

Coordinated response actions to   
control the transmission of COVID-19

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1. Introduction

The COVID-19 pandemic has been, and still is, the biggest health challenge faced in the last century. Its scope has forced a vast majority of countries to adopt exceptional measures and has stressed the health systems and global health products markets, generating a significant social and health crisis of huge economic impact.

In the current transmission scenario, the basic hygiene and prevention measures must still be observed, as well as all the measures included in Spanish Royal Decree-Law 21/2020, of 9 June, on the urgent prevention, containment and coordination measures to address the COVID-19 health crisis, and the developing regional regulations, in order to guarantee the control of the transmission and ensure a shared response by all the health authorities.

In addition, the Early Response Plan in a COVID-19 Pandemic Control Scenario, passed by the   
Interterritorial Board of the Spanish National Health System, on 16 July, sets forth the   
preparedness and response actions to be guaranteed in case of an increased transmission of   
SARS-CoV-2. Said Plan establishes that the autonomous communities must have contingency   
plans to reinforce the capacities at the healthcare levels (hospital and primary care), as well as   
at the public health level, and be ready to address any scenario of increased transmission,   
assuming that there is not one single approach for the management of the COVID-19 cases and   
outbreaks and that the risks of each territory must be assessed according to their specificities.

Within the scope of the Plan, the Ministry of Health is working in coordination with the autonomous communities, monitoring the response to the pandemic and its evolution on a daily basis, with the aim of securing the capacities that will allow to detect new outbreaks and transmission increases and act accordingly.

Thus, once the first pandemic wave has been overcome, the epidemiological situation is dynamic and different in every territory, where different transmission scenarios that may require different control measures coexist.

This document on Coordinated response actions to control the transmission of COVID-19   
contains the technical development of the indicators included in the Early Response Plan, and   
sets the framework of action for a proportional response at different alert levels defined after   
a risk assessment process, based on the epidemiological and healthcare and public health   
capacity indicators.

The indicators, levels and measures proposed in this document shall be of reference for scenarios of increased transmission and reduction risks .

The indicators included herein, as well as the risk levels and measures proposed, are   
constantly revised according to the knowledge and experience acquired on the management   
of the pandemic and the new information and scientific evidence concerning the behavior of   
the virus.

2. Goals

The goals of this document are:

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- To recommend common criteria for the interpretation of the basic indicators in the   
 National Health System to assess each territory, in order to detect risk levels for the   
 population.

- To establish alert levels that will determine proportional actions at SARS-CoV-2   
 transmission risk level and that can be adapted to the situation and context of each   
 territory. These actions aim to guarantee a sufficient coordination among territories,   
 notwithstanding the capacity of the autonomous regions to take additional measures   
 that may be deemed appropriate.

3. Risk assessment

The decision of escalating the intensity of the response actions must be based on a risk   
assessment within the context of the Alert and Early Response System. This risk assessment   
must be a continuous process, establishing the scenario of the territory and early detecting the   
signs showing/indicating that the scenario may be changing. In addition, the risk assessment   
shall allow to undertake de-escalation measures when the evolution of the indicators permits   
so.

The risk assessment must consider the specific characteristics of the territorial unit being   
assessed: autonomous community, province, island, municipality, department, health area,   
health basic zone or similar, taking into account the concurrence of specific circumstances,   
such as those concerning mobility in big conurbations. The assessment must consider the   
indicators related to the epidemiological situation, the healthcare capacity and the public   
health capacity, the characteristics and vulnerability of the exposed population at greater risk   
and the possibility of taking prevention and control measures, such as pharmacological   
measures with partial or complete interventions affecting part of or the entire assessed   
territory.

Table 1 defines the main indicators for risk assessment and thresholds are established in order to determine if the risk is low, medium, high or very high based on each of them. It is worth noting that no indicator can give a complete outlook of the epidemiological situation by itself. Aside from these indicators, the autonomous communities shall use all those considered significant within their contexts in order to carry out this assessment.

Putting these indicators into context according to the territory and the characteristics of the   
population being assessed is essential, as well as having detailed information of the cases that   
will permit to interpret the transmission dynamics. Thus, appendix 1 includes a group of   
additional indicators that complement those in table 1, helping value and describe the   
situation of the epidemic and the management and response capacities in further detail.

