to camps in moderate controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering. |

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| | • Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Parks and recreational facilities | • Open with modifications to ensure visitors can maintain social distancing, and practice proper hand hygiene<br>• Close facilities and areas where social distancing cannot be maintained (e.g., water parks, courts, playgrounds)<br>• Cancel or postpone events and gatherings that do not ensure social distancing<br>• Use flexible telework policies where possible, especially for staff at higher risk for severe illness<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to workplaces in moderate transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Healthcare Settings | • Continue Tele-health expansion<br>• Schedule elective surgeries on a case-by-case basis based on the clinical urgency (e.g., procedures that cannot be postponed for greater than 1 week)<br>• Schedule routine outpatient care on a case-by-case basis considering factors such as clinical urgency, need for follow-up for pre-existing conditions, as well as potential vulnerability of patients based on underlying comorbidities<br>• Nursing homes and hospitals should restrict all visitors, including consider restriction of entry of non-essential staff and contractors<br>• Continue tele-health expansion<br>• Nursing homes and hospitals should restrict all visitors, including consider restriction of entry of non-essential staff and contractors<br>• Consider limiting group activities, including meals |
| Colleges and Universities | Guidance will be forthcoming |
| Restaurants and Bars | • Restaurants open dining areas with limited seating that allows for social distancing (minimum of 6 feet between groups of people) to protect employees and guests<br>• Bars open with limited standing room only capacity that can allow for 6- foot social distancing among patrons<br>• Provide drive-through, delivery, or curb-side pick-up options and prioritize outdoor seating as much as possible<br>• Ensure proper cleaning, sanitizing, and disinfecting requirements, and protection of workers and customers<br>• Reduce occupancy and limit the size of parties dining together to ensure all customer parties<br>• Install physical barriers, such as sneeze guards and partitions, at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult<br>• Provide physical guides (e.g., tape on floors/sidewalks) to ensure customers remain at least 6 feet apart in lines/waiting for seating<br>• Use phone apps to alert patrons when their table is ready to avoid use of communal "buzzers" and ask patrons to wait for their table in cars or away from establishment |

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| | • Avoid offering any self-serve food or drink options (e.g., buffets, salad bars, drink stations)<br>• Offer disposable or digital menus, single serving condiments, and no-touch payment, trash cans, doors<br>• Consider special accommodations for personnel who are members of a vulnerable population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others)<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to workplaces in moderate transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Social Gatherings | • Cancel all gatherings of 50 or more<br>• Cancel gatherings of any size where distancing cannot be maintained.<br>• Do not allow attendance of individuals from significant transmission jurisdictions |
| Mass Transit | • Restrict routes between areas experiencing different levels of transmission (between areas in different Phases) to the extent possible<br>• Ensure strict social distancing, proper cleaning and disinfecting requirements and protection of workers and customers<br>• Install no-touch trash cans<br>• Clean and disinfect frequently touched surfaces (for example e.g., kiosks, digital interfaces such as touchscreens and fingerprint scanners, ticket machines, turnstiles, handrails, restroom surfaces, elevator buttons) at least daily.<br>• Clean and disinfect the operator area between operator shifts<br>• Use touchless payment options as much as possible, when available.<br>• Institute measures to physically separate or create distance of at least 6 feet between all occupants. This may include:<br>• Adjust how passengers enter and exit (while allowing exceptions for persons with disabilities)<br>• Close every other row of seats<br>• Reduce maximum occupancy and increase service on crowded routes<br>• Provide physical guides on vehicles and at transit stations and stops. Floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers<br>• Install physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable<br>• Close communal spaces, such as break rooms or stagger use and clean in between uses<br>• Consider assigning vulnerable workers duties that minimize their contact with passengers and other employees.<br>• Staff from significant transmission (Phase 1) areas should be offered telework or other options as feasible to eliminate travel to workplaces in moderate transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |

| Mass Gatherings | Guidance will be forthcoming |
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| Communities of Faith | • Consider holding gatherings virtually (online video streaming) for vulnerable populations and consider video streaming or drive-in options for services<br>• Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing.<br>• Consider limiting in home or in hospital clergy visits and offering visits over the phone or online<br>• Encourage the use of face coverings when around others<br>• Encourage proper hand hygiene and avoid direct person-to-person contact and sharing of objects<br>• Consider posting signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible). |

## Phase 3: Low, Controlled Transmission

States and Jurisdictions in Phase 3 are in need of **low** mitigation. That means that risk of transmission, or the spread of COVID-19, is still considered low and controlled in these jurisdictions.

Leaders of these jurisdictions are tasked with ensuring that significant mitigation strategies are followed to the best extent possible to protect jurisdictions, prevent further COVID-19 spread, and ensure that jurisdictions can safely remain in Phase 3 as risk for COVID-19 transmission remains low.

It is critically important in this Phase, and in others, that jurisdictions continue to monitor their Gating Criteria data on 1) Transmission, 2) Public Health Capacity, and 3) Health System Capacity to determine any mitigation adjustments that may be needed.

- Jurisdictions may remain in Phase 3 if Gating Criteria remain stable.
- Jurisdictions should return to Phase 2 if community experiences rebound in transmission or has insufficient Public Health and Healthcare System capacity to manage increase in cases (or return to an earlier stage/Pre-Gating, depending on severity of rebound and/or capacity needs).