The monitoring indicators have been selected because they help capture the most important   
aspects of the epidemiological situation and the response capacities based on scientific   
evidence, international standards, and the experience gained by the health administrations in   
our country throughout their evolution. Following the recommendations of the European

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Council, the European Center for Disease Prevention and Control (ECDC)1 has established an   
accumulated impact threshold in 14 days of 25 cases per 100,000 inhabitants to consider that   
the risk starts to increase, and a limit higher than 150 to consider that the risk is very high. In   
Spain, we have established an additional threshold, with an impact higher than 250 per   
100,000 inhabitants, to point out extreme risk situations in which additional actions are   
necessary if those implemented in case of impacts of more than 150 cannot control the   
transmission. Similarly, the European Council2 has recommended to set the positivity limit of   
tests from which the transmission risk is increased at 4%. As for traceability, the WHO has   
published that at least 80% of the cases must be correctly traced to reach a controlled   
epidemiological situation3.

Specific scientific evidence on the thresholds that points out the different risk situations for many of these indicators is still limited and, therefore, said thresholds should be adjusted as further information on the behavior of each indicator is available or as new national and international scientific evidence is generated.

Apart from the indicators presented, an individual assessment of the situation at the territory   
assessed shall be conducted and other possible indicators shall be considered, including   
qualitative indicators and those regarding equity on health and social vulnerability. In order to   
establish the risk level of a territory, the indicators must be interpreted in a dynamic way and   
both the trend and the speed of change must play a specific role in this assessment.

1 [https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-](https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement)  
[movement](https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement)

2 [Council Recommendation on a coordinated approach to the restriction of free movement in response to the](https://data.consilium.europa.eu/doc/document/ST-11689-2020-REV-1/es/pdf)   
[COVID-19 pandemic](https://data.consilium.europa.eu/doc/document/ST-11689-2020-REV-1/es/pdf)

[3https://apps.who.int/iris/rest/bitstreams/1277773/retrieve](https://apps.who.int/iris/rest/bitstreams/1277773/retrievehttps://apps.who.int/iris/rest/bitstreams/1277773/retrieve)   
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Table 1. Risk assessment indicators

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicators | | Calculation method | Risk assessment | | | | | Information  source |
| New  normal | Low | Medium | High | Very high |
| SECTION I: Transmission level assessment | | | | | | | | |
| T1 | Cumulative  Incidence of cases  diagnosed in 14  days1 | Confirmed cases (per diagnosis  date) in 14 days \*100,000 /  population | ≤25 | х25 to ≤50 | х50 to ≤150 | х150 to ≤250 | >250 | Mandatory  individual  reporting  (SIVIES) |
| T1’ | Cumulative  Incidence of cases  diagnosed in 7 days  1 | Confirmed cases (per diagnosis  date) in 7 days \*100,000 /  population | ≤10 | >10 to ≤25 | >25 to ≤75 | >75 to ≤125 | >125 | Mandatory  individual  reporting (SIVIES) |
| T2 | Cumulative  Incidence in people  65-year-old or  higher diagnosed in  14 days1 | confirmed cases who are ≥ 65  years old (per diagnosis date) in  14 days \*100,000 / population  ≥ 65 years old | ≤20 | х20 to ≤50 | х50 to ≤100 | х100 to ≤150 | >150 | Mandatory  individual  reporting  (SIVIES) |
| T2’ | Cumulative  Incidence in people  65-year-old or  higher diagnosed in  7 days1 | confirmed cases who are ≥ 65  years old (per diagnosis date)  in 7 days \*100,000 / population  ≥ 65 years old | ≤10 | >10 to ≤25 | >25 to ≤50 | >50 to ≤75 | >75 | Mandatory  individual  reporting (SIVIES) |
| T3 | Weekly global  positivity rate of  PDIA2 | Number of positive tests in 7  days \*100 / Number of tests  performed in 7 days | ≤4% | х4% to ≤7% | х7% to ≤10% | х10% to ≤15% | >15% | Laboratory-  based reporting  (SERLAB) |
| T4 | Percentage of cases  with traceability3 | Number of confirmed cases  with traceability \* 100 / Total  number of confirmed cases  diagnosed in the last 7 days | >80% | ≤80% to х65% | ≤65% to  >50% | ≤50% to х30% | ≤30% | Mandatory  individual  reporting  (SIVIES) and  information from  the autonomous  communities |
| SECTION II: Level of use of healthcare services due to COVID-19 | | | | | | | | |
| A1 | Occupation rate of  hospital beds by  COVID-19 patients4 | Number of hospital beds  occupied by COVID-19 patients  / Total number of available  hospital beds | ≤2% | х2% to ≤5% | х5% to ≤10% | х10% to ≤15% | >15% | National  reporting of  healthcare  capacity data |
| A2 | Occupation rate of  critical care beds by  COVID-19 patients4 | Number of critical care beds  occupied by COVID-19 patients  / Total number of a critical care  beds available | ≤5% | х5% to ≤10% | >10% to  ≤15% | х15% to ≤25% | >25% | National  reporting of  healthcare  capacity data |

1The accumulated impact must be calculated with consolidated data, removing the days for which such consolidation is not   
considered sufficient. For the diagnosis date, the PDIA positive result date will be used, as established by the [Strategy of early](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf)   
[detection, monitoring, and control of COVID-19.](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf)

2Active infection diagnostic tests (PDIA, such as PCR or antigen tests), according to the provisions of the [Strategy of early detection,](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf)   
[monitoring, and control of COVID-19.](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf)

3Cases with traceability are those that, according to the information in SIVIES, had known contact with a previously confirmed case. If data is available, cases that are associated to an outbreak are also considered to have traceability. This percentage must be calculated with consolidated data, removing the days for which such consolidation is not considered sufficient.   
4The territorial unit for this indicator will be the province, island, or autonomous community, as laid down in each territory. To calculate the available beds for the denominator, only the beds available for immediate use will be considered for the assessment, as communicated to the Ministry according to resolution of 19 June 2020 establishing information on the assistance capacity and needs for material resources of the healthcare system.

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When territorial units with a population of less than 10,000 need to be assessed, territories may be grouped, i.e. in health areas, integrated assistance management units, etc. in order to assess them and take joint measures.

The assessment of municipalities and small territories, especially with populations under   
5,000, shall always be conducted locally and based on the context and situation of each place.   
In this sense, instead of establishing risk levels, measures specifically adapted and addressed at   
the characteristics of the epidemiological and risk situation of each territory must be taken.

For cases in these small territories, apart from the general indicators in table 1, the following indicators shall be considered , as well as those deemed necessary by the autonomous community for a better assessment:

- The number, trend and change rate of the cases diagnosed in the last 7 and 14 days.

- The proportion of new cases associated to outbreaks.

- The secondary attack rate.

- The existence of hot spots (due to the number of outbreaks, their characteristics, and

their control situation; to the impact on social and healthcare residences or highly vulnerable populations...).

4. Definition of alert levels

The combination of the result of the indicators in table 1 shall place the territory assessed at one of the four alert levels according to the following:

Alert level 1: at least two indicators in section I1 and one in section II are at low level.

Alert level 2: at least two indicators in section I1 and one in section II are at medium level.   
Alert level 3: at least two indicators in section I1 and one in section II are at high level   
Alert level 4: at least two indicators in section I1 and one in section II are at very high level.

1Only one of the two general indicators for accumulated impact will be considered for section I, both for the   
global accumulated impact and the impact on ≥65-year-olds. If there are no notification delays, the   
accumulated impact in 7 days will be used and, if there are any delays, the accumulated impact in 14 days will   
be used.

The final decision regarding which alert level will be assigned to/will be chosen for the territory assessed shall not solely be based on the risk level resulting from the indicators, it may be modulated with the upward trend of the indicator and its change rate, as well as with a qualitative assessment including the capacity of response and the socio-economic, demographic and mobility characteristics of the territory assessed.

The autonomous communities, in coordination with the Ministry, shall periodically revise the   
evolution of the indicators to decide whether the alert level shall be maintained or modified. In   
general terms, increasing the alert level shall be advised after considering that the information   
is sufficiently solid and the aforementioned conditions are met. In order to consider reducing   
the alert level, the indicators must remain at a lower risk level for at least 14 days.

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5. Response actions

A series of actions to be established at the territorial unit assessed are proposed for each alert   
level. A consensus at the technical level has been reached concerning the actions suggested,   
considering the experience gained throughout the pandemic at the national level and the   
evidence obtained from the outcomes of international studies implemented in different   
countries .