The following table describes an overview of strategies to be implemented across different settings in jurisdictions that are in Phase 3. Links in the table are also included for more detailed guidance for each of these settings.

| Phase 3. Community Mitigation Strategies in Areas with Low, Controlled Transmission | |
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| Guidelines for All Phases | Individuals<br>• Continue to practice good hygiene and implement personal protective measures (e.g., handwashing, cough etiquette, and face coverings)<br>• Social distancing (e.g., maintaining physical distance between persons)<br>• Environmental surface cleaning at home and in community settings, such as schools or workplaces<br>• People who feel sick should stay home<br>Employers<br>• Develop and implement appropriate policies, in accordance with FSLTT regulations and guidance, informed by industry best practices<br>• Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.<br>• Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test. |
| Phase 3 Guidelines for Individuals | • VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.<br>• LOW RISK POPULATIONS should consider minimizing time spent in crowded environments. |
| Phase 3 Guidelines for Employers | Resume UNRESTRICTED STAFFING of worksites |

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| Phase 3 Guidelines for Specific Types of Employers *expanded below* | • VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene<br>• LARGE VENUES (e.g., sit down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.<br>• GYMS can remain open if they adhere to standard sanitation protocols<br>• BARS may operate with increased standing room occupancy, where applicable. |
| Essential Workplaces | • Remain open and ensure social distancing, proper cleaning and disinfecting, and protection of workers and customers<br>• Institute or continue telework flexibility<br>• Staff from moderate and significant transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to workplaces in low transmission settings<br>• Encourage employees and customers to use cloth face coverings when around others<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering |
| General Workplaces | • Remain open if business can ensure limited social distancing, proper cleaning and disinfecting, and protection of their workers and customers<br>• Continue to encourage telework and virtual vs. in-person meetings wherever possible and feasible<br>• Encourage employees and customers to use face coverings when around others<br>• Stagger use of common areas such as breakrooms, cafeterias and clean/disinfect between use<br>• Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least 6 feet apart<br>• Staff from significant and moderate transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to workplaces in low controlled transmission settings<br>• Consider canceling work-related gatherings (e.g., staff meetings, after-work functions) where 6-foot distancing cannot be maintained<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a cloth face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Schools | • Remain open with distancing measures (e.g., spaced seating to at least 6 feet apart when possible, limit mixing between classes/groups, and limit gatherings & extracurricular events to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission (Phase 1 & 2) areas.<br>• Consider limiting non-essential visitors and volunteers. Restrict attendance of those from higher transmission (Phase 1 & 2) areas.<br>• Encourage employees to use cloth face coverings when around others, particularly when physical distancing is not possible.<br>• Consider keeping communal use spaces such as cafeterias and playgrounds closed if possible, or stagger use and clean/disinfect in between use. Consider serving individually |

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| | plated meals to limit sharing of food or utensils and holding activities in separate classrooms.<br>• Keep children's belongings separated<br>• Consider staggering arrival and drop-off times or locations, or putting in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single student or limit use of supplies and equipment for one group of children at a time and clean and disinfect between use<br>• E-learning or distance learning and telework opportunities should be provided, where feasible, for higher-risk students and staff<br>• Teachers, staff, and students from higher transmission (Phase 1 & 2) areas should be offered telework, e-learning, and other options as feasible to eliminate travel to schools in low controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Childcare Facilities | • Childcare facilities should remain open with limited social distancing measures (e.g., spaced seating to at least 6 feet apart when possible, limit mixing between classes/groups, and limit gatherings & extracurricular events to those where social distancing can be maintained, support proper hand hygiene, and restrict attendance of those from higher mitigation (Phase 1 & 2) areas.<br>• Consider limiting non-essential visitors and volunteers. Restrict attendance of those from higher transmission (Phase 1 & 2) areas.<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible.<br>• Consider keeping communal use spaces such as cafeterias and playgrounds closed if possible, or stagger use and clean/disinfect in between use. Consider serving individually plated meals to limit sharing of food or utensils and holding activities in separate classrooms.<br>• Keep children's belongings separated<br>• Consider staggering arrival and drop-off times or locations, or putting in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment for by one group of children at a time and disinfect between use<br>• Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched (e.g., toys) and avoid use of items that are not easily cleaned<br>• Staff from significant and moderate transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to childcare centers in low controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Summer Camps | • Remain open with distancing measures (e.g., spaced seating to at least 6 feet apart when possible, limit mixing between classes/groups, and limit gatherings & extracurricular events to those that can maintain social distancing, support proper hand hygiene, and |

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| | restrict attendance of those from significant and moderate mitigation (Phase 1 & 2) areas).<br>• Restrict attendance to those from limited transmission areas<br>• Encourage employees to use face coverings when around others, particularly when physical distancing is not possible<br>• Consider keeping communal use spaces such as cafeterias and playgrounds closed if possible, or stagger use and clean/disinfect in between use. Consider serving individually plated meals to limit sharing of food or utensils and holding activities in separate areas.<br>• Keep children's belongings separated<br>• Consider staggering arrival and drop-off times or locations, or putting in place other protocols to limit direct contact with parents as much as possible<br>• Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment for by one group of children at a time and disinfect between use<br>• Staff from significant and moderate transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to camps in low controlled transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Parks and recreational facilities | • Open with modifications to ensure visitors can maintain social distancing, and practice proper hand hygiene.<br>• Cancel or postpone large events and gatherings<br>• Use flexible telework policies, especially for staff at higher risk for severe illness.<br>• Staff from moderate and significant transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to workplaces in low transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Healthcare Settings | • Continue telehealth expansion<br>• Schedule elective surgeries<br>• Consider gradually returning to normal scheduling of all routine outpatient medical and dental care<br>• Nursing homes and hospitals can consider relaxing visitor restrictions on a case-by-case basis (variables to consider include the widespread availability of testing to ensure rapid identification of potential nursing home clusters; adequacy of personal protective equipment and training of staff on appropriate IPC practices to help mitigate risk of nosocomial transmission)<br>• Resume non-COVID care {insert link to new CMS guidance} |
| Colleges and Universities | Guidance will be forthcoming. |
| Restaurants and Bars | • Restaurants operate with increased seating capacity while maintaining social distancing to protect employees and guests |