The epidemiological studies on the behavior of the disease show that the infection mainly   
spreads through direct contact and long exposure to virus-containing respiratory droplets, as   
well as through the inhalation of airborne viral particles and direct or indirect contact with   
infected droplets4. Enclosed and crowded spaces, as well as spaces with poor ventilation and   
where distancing and hygiene and prevention measures are not observed, favor transmission.   
The likelihood of infection is considerably higher in such situations5,6 compared to open spaces   
and spaces with proper ventilation.

According to the data available in Spain on the main transmission environments of the   
outbreaks, almost one third of them take place in a social environment, especially in   
gatherings with family and friends that do not live in the same household7, and, to a lesser   
extent, at the workplace, mainly indoors, i.e. at home or in enclosed spaces, in many cases not   
properly ventilated, where people speak out loud, sing and do not make good use of the mask,   
or when activities that are not compatible with its continuous use take place, such as eating,   
drinking or practicing sports. To this regard, the following are considered effective: limiting the   
number of people who gather and do not live in the same household, especially indoors, the   
recommendation to interact in social bubbles structured in stable household groups (SHGs),   
and the recommendation to stay home (#Stayhome)8.

In light of such evidence, it is recommended to promote any activities that can be carried out outdoors and that do not require strict capacity limitations, as well as to promote the limitation of the capacity or the closure of businesses where proper ventilation and compliance with prevention and hygiene measures cannot be guaranteed.

The implementation of this kind of measures and the development of assistance and public health capacities have proved to be effective in the control of the epidemic, although none of them can completely reduce the risk.

The implementation of such measures to reduce the spread of the disease must include an   
assessment of their impact on the health and wellbeing of the population, society, and   
economy. It is worth noting that, although strict individual lockdown measures for an extended   
period of time have greatly reduced the transmission of the virus and the number of deaths   
due to COVID-19, they have had an important impact on the physical and emotional wellbeing   
of people due to social isolation9, besides the problems derived from the impact on the

4 [CDC: Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission](https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html)

5 [Closed environments facilitate secondary transmission of coronavirus disease 2019 (COVID-19)](https://www.medrxiv.org/content/10.1101/2020.02.28.20029272v2)

6 [Clusters of Coronavirus Disease in Communities, Japan, January-April 2020](https://wwwnc.cdc.gov/eid/article/26/9/20-2272_article)

7 [Update no. 230. Coronavirus disease (COVID-19). 16.10.2020. Ministry of Health.](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actualizacion_230_COVID-19.pdf)

8 [Rapid Review der Wirksamkeit nicht-pharmazeutischer Interventionen bei der Kontrolle der COVID-19-Pandemie.](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Projekte_RKI/Rapid-Review-NPIs.pdf?__blob=publicationFile)   
[Robert Koch-Institut, 28.9.2020.](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Projekte_RKI/Rapid-Review-NPIs.pdf?__blob=publicationFile)

9 [PHE: Direct and indirect impacts of COVID-19 on excess deaths and morbidity, 15 July 2020](https://www.gov.uk/government/publications/dhsconsgadho-direct-and-indirect-impacts-of-covid-19-on-excess-deaths-and-morbidity-15-july-2020)   
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economy. However, shorter or partial closure periods have also proven useful to reduce the   
transmission of the virus and have a far lower impact on the wellbeing of people, both adults   
and children10.

The autonomous communities shall decide what measures will be implemented and when,   
and such information shall be provided to the Ministry of Health before their implementation.   
The autonomous communities, in coordination with the Ministry, shall periodically review the   
epidemiological situation to assess, keep or modify the alert level and the measures applied.   
Each autonomous community must carefully monitor the indicators on their territories, in   
environments with high vulnerability such as social and health environments, and strengthen   
the response capabilities in the affected area, including monitoring and assistance protocols in   
such environments.

Table 3 shows the response measures suggested according to the different alert levels. Such measures must always include and reinforce the measures established by Royal Decree-Law 21/2020 and the development regional regulations, especially those in reference to social distancing and preventing and hygiene measures. Apart from the general considerations, the proposed measures have been divided into three sections, considering the risk profile associated to the different exposure environments.

Besides following level 3 measures, alert level 4 shall involve exceptional measures that may   
include additional restrictions. If the adoption of these measures requires to activate the   
mechanism provided by Article 4 of Organic Law 4/1981 of 1 June regarding the state of alert,   
emergency and siege, the President of the autonomous community will request the   
Government to declare the state of alarm, pursuant to Article 5 of Organic Law 4/1981 of 1   
June.

Those businesses and services considered essential by the health authorities shall remain open or operating at all the alert levels.

10 [PHE: Non-pharmaceutical interventions (NPIs) table, 21 September 2020](https://www.gov.uk/government/publications/npis-table-17-september-2020)

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Table 3: Proposed response actions for alert levels 1, 2 and 3.

Alert level 1 Alert level 2 Alert level 3

Summary of the epidemiological situation

Complex outbreaks or limited community transmission

Widespread sustained community   
transmission with growing pressure on the healthcare system

Uncontrolled and sustained community transmission that exceeds the response capacity of the healthcare system

 Activities targeted at strengthening the capacities adjusted to current needs in order to ensure the appropriate surveillance,

control and monitoring of cases and contacts.

 Ensuring the appropriate isolation of cases and quarantine of contacts including the necessary social resources and the

Healthcare and public availability of areas fitted out to that effect.

health capacities  Considering procedures that allow the relocation and reallocation of the personnel’s professional duties.

 Activities targeted at strengthening healthcare capacities in primary and hospital care settings.

 Ensuring the review and update of the contingency plans’ effectiveness when facing a rapid increase of cases.

 At all levels, social support measures and intersectoral actions must be implemented and communication and actions targeted

at achieving the citizens’ involvement must be strengthened in order to implement the recommended measures.

General considerations

Measures on social and family relations

 Recommendation to interact in social

bubbles structured into stable household groups (SHGs).

 Gatherings up to a maximum of 15

people, except for SHGs, insisting on the fact that social distancing,

prevention and hygiene measures must be followed.

 Recommendation to interact in social   
 bubbles structured into stable

household groups (SHGs).

 Gatherings up to a maximum of 10   
 people, except for SHGs, insisting on

the fact that social distancing, prevention and hygiene measures must be followed.

 Recommendation to stay home.

 Limiting possible social contacts   
 outside of SHGs as much as.

 Gatherings up to a maximum of 6   
 people, except for SHGs, insisting on

the fact that social distancing, prevention and hygiene measures must be followed.

 Recommendation to stay home.   
 Considering the limitation of opening

hours until 23:00 h. for non-essential businesses.

 Observing interpersonal distancing and the compulsory use of face masks in public spaces, except for those exemptions set forth

in Royal Decree-Law 21/2020.

 Prohibition of smoking on the street when the safety distance cannot be kept.

 Prohibition of smoking at pavement cafés.

 Prohibition of eating or drinking in public spaces when the safety distance cannot be maintained and outside the SHG.

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Alert level 1 Alert level 2 Alert level 3

 Recommendation for the population to download the app Radar-Covid or to keep a record of all close contacts in order to   
 facilitate contact tracing.

 Recommendation to limit non-essential travel outside the assessed territorial unit.

Mobility

 Recommendation to the population   
 to leave their home only when

necessary, avoiding enclosed spaces where activities that are not

compatible with the use of face masks are being carried out and where large crowds gather.

 Considering restrictions to coming in   
 and out of the assessed territorial

area, except for essential activities.

 Going to work under exceptional

circumstances, for specific activities

General considerations

Work

 Promoting telework as much as possible.

and meetings, always provided that social distancing and prevention and hygiene measures are followed.

 Meetings celebrated at common areas within the workplace shall be governed by the instructions set forth at the corresponding

level.

 Promoting staggered shifts at those workplaces where employees must be present to develop their activities.

 Promoting bicycle or walking transportation.

Collective and public transport

 Increasing frequencies as much as possible in order to ensure the lowest occupancy.  Ensuring an adequate air circulation.

 No more than 2 passengers per row inside taxis and VFH, except for EHGs, and ç the seat next to the driver shall remain   
 unoccupied.

 Avoiding rush hours, except when developing essential activities and commuting to work or to educational centers.