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| | • Bars operate with increased standing room occupancy that allows for social distancing.<br>• Provide drive-through, delivery, or curb-side pick-up options and prioritize outdoor seating as much as possible<br>• Consider options for dine-in customers to order ahead of time to limit the amount of time spent in the establishment<br>• Ensure proper cleaning, sanitizing, and disinfecting, and protection of workers and customers.<br>• Install physical barriers, such as sneeze guards and partitions, at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.<br>• Provide physical guides (e.g., tape on floors/sidewalks) to ensure customers remain at least 6 feet apart in lines/waiting for seating.<br>• Consider using phone apps to alert patrons when their table is ready to avoid use of communal "buzzers" and ask patrons to wait for their table in cars or away from establishment<br>• Avoid offering any self-serve food or drink options (e.g., buffets, salad bars, drink stations)<br>• Consider special accommodations for personnel who are members of a vulnerable population (e.g. flexible leave and telework policies where possible, reassignment of duties to minimize contact with others)<br>• Staff from moderate and significant transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to workplaces in low transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Social Gatherings | • Cancel gatherings where social distancing cannot be maintained.<br>• Discourage attendance of individuals from significant transmission jurisdictions |
| Mass Transit | • Restrict routes between areas experiencing different levels of transmission (between areas in different Phases) to the extent possible<br>• Continue to encourage social distancing<br>• Ensure proper cleaning and disinfecting and protection of workers and customers<br>• Clean and disinfect frequently touched surfaces (e.g., kiosks, digital interfaces such as touchscreens and fingerprint scanners, ticket machines, turnstiles, handrails, restroom surfaces, elevator buttons) at least daily.<br>• Clean and disinfect the operator area between operator shifts<br>• Use touchless payment, trash cans, and doors as much as possible, when available.<br>• Consider or continue instituting measures to physically separate or create distance between occupants<br>• Provide physical guides on vehicles and at transit stations and stops. Floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers<br>• Maintain physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable<br>• Consider assigning vulnerable workers duties that minimize their contact with passengers and other employees. |

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| | • Staff from moderate and significant transmission (Phase 1 & 2) areas should be offered telework or other options as feasible to eliminate travel to workplaces in low transmission settings<br>• Post signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick-leave policies where possible, create a roster of trained back-up staff, and designate someone to be responsible for responding to COVID-19 concerns |
| Mass Gatherings | Guidance will be forthcoming |
| Communities of Faith | • Consider video streaming or drive-in options for vulnerable populations<br>○ Limit gatherings to those that can maintain social distancing, and practice proper hand hygiene.<br>• Consider limiting in home or in hospital clergy visits and offer visits over the phone or online for those who are at vulnerable<br>• Encourage the use of face coverings when around others<br>• Encourage proper hand hygiene and avoid direct person-to-person contact and sharing of objects<br>• Consider posting signs on how to stop the spread of COVID-19, wash hands, and properly wear a face covering.<br>• Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible). |

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# Public Health Considerations for REOPENING MASS TRANSIT DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist mass transit administrators in making decisions during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions. Note: Mass transit is critical for many Americans to commute to/from work and to access essential goods and services. In areas requiring significant mitigation, mass transit may need to remain open and certain routes prioritized. Follow these guidelines for bus transit operators, rail transit operators, transit maintenance workers, and transit station workers and these guidelines on wearing cloth face coverings.

**Should you consider increasing service?**

- ✓ Is the mass transit system offering service in an area not requiring significant mitigation?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will the mass transit system be ready to protect employees at higher risk for severe illness?

ANY NO → DO NOT INCREASE SERVICE

ALL YES →

**Are recommended safety actions in place to the extent locally possible?**

- ✓ Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Ensure social distancing such as increased spacing of passengers and employees, close every other row of seats, bus rear door entry/exit where feasible
- ✓ Train all staff on safety actions

ANY NO → ADDRESS SAFEGUARDS BEFORE INCREASING SERVICE

YES →

**Is ongoing monitoring in place?**

- ✓ Check employees for signs and symptoms
- ✓ Encourage employees who are sick to stay home
- ✓ Plan for if an employee gets sick
- ✓ Monitor employee absences and have flexible leave policies and practices where feasible
- ✓ Be ready to reduce services if there are increased cases

ANY NO → ADDRESS SAFEGUARDS BEFORE INCREASING SERVICE

YES → INCREASE SERVICE AND MONITOR

# REOPENING CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist administrators in making decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions. Note: In areas requiring significant mitigation, child care programs that remain open to serve the children of essential workers should refer to Guidance for Child Care Programs that Remain Open.

### Should you consider opening?

- ✓ Is the child care center in a community no longer requiring significant mitigation?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will the child care center be ready to protect children and staff at higher risk for severe illness?

ANY NO → DO NOT OPEN

ALL YES →

### Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, staff wearing a cloth face covering
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Ensure social distancing such as increased spacing, small groups, limited mixing between groups
- ✓ Limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all staff on safety actions

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

### Is ongoing monitoring in place?

- ✓ Check for signs and symptoms of children and staff
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or staff get sick
- ✓ Regularly communicate with local authorities, staff, and families
- ✓ Monitor child and staff absences and have flexible leave policies and practices
- ✓ Be ready to close if there are increased cases

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

# REOPENING YOUTH PROGRAMS AND CAMPS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist directors or administrators in making decisions regarding youth programs and camps during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions. Note: In areas requiring significant mitigation, youth programs and camps that remain open to serve the children of essential workers should refer to Guidance for Child Care Programs that Remain Open.

### Should you consider opening?

- ✓ Is the youth program or camp in a community no longer requiring significant mitigation?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will the youth program or camp limit attendance to children and staff who live in the local area?
- ✓ Will the youth program or camp be ready to protect children and staff at higher risk for severe illness?

ANY NO → DO NOT OPEN

ALL YES →

### Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, staff wearing a cloth face covering
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Ensure social distancing such as increased spacing, small groups, limited mixing between groups
- ✓ Limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all staff on safety actions

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

### Is ongoing monitoring in place?

- ✓ Check for signs and symptoms in children and staff
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or staff get sick
- ✓ Regularly communicate with local authorities, staff, and families
- ✓ Monitor child and staff absences and have flexible leave policies and practices
- ✓ Be ready to close if there are increased cases

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

# REOPENING WORKPLACES DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist employers in making decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions.

## Should you consider opening?

- ✓ Is the workplace in a community no longer requiring significant mitigation*?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will you be ready to protect employees at higher risk for severe illness?

ANY NO → DO NOT OPEN

ALL YES →

## Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Ensure social distancing such as installing physical barriers, changing layout of workspaces, encouraging telework, closing communal spaces, staggering shifts and breaks, no large events
- ✓ Limit travel and modify commuting practices
- ✓ Train all staff on safety actions

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

## Is ongoing monitoring in place?

- ✓ Check for signs and symptoms of employees
- ✓ Encourage employees who are sick to stay home
- ✓ Plan for when an employee gets sick
- ✓ Regularly communicate with local authorities and employees
- ✓ Monitor staff absences and have flexible leave policies and practices
- ✓ Be ready to close if there are increased cases

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

*Or in an area with significant mitigation and providing essential, critical infrastructure

# REOPENING FAITH COMMUNITIES DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist leaders of faith communities in making decisions during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions. When completing the decision tree, consider that faith communities may also provide social, educational, and child care services at their facility.

## Should you consider having in-person gatherings?

- ✓ Is the facility in a community no longer requiring significant mitigation?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will you be ready to protect staff and congregants at higher risk for severe illness?

**ANY NO** → **DO NOT OFFER IN-PERSON GATHERINGS**

**ALL YES** →

## Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Ensure social distancing such as no large gatherings, increased spacing, avoid holding hands, offer additional, smaller services
- ✓ Limit sharing of items such as worship aids and collection trays
- ✓ Offer virtual services if possible
- ✓ Train all staff and congregants on safety actions

**ANY NO** → **MEET SAFEGUARDS BEFORE OFFERING IN-PERSON GATHERINGS**

**ALL YES** →

## Is ongoing monitoring in place?

- ✓ Encourage staff and congregants who are sick to stay home
- ✓ Plan for if staff or congregants get sick at facility
- ✓ Regularly communicate with local authorities, staff, and congregants
- ✓ Monitor staff absences and have flexible leave policies and practices
- ✓ Be ready to cancel in-person gatherings if there are increased cases

**ANY NO** → **MEET SAFEGUARDS BEFORE OFFERING IN-PERSON GATHERINGS**

**ALL YES** → **OFFER IN-PERSON GATHERINGS AND MONITOR**

# REOPENING RESTAURANTS AND BARS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist businesses in the food service industry, such as restaurants and bars, in making decisions during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions.

## Should you consider opening?

- ✓ Is the restaurant or bar in a community no longer requiring significant mitigation*?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will you be ready to protect employees at higher risk for severe illness?

ANY NO → DO NOT OPEN

ALL YES →

## Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Ensure social distancing such as drive-through, delivery, curb-side pick up, increasing spacing of tables/stools, limiting party sizes and occupancy, avoiding self-serve stations, restricting employee shared spaces, rotating or staggering shifts
- ✓ Train all staff on safety actions

ANY NO → MEET SAFEGUARDS FIRST

ALL YES →

## Is ongoing monitoring in place?

- ✓ Check for signs and symptoms of employees
- ✓ Encourage employees who are sick to stay home
- ✓ Plan for if an employee gets sick
- ✓ Regularly communicate with local authorities and employees
- ✓ Monitor staff absences and have flexible leave policies and practices
- ✓ Be ready to close if there are increased cases

ANY NO → MEET SAFEGUARDS FIRST

ALL YES → OPEN AND MONITOR

*In areas with significant mitigation, limit services to drive-throughs, curbside take out, or delivery

Appendix 5: Setting Specific Guidance

# INTERIM GUIDANCE FOR CHILD CARE PROGRAMS

GUIDANCE BY SETTING TO BE ADDED - AWAITING OIRA COMMENTS TO DOCUMENTS SUBMITTED 4-24

The reopening of child care programs is crucial to helping parents and guardians return to work. Many States have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's Interim Guidance for Administrators of US K-12 Schools and Childcare Programs and supplemental Guidance for Child Care Programs that Remain Open provide recommendations for operating child care programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by State and local authorities, child care programs should be closed. However, child care programs can choose to remain open to serve children of essential workers, such as healthcare workers. All decisions about following these recommendations should be made locally, in collaboration with local health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems.

## (Re) Opening

- **In all Phases:**
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Protect and support staff, children, and their family members who are at higher risk for severe illness.
  - Provide staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to childcare programs in lower transmission (later Phase) areas and vice versa.
  - Follow CDC's supplemental Guidance for Child Care Programs that Remain Open.
  - Ensure that any other community groups or organizations that use the child care facilities also follow this guidance: Guidance for Child Care Programs that Remain Open.
- **Phase 1**: Restrict to children of essential workers.
- **Phase 2**: Expand to all children with **enhanced** social distancing measures.
- **Phase 3**. Remain open for all children with social distancing measures.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential at times when social distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), and tissues.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean, sanitize, and disinfect frequently touched surfaces (for example, playground equipment, door handles, sink handles, drinking fountains) multiple times per day. and shared objects between use.
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Ensure social distancing

- **Phase 1 and 2**
  - Ensure that classes include the same group of children each day, and that the same child care providers remain with the same group each day.
  - Restrict mixing between groups
  - Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
  - Space out seating and bedding (head-to-toe positioning) to six feet apart if possible.
  - Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils.
- Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

- **Phase 3**
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Consider staggering arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

**Limit sharing (Phases 1-3)**

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas and taken home each day and cleaned.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing), as well as by mediated contact.

**Train all staff (Phases 1-3)**

- Train all staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure social distancing is maintained.

## Monitoring and Preparing

### Check for signs and symptoms (Phases 1-3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental Guidance for Child Care Programs that Remain Open and in CDC's General Business FAQs for screening staff.
- Implement health checks (e.g. temperature checks and symptom screening) screenings safely, and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Employers and child care directors may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

### Plan for when a staff member, child, or visitor becomes sick (Phases 1-3)

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children
- Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

### Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. Have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures

**Phases 1-3**

- It is very important to check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly.
- Where a community is deemed a significant mitigation community, child care programs should close, except for those caring for the children of essential workers, such as the children of health care workers.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a few days for cleaning and disinfection.

# INTERIM GUIDANCE FOR SCHOOLS AND DAY CAMPS

As communities consider reopening centers for learning, such as K-12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g. communities that remain in low transmission or that have entered Phase two or three) may put in place the practices described below as part of a phased reopening. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

## (Re) Opening

- **In all Phases:**
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Protect and support staff and students who are at higher risk for severe illness, such as providing options for telework and virtual learning.
  - Follow CDC's Guidance for Schools and Childcare Programs.
  - Provide teachers and staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Phase) areas and vice versa.
  - Ensure external community organizations that use the facilities also follow this guidance.
- **Phase 1:** Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Ensure provision of student services such as school meal programs. Camps restrict to children of essential workers and for children who live in the local geographic area only.
- **Phase 2:** Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.
- **Phase 3:** Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Phase 3 areas) only.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses see guidance for bus transit operators.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) risk to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Ensure social distancing

- **Phase 1 and 2**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Restrict mixing between groups
  - Cancel all field trips, inter-group events, and extracurricular activities (Phase 1)
  - Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
  - Restrict nonessential visitors, volunteers, and activities involving other groups at the same time
  - Space seating/desks to at least six feet apart.

- Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
- Create social distance between children on school buses where possible.

- **Phase 3**
  - Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
  - Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.
  - Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
  - Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
  - Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
  - Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible. Continue to stagger arrival and drop-off times and plan to continue limiting direct contact with parents as much as possible.

### Limit sharing (Phases 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.

### Train all staff (Phases 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

## Monitoring and Preparing

### Check for signs and symptoms (Phases 1-3)

- Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School and camp administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- Encourage staff or children who are sick to stay at home.

### Plan for when a staff member, child, or visitor becomes sick (Phases 1-3)

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours is, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

### Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor staff absenteeism and have a roster of trained back-up

staff.

- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication systems for staff and families for self-reporting of symptoms and notification of exposures and closures.

## Closing

**Phases 1-3**

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

# INTERIM GUIDANCE FOR COMMUNITIES OF FAITH

CDC offers the following recommendations to help communities of faith continue to practice their beliefs while keeping their staff and congregations safe. This guidance is not intended to infringe on First Amendment rights as provided in the U.S. Constitution. As all Americans are now aware, gatherings present a special risk for increasing spread of COVID-19 during this Public Health Emergency. The federal government may not prescribe standards for interactions of faith communities in houses of worship and, in accordance with the Religious Freedom Restoration Act (RFRA), no faith community should be asked to adopt any mitigation strategies that are more stringent than those asked of similarly situated entities or activities. CDC offers these suggestions that faith communities may consider and accept or reject, consistent with their own faith traditions, in the course of preparing their own plans to prevent the spread of COVID-19. In communities deemed by CDC's guidance to be significant mitigation areas, the risk to the larger community of continuing or resuming in-person gatherings should be taken into account and virtual options strongly considered. All decisions about following CDC's recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. CDC offers the following suggestions for consideration to the extent consistent with each community's faith tradition:

## (Re) Opening

- **In all Phases:**
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Protect staff and congregants who are at higher risk for severe illness encouraging use of options to participate virtually, if possible.
  - Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis, or refer them to other available resources.
  - Encourage other entities using the facilities to also follow this guidance.
  - If the facility offers child care or educational programming for children and youth, follow CDC guidance for such programs.
- **Phase 1:** Limit gatherings to those that can be held virtually (by remote viewing) for vulnerable populations and consider video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing, consistent with the community's faith traditions.
- **Phase 2:** Consider continuing to hold gatherings virtually (by remote viewing) for vulnerable populations and video streaming or drive-in options for services. Limit the size of in person gatherings in accordance with the guidance and directives of state and local authorities, and maintain social distancing.
- **Phase 3:** Limit gatherings to those that can maintain social distancing and consider video streaming or drive-in options for vulnerable populations.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Encourage use of a cloth face covering among adults at all gatherings and when in the building. Not using a cloth face covering may also be appropriate at times for some individuals who have trouble breathing or need assistance to remove their mask.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Consider posting signs on how to stop the spread of COVID-19 and promote everyday protective measures, such as washing hands and covering coughs and sneezes and properly wearing a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean and disinfect frequently touched surfaces at least daily and shared objects between use.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep products away from children.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Promote social distancing (Phases 1-3)

- Limit the size of gatherings in accordance with the guidance and directives of state and local authorities and in accordance with RFRA.
- Consider continuing to offer video streaming or drive-in options for services.
- If appropriate and feasible, add additional services to weekly schedules to maintain social distancing at each service, ensuring that clergy, staff, and volunteers at the services ensure social distancing to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Space out seating for attendees who do not live in the same household to at least six feet apart when possible; consider limiting seating to alternate rows
- Consider whether other gatherings may need to have attendance limited or be held virtually if social distancing is difficult, such as funerals, weddings, religious education classes, youth events, support groups, and any other programming.
- Avoid or consider suspending use of a choir or musical ensemble during religious services or other programming, if appropriate within the faith tradition. Consider having a soloist or strictly limiting the number of choir members and keep at least six feet between individuals.
- Consider having clergy hold virtual visits (by phone or online) instead of in homes or at the hospital except for certain compassionate care situations, such as end of life.

### Limit community sharing of worship materials and other items (Phases 1-3)

- Consistent with the community's faith tradition, consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer books, hymnals, religious texts and other bulletins, books or other items passed or shared among congregants, and encourage congregants to bring their own, if possible, photocopying, or projecting prayers, songs,

and texts using electronic means.

- Consider modifying the methods used to receive financial contributions. For example, consider a stationary collection box, the mail, or electronic methods of collecting regular financial contributions instead of shared collection trays or baskets.
- Consider temporarily limiting close physical contact among members of the faith community during religious rituals as well as mediated contact through frequently touched objects, consistent with the community's faith traditions and in consultation with local health officials as needed.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee whenever possible, instead of a buffet or family-style meal.
- Avoid food offerings when it is being shared from common dishes.

**Train all staff (Phases 1-3)**

- Train all clergy and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

## Monitoring and Preparing

**Check for signs and symptoms (Phases 1-3)**

- Encourage staff or congregants who are sick to stay at home.

**Plan for when a staff member or congregant becomes sick (Phases 1-3)**

- Identify an area to separate anyone who exhibits COVID-like symptoms during hours of operation, and ensure that children are not left without adult supervision
- Establish procedures for safely transporting anyone who becomes sick at the facility to their home or a healthcare facility.
- Notify local health officials if a person diagnosed with COVID-19 has been in the facility and communicate with staff and congregants about potential exposure while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) or other applicable laws an in accordance with religious practices.
- Inform those with exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- Close off areas used by the sick person and do not use the area until it after cleaning and disinfection; wait 24 hours to clean and disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff and congregants not to return to the facility until they have met CDC's criteria to discontinue home isolation.