Wakes, burials and funeral  Limiting capacity to 75% indoors (50  Limiting capacity to 50% indoors (30  Limiting capacity to 1/3 indoors (10

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Alert level 1 Alert level 2 Alert level 3

ceremonies people maximum), provided that the people maximum), provided that the

safety distance can be ensured. safety distance can be ensured.

 No limitations in open spaces,  No limitations in open spaces,

provided that the safety distance can provided that the safety distance can

be ensured. be ensured.

people maximum), provided that the safety distance can be ensured.

 Limiting capacity to 20 people in open

spaces, provided that the safety distance can be ensured.

HIGH RISK

Situations that involve:

 close and long-term   
 contact

 enclosed spaces   
 poor and inadequate

ventilation

 large crowds

 activities that are not   
 compatible with the

Other ceremonies

(weddings, christenings…) and places of worship

 Ceremonies: 75% of the capacity 

cannot be exceeded in enclosed   
spaces (with a maximum of 50   
people).

 Places of worship: 75% of the capacity 

cannot be exceeded in enclosed spaces.

 No limitations in outdoor spaces,

provided that the safety distance can 

be ensured.

 Limiting residents’ stays outside.

Ceremonies: 50% of the capacity 

cannot be exceeded in enclosed   
spaces (with a maximum of 30   
people).

Places of worship: 50% of the capacity cannot be exceeded in enclosed

spaces. Offering services via telematic 

means or television.

No limitations in outdoor spaces,   
provided that the safety distance can   
be ensured. 

Ceremonies: If possible, postponing their celebration until the

epidemiological situation improves.   
1/3 of the capacity in enclosed spaces   
(10 people maximum), provided that   
the safety distance can be ensured.   
Places of worship: 1/3 of the capacity   
cannot be exceeded in enclosed

spaces. Offering services via telematic means or television.

Limiting capacity to 20 people in   
outdoor spaces, provided that the   
safety distance can be ensured.

use of face masks Nursing homes  Limiting visits, ensuring social  Limiting visits, ensuring social distancing, prevention and hygiene measures and

distancing, prevention and hygiene providing supervision.

measures.

Other social and   
healthcare centers

(daycare centers, centers   
for people with disabilities,   
etc.)

 Limiting residents’ stays outside.

 Limiting visits, ensuring social

distancing, prevention and hygiene measures.

 Limiting residents’ stays outside.

 Limiting visits, ensuring social

distancing, prevention and hygiene   
measures and under supervision.

 Considering the limitation of the

capacity unless the activity needs to be maintained.

 Ceasing the activity unless the activity   
 needs to be maintained.

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Alert level 1 Alert level 2 Alert level 3

Recreation centers for seniors (senior citizens’ social clubs) and

HIGH RISK youngsters (children’s

play-centers, youth Situations that involve: centers…)

 Operating at 75% of its internal

capacity. Its activity is only allowed if users are sitting around tables and ensuring a distance of at least 2

meters between the chairs of different tables.

 Maximum capacity of 10 people per

table or group of tables.

 Operating at 50% of its internal   
 capacity. Its activity is only allowed if

users are sitting around tables and ensuring a distance of at least 2 meters between the chairs of the different tables.

 Maximum capacity of 6 people per   
 table or group of tables.

 Ceasing the activity unless the activity

needs to be maintained.

 Ensuring the proper ventilation of indoor areas.

 close and long-term  Face masks must be worn at all times, except when eating or drinking.

contact

 enclosed spaces   
 poor and inadequate

ventilation

 large crowds

 activities that are not   
 compatible with the





INDOOR AREAS of   
hospitality and catering

Operating at 75% of its internal capacity.

Maximum capacity of 10 people per table or group of tables. Ensuring a distance of at least 2 meters between the chairs of different tables.

 Operating at 50% of its internal 

capacity.

 Maximum capacity of 6 people per   
 table or group of tables. Ensuring a

distance of at least 2 meters between the chairs of different tables.

 Prohibiting service at the bar.

Health authorities must consider the closure of the establishments’ indoor areas and, alternatively, the

reduction of the capacity to the bare minimum and prohibition of service at the bar.

use of face masks establishments (bars, cafés  Ensuring the proper ventilation of indoor areas.

and restaurants -including  Face masks must be worn at all times, except when eating or drinking.

those located in hotels-)  Eliminating self-service or buffet style dining.