**Maintain healthy operations (Phases 1-3)**

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible).
- Monitor absenteeism and create a roster of trained back-up staff. Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

## Closing

**Phases 1-3**

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, it is strongly suggested to close, then properly clean and disinfect the area and the building where the individual was present.

# INTERIM GUIDANCE FOR EMPLOYERS WITH VULNERABLE WORKERS

As workplaces consider re-opening it is particularly important to keep in mind that some workers are at higher risk for severe illness from COVID-19. These vulnerable workers include individuals over age 65 and those with underlying medical conditions. Such underlying conditions include, but are not limited to, chronic lung disease, moderate to severe asthma, hypertension, severe heart conditions, weakened immunity, severe obesity, diabetes, liver disease, and chronic kidney disease that requires dialysis. Vulnerable workers should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce vulnerable workers' risk of exposure to COVID-19, while making sure to be compliant with relevant Americans with Disabilities Act (ADA) and Age Discrimination in Employment Act (ADEA) regulations. First and foremost, this means following CDC's and the Occupational Safety and Health Administration (OSHA) guidance for reducing workplace exposure for all employees. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. In addition, the guidance offered below applies to workplaces generally; specific industries may require more stringent safety precautions. Finally, there may be essential workplaces in which the recommended mitigation strategies are not feasible.

## (Re) Opening

- **In all Phases:**
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Protect employees at higher risk for severe illness by supporting and encouraging options to telework.
  - Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if agreed to by the worker.
  - Ensure that any other entities sharing the same work space also follow this guidance.
  - Provide employees from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Phase) areas and vice versa.
- **Phase 1:** Reopen only if business can ensure **strict** social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; vulnerable workers are recommended to shelter in place.

- **Phase 2:** Reopen only if business can ensure moderate social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; vulnerable workers are recommended to shelter in place.
- **Phase 3:** Reopen only if business can ensure limited social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Enforce hand washing, covering coughs and sneezes, and using cloth face coverings when around others where feasible; however, certain industries may require face shields.
- Ensure that adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol, tissues, and no-touch trash cans
- Post signs on how to stop the spread of COVID-19 properly wash hands, promote everyday protective measures, and properly wear a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean, sanitize, and disinfect frequently touched surfaces at least daily and shared objects between use.
- Avoid use or sharing of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if doing so poses a safety risk to individuals and employees using the workspace.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Ensure social distancing (Phases 1-3)

- Limit service to drive-throughs, curbside take out, or delivery options, if possible (Phase 1).
- Consider installing physical barriers, such as sneeze guards and partitions, and changing workspace layouts to ensure all individuals remain at least six feet apart.
- Close communal spaces, such as break rooms, if possible (Phase 1) or stagger use and clean and disinfect in between uses (Phases 2 & 3).
- Encourage telework for as many employees as possible.
- Consider rotating or staggering shifts to limit the number of employees in the workplace at the same time
- Replace in-person meetings with video- or tele-conference calls whenever possible.

Cancel all group events, gatherings, or meetings of more than 10 people (Phase 1), of more than 50 people (Phase 2), and any events where social distancing of at least 6 feet cannot be maintained between participants (all Phases)

- Restrict (Phase 1) or consider limiting (Phase 2) any nonessential visitors, volunteers, and activities involving external groups or organizations.
- Limit any sharing of foods, tools, equipment, or supplies.

### Limit travel and modify commuting practices (Phases 1-3)

- Cancel all non-essential travel (Phase 1) and consider resuming non-essential travel in accordance with state and local regulations and guidance (Phases 2 & 3)
- Ask employees who use public transportation to consider using teleworking to promote social distancing
- Train all managers and staff in the above safety actions. Consider conducting the training virtually, or if in-person, ensure that social distancing is maintained.

## Monitoring and Preparing

### Checking for signs and symptoms (Phases 1-3)

- Consider conducting routine, daily health checks (e.g., temperature and symptom screening) of all employees.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Employers may use examples of screening methods in CDC's General Business FAQs as a guide.
- Encourage employees who are sick to stay at home.

### Plan for when an employee becomes sick (Phases 1-3)

- Employees with symptoms (fever, cough, or shortness of breath) at work should immediately be separated and sent home.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and customers (if possible) immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA); other information on civil rights protections for workers related to COVID-19 is available here.
- Close off areas used by the sick person until after cleaning and disinfection Wait 24 hours to clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible before cleaning and disinfecting. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

**Maintain healthy operations (Phases 1-3)**

- Implement flexible sick leave and other flexible policies and practices, such as telework, if feasible.
- Monitor absenteeism of employees and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create and test communication systems for employees for self-reporting and notification of exposures and closures.

## Closing

**Phases 1-3**

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly
- Be prepared to close for a few days if there is a case of COVID-19 in the workplace or for longer if cases increase in the local area.

# INTERIM GUIDANCE FOR RESTAURANTS AND BARS

This guidance provides considerations for businesses in the food service industry (e.g., restaurants and bars) on ways to maintain healthy business operations and a safe and healthy work environment for employees, while reducing the risk of COVID-19 spread for both employees and customers. Employers should follow applicable Occupational Safety and Health Administration (OSHA) and CDC guidance for businesses to plan and respond to COVID-19. All decisions about implementing these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems.