 Establishments may offer takeaway, home delivery and drive thru services at all alert levels. For takeaway services, safe

distancing and prevention measures must be followed.

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Alert level 1 Alert level 2 Alert level 3

 Sports centers and facilities: 75% of  Sports centers and facilities: 50% of  Sports centers and facilities: 1/3 of

INDOOR AREAS of sport the capacity, ensuring safe distancing the capacity, ensuring safe distancing the capacity, ensuring safe distancing

centers and facilities and ventilation. Closed if these and ventilation. Closed if these

(which fall outside the cannot be ensured. cannot be ensured.

scope regulated by the  Group activities will respect the  Group activities will respect the

High Council for Sports) limited number of people set forth for limited number of people set forth for

this level. this level.

HIGH RISK

and ventilation. Closed if these cannot be ensured.

 Group activities will respect the

limited number of people set forth for this level.

 Opening of common areas at 75% of  Opening of common areas at 50% of  Opening of common areas at 1/3 of

Situations that involve: their capacity, always ensuring that their capacity (including lunchrooms, their capacity (including lunchrooms,

social distancing, prevention and where shifts can be established) and where shifts can be established) and

 close and long-term Student residences hygiene measures are followed and always ensuring that social distancing, always ensuring that social distancing,

contact promoting the use of well-ventilated prevention and hygiene measures are prevention and hygiene measures are

 enclosed spaces areas. followed. followed.

 poor and inadequate  Prohibiting visitors.

ventilation

 large crowds

 activities that are not   
 compatible with the

use of face masks





Establishments such as bingo halls, casinos,

arcades, gambling halls and betting shops

Operating at 75% of its internal 

capacity.

Maximum capacity of 10 people per 

table or group of tables. Ensuring a distance of at least 2 meters between the chairs of the different tables.



Operating at 50% of its internal 

capacity.

Maximum capacity of 6 people per   
table or group of tables. Ensuring a   
distance of at least 2 meters between   
the chairs of the different tables.

Prohibiting service at the wet bar.

Health authorities must consider the closure and, failing that, the

reduction of the capacity to the strict minimum; prohibition of service at the wet bar.

Nightclubs, nightlife  Closed establishments

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Alert level 1 Alert level 2 Alert level 3

Conferences, meetings, business meetings,

conferences, seminars, and   
other professional events

 Maximum capacity of 75% and 50

attendants, always guaranteeing social distancing, hygiene and prevention measures.

 Avoid crowds in rest areas.

 Maximum capacity of 50% and 30  Online only.

attendants, always guaranteeing social distancing, hygiene and prevention measures.

 Avoid crowds in rest areas.   
 Recommendation to hold the event

online, especially for activities aimed at essential personnel.

Business premises,

provision of services, and

MEDIUM RISK street markets Situations that involve:

 Business premises: 75% of capacity. If

social distancing cannot be ensured, only one customer will be allowed in the premises.

 Street markets: 75% of the stalls that

are usually authorized.

 Business premises: 50% of capacity. If   
 social distancing cannot be ensured,

only one customer will be allowed in the premises.

 Street markets: 75% of the stalls that   
 are usually authorized if the market is

outdoors.

 Business premises: 1/3 of capacity. If   
 social distancing cannot be ensured,

only one customer will be allowed in the premises.

 Street markets: 50% of the stalls that   
 are usually authorized if the market is

outdoors.

 Home pick-up and delivery services will keep operating, always respecting social distancing and hygiene and prevention

– Controlled contact measures.

- well-ventilated   
 enclosed spaces

- open spaces with large   
 crowds

- activities that are   
 compatible with the

continuous use of face

Academies, driving

schools, other non-formal education centers

(including activities   
promoted by the   
administrations)

 75% of capacity.

 Instruction may be in person as long

as social distancing, hygiene and   
prevention measures are respected.

 Recommending online learning.  50% of capacity.

 Instruction may be in person as long

as social distancing, hygiene and   
 prevention measures are respected.   
 Assessing attendance of vulnerable

people.

 Recommending online learning.  1/3 of capacity.