## (Re) Opening

- **In all Phases:**
  - Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
  - Consider assigning vulnerable workers duties that minimize their contact with customers and other employees (e.g., managing inventory rather than working as a cashier, managing administrative needs through telework).
  - Provide employees from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Phase) areas and vice versa.
- **Phase 1**: Bars remain closed and restaurant service should remain limited to drive-through, curbside take out, or delivery with strict social distancing.
- **Phase 2**: Bars may open with limited capacity; restaurants may open dining rooms with limited seating capacity that allows for social distancing.
- **Phase 3**: Bars may open with increased standing room occupancy that allows for social distancing; restaurants may operate while maintaining social distancing.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Enforce hand washing, covering coughs and sneezes, and use of a cloth face coverings by employees when near other employees and customers.
- Ensure adequate supplies to support healthy hygiene practices for both employees and customers including soap, hand sanitizer with at least 60 percent alcohol (perhaps on every table, if supplies allow), and tissues. Post signs on how to stop the spread of COVID-19 properly wash hands, promote everyday protective measures, and properly wear a face covering.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean and disinfect frequently touched surfaces (for example, door handles, work stations, cash registers) at least daily and shared objects (for example, payment terminals, tables, countertops/bars, receipt trays, condiment holders) between use. Use products that meet EPA's criteria for use against SARS-CoV-2 and that are appropriate for the surface. Prior to wiping the surface, allow the disinfectant to sit for the necessary contact time recommended by the manufacturer. Train staff on proper cleaning procedures to ensure safe and correct application of disinfectants.
- Make available individual disinfectant wipes in bathrooms, and post reminders not to flush these wipes but to dispose of them in the trash.
- Wash, rinse, and sanitize food contact surfaces, food preparation surfaces, and beverage equipment after use.
- Avoid using or sharing items such as menus, condiments, and any other food. Instead, use disposable or digital menus, single serving condiments, and no-touch trash cans and doors.
- Use touchless payment options as much as possible, when available. Ask customers and employees to exchange cash or card payments by placing on a receipt tray or on the counter rather than by hand. Wipe any pens, counters, or hard surfaces between use or customer.
- Use disposable food service items (utensils, dishes). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Employees should wash their hands after removing their gloves or after directly handling used food service items
- Use gloves when removing garbage bags or handling and disposing of trash and wash hands afterwards
- Avoid using food and beverage implements brought in by customers.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, other methods. Do not open windows and doors if doing so poses a safety risk to employees, children, or customers.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

## Ensure social distancing

### Phase 1

- Limit service to drive-through, delivery, or curb-side pick-up options only.
- Provide physical guides, such as tape on floors or sidewalks to ensure that customers remain at least six feet apart in lines or ask customers to wait in their cars or away from the establishment while waiting to pick up food. Post signs to inform customers of food pickup protocols.
- Consider installing physical barriers, such as sneeze guards and partitions at cash registers, or other food pickup areas where maintaining physical distance of six feet is difficult.
- Restrict the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.
- Rotate or stagger shifts to limit the number of employees in the workplace at the same time.

### Phase 2

- Provide drive-through, delivery, or curb-side pick-up options and prioritize outdoor seating as much as possible.
- Reduce occupancy and limit the size of parties dining in together to sizes that ensure that all customer parties remain at least six feet apart (e.g., all tables and bar stools six feet apart, marking tables/stools that are not for use) in order to protect staff and other guests.
- Provide physical guides, such as tape on floors or sidewalks and signage on walls to ensure that customers remain at least six feet apart in lines or waiting for seating.
- Ask customers to wait in their cars or away from the establishment while waiting to be seated. If possible, use phone app technology to alert patrons when their table is ready to avoid touching and use of "buzzers."
- Consider options for dine-in customers to order ahead of time to limit the amount of time spent in the establishment
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations.
- Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.
- Limit the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.

### Phase 3

- Provide drive-through, delivery, or curb-side pick-up options and prioritize outdoor seating as much as possible.
- Consider reducing occupancy and limiting the size of parties dining in together to sizes that ensure that all customer parties remain at least six feet apart (e.g., all tables and bar stools six feet apart, marking tables/stools that are not for use) in order to protect staff and other guests.
- Provide physical guides, such as tape on floors or sidewalks and signage on walls to ensure that customers remain at least six feet apart in lines or waiting for seating.

- If possible, use phone app technology to alert patrons when their table is ready to avoid touching and use of "buzzers."
- Consider options for dine-in customers to order ahead of time to limit the amount of time spent in the establishment.
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations.
- Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.

### Train all staff (Phases 1-3)

- Train all employees in the above safety actions while maintaining social distancing and use of face coverings during training.

## Monitoring and Preparing

### Checking for signs and symptoms (Phases 1-3)

- Consider conducting daily health checks (e.g., temperature and symptom screening) of employees.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Employers may use examples of screening methods in CDC's General Business FAQs as a guide.
- Encourage staff who are sick to stay at home.

### Plan for when an employee becomes sick (Phases 1-3)

- Employees with symptoms of COVID-19 (fever, cough, or shortness of breath) at work should immediately be sent to their home.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and customers (if possible) immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) or other applicable laws.
- Close off areas used by a sick person and do not sure them until after cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC's criteria to discontinue home isolation.

## Closing

### Phases 1-3

- Check State and local health department notices about transmission in the area daily and adjust operations accordingly
- Be prepared to close for a few days if there is a case of COVID-19 in the establishment and for longer if cases increase in the local area.

# INTERIM GUIDANCE FOR MASS TRANSIT ADMINISTRATORS

Mass transit is critical for many Americans to commute to and from work and to access essential goods and services. This guidance provides considerations for mass transit administrators to maintain healthy business operations and a safe and healthy work environment for employees, while reducing the risk of COVID-19 spread for both employees and passengers. Administrators should follow applicable guidance from the CDC and Occupational Safety and Health Administration (OSHA) for reducing workplace exposure. All decisions about following these recommendations should be made in collaboration with local health officials and other State and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems.

## Resuming Full Service

- **In all Phases:**
  - Restrict routes between areas experiencing different levels of transmission (between areas in different Phases), to the extent possible.
  - Provide employees from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Phase) areas and vice versa.
  - Establish and continue communication with State and local health officials to determine current mitigation levels in the communities served. Decisions about how and when to resume full service should be based on these levels.
  - Follow CDC's guidance on what *bus transit operators*, *rail transit operators*, *transit maintenance workers*, and *transit station workers* need to know about COVID-19.
  - Consider assigning vulnerable workers duties that minimize their contact with passengers and other employees
  - Conduct worksite hazard assessments to identify COVID-19 prevention strategies, such as appropriate use of cloth face coverings or personal protective equipment (PPE), and follow the prevention strategies.
- **Phase 1**: Restrict ridership to essential critical infrastructure workers in areas needing significant mitigation and maintain **strict** social distancing as much as possible.
- **Phase 2:** Maintain social distancing between transit riders and employees as much as possible.
- **Phase 3**: Encourage social distancing as much as possible.

## Safety Actions

### Promote healthy hygiene practices (Phases 1-3)

- Enforce everyday preventive actions such as hand washing, covering coughs and sneezes, and use of a cloth face covering by employees when around others, as safety permits. Provide employees with appropriate equipment as necessary and as available. Communicate with the public about the importance of hygiene, covering coughs and sneezes, and using cloth face coverings while using mass transportations, including posting signs in transit stations and vehicles on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Ensure adequate supplies to support healthy hygiene behaviors for transit operators, employees, and passengers in stations, including soap, hand sanitizer with at least 60 percent alcohol, tissues, and no-touch trash cans.

### Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean, sanitize, and disinfect frequently touched surfaces (for example, kiosks, digital interfaces such as touchscreens and fingerprint scanners, ticket machines, turnstiles, handrails, restroom surfaces, elevator buttons) at least daily.
- Clean, sanitize, and disinfect the operator area between operator shifts.
- Use touchless payment and no-touch trash cans and doors as much as possible, when available. Ask customers and employees to exchange cash or credit cards by placing in a receipt tray or on the counter rather than by hand and wipe any pens, counters, or hard surfaces between each use or customer.
- Avoid using or sharing items that are not easily cleaned, sanitized, or disinfected, such as disposable transit maps.
- Ensure safe and correct application of disinfectants.
- Use gloves when removing garbage bags or handling and disposing of trash and wash hands afterwards.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety risk to passengers or employees, or other vulnerable individuals.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

### Ensure social distancing

#### Phase 1 and Phase 2

- Institute measures to physically separate or create distance of at least six feet between all occupants to the extent possible. This may include:
  - Asking bus passengers to enter and exit the bus through rear doors, while allowing exceptions for persons with disabilities.
  - Closing every other row of seats.
  - Reducing maximum occupancy of buses and individual subway and train cars and increasing service on crowded routes as appropriate.

- Provide physical guides to ensure that customers remain at least six feet apart while on vehicles and at transit stations and stops. For example, floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers.
- Install physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable.
- Close communal spaces, such as break rooms, if possible; otherwise, stagger use and clean and disinfect in between uses.

**Phase 3**

- Consider or continue instituting measures to physically separate or create distance between occupants.
- Provide physical guides to help customers maintain physical distance while on vehicles and at transit stations and stops. For example, floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers.
- Install or maintain physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable.

### Train employees (Phases 1-3)

- Train all employees in the above safety actions while maintaining social distancing during training.

## Monitoring and Preparing

### Checking for signs and symptoms (Phases 1-3)

- Consider conducting daily health checks (e.g., temperature screening) of all employees.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Employers may use examples of screening methods in CDC's General Business FAQs as a guide.
- Encourage staff who are sick to stay at home.

### Plan for when an employee becomes sick (Phases 1-3)

- Employees with symptoms of COVID-19 (fever, cough, or shortness of breath) at work should immediately be sent home.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility.
- Notify local health officials, staff, and customers (if possible) immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).

- Close off areas used by a sick person and do not use until after cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children. Affected vehicles can be used immediately after cleaning and disinfection.
- Advise sick staff members not to return until they have met CDC's criteria to discontinue home isolation.
- Implement safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19.

### Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave and other flexible policies and practices, if feasible.
- Monitor absenteeism of employees and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees and customers should know who this person is and how to contact them.
- Create and test communication systems for employees and customers for self-reporting of symptoms and notification of exposures and closures.

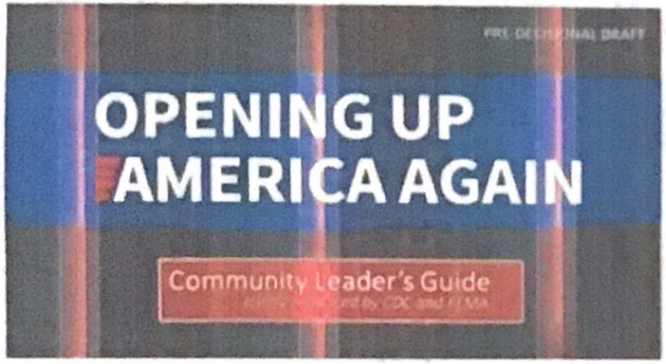
## Reducing Service

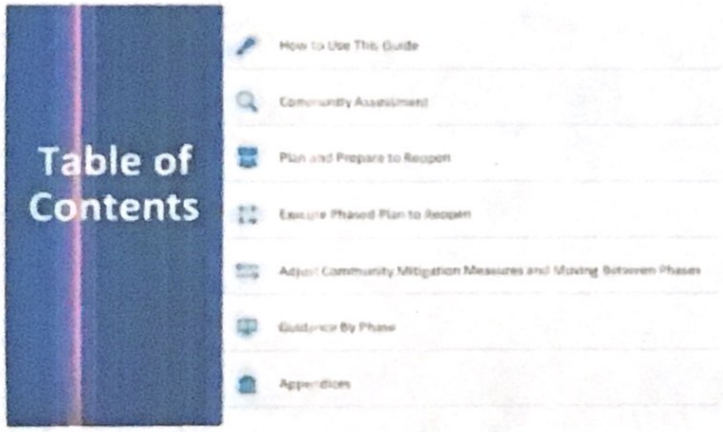
### Phases 1-3

- Check State and local health department notices about transmission in the area daily and adjust operations accordingly.
- Be prepared to reduce services if the community mitigation level increases in the local area.
- Continue communication with staff and the public about decision making.

Appendix 6 – Community Leader's Guide - Toolkit

This is the initial concept slide for a community leader's guide toolkit to be jointly developed by CDC and FEMA.




The Community Leader's Guide is a companion to CDC implementation guidance.

It provides tools and resources to assist decision makers operationalize the Guidelines for Opening Up America Again framework and monitor local conditions (transmission, public health, and healthcare system capacity) and adjust community mitigation strategies accordingly.

The step-by-step guide will help a community assess conditions and benchmark itself against gating criteria as well as plan and implement a phased reopening. These practical tools will help communities track progress and respond to health and economic indices of success.

State, local, tribal and territorial officials are best positioned to know the circumstances in their communities and what is needed. The Community Leader's Guide will support officials make informed decisions to protect public health and reenergize the local economy.