 Instruction may be in person as long

as social distancing ,hygiene and   
 prevention measures are respected.   
 Suspending activities attended by

vulnerable people.

masks  Opening of common areas: 75% of  Opening of common areas at 50% of  Opening of common areas at 1/3 of

Hotels, hostels, and other accommodations

their capacity, always ensuring that   
social distancing, prevention and   
hygiene measures are followed and

promoting the use of well-ventilated   
areas.

their capacity, always ensuring that   
social distancing, prevention and   
hygiene measures are followed and

promoting the use of well-ventilated   
areas.

their capacity, always ensuring that   
social distancing, prevention and   
hygiene measures are followed and

promoting the use of well-ventilated   
areas.

 People from different household groups cannot sleep in the same room in hostels.

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Alert level 1 Alert level 2 Alert level 3

 For such sport events, assess the risk according to the protocols and procedures of the National Sports Council [(Protocol of](https://www.csd.gob.es/sites/default/files/media/files/2020-09/CSD_PROTOCOLO%20VUELTA%20COAE_FINAL.pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-09/CSD_PROTOCOLO%20VUELTA%20COAE_FINAL.pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-09/CSD_PROTOCOLO%20VUELTA%20COAE_FINAL.pdf)

[Action for the return of State non-professional competitions for the season 2020/2021).](https://www.csd.gob.es/sites/default/files/media/files/2020-09/CSD_PROTOCOLO%20VUELTA%20COAE_FINAL.pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-09/CSD_PROTOCOLO%20VUELTA%20COAE_FINAL.pdf)

 Social distancing, prevention and hygiene measures must be guaranteed at all times pursuant to [Decree-law 21/2020](https://www.boe.es/buscar/doc.php?id=BOE-A-2020-5895) and

applicable regional regulations.

Physical activity or sports   
in non-professional groups

MEDIUM RISK   
Situations that involve:

 Non-professional and non-federated

sports events are allowed as long as   
the social distancing, prevention and   
hygiene measures are guaranteed   
and the maximum capacity is of 75%.

 Non-professional and non-federated   
 sports events are allowed as long as

the social distancing, prevention and   
hygiene measures are guaranteed   
and the maximum capacity is of 50%.

 Non-professional and non-federated   
 sports events are allowed as long as

the social distancing, prevention and hygiene measures are guaranteed and the maximum capacity is of 1/3, provided that it is outdoors.

 Enclosed space.

 Assessing the suspension of sports   
 that involve physical contact.

- Controlled contact  Locker rooms and showers: monitor access to ensure social distancing, hygiene and prevention measures.

– well-ventilated

enclosed spaces

- open spaces with large

crowds

- activities that are

Professional and federated sports training

 For such sport events, assess the risk according to the protocols and procedures of the National Sports Council [(Protocol of](https://www.csd.gob.es/sites/default/files/media/files/2020-05/CSD.%20GTID.%20Protocolo%20sanitario%20para%20el%20deporte..pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-05/CSD.%20GTID.%20Protocolo%20sanitario%20para%20el%20deporte..pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-05/CSD.%20GTID.%20Protocolo%20sanitario%20para%20el%20deporte..pdfhttps://www.csd.gob.es/sites/default/files/media/files/2020-05/CSD.%20GTID.%20Protocolo%20sanitario%20para%20el%20deporte..pdf)

[Action for the return to training and to federated and professional competitions)](https://www.csd.gob.es/sites/default/files/media/files/2020-05/CSD.%20GTID.%20Protocolo%20sanitario%20para%20el%20deporte..pdf).   
 Social distancing and prevention and hygiene measures must be guaranteed at all times pursuant to [Decree-law 21/2020.](https://www.boe.es/buscar/doc.php?id=BOE-A-2020-5895)

compatible with the 

continuous use of face OUTDOOR AREAS of

masks hospitality and catering

establishments (bars, cafés   
and restaurants -including   
those located at hotels-)

For groups of customers, which shall   
remain separated and seated, subject   
to gathering conditions (15 people).

 Outdoor capacity of 75% for groups of   
 customers, which shall remain

separated and seated, the conditions for gatherings apply (10 people).

 Outdoor capacity of 75% for groups   
 of customers, which shall remain

separated and seated, the conditions for gatherings apply (6 people).

 Limiting customers’ last entrance to

22:00 and the closing time to 23:00.

 Tables ensuring a distance of at least 1.5 meters between the chairs of different tables.

 Face masks must be worn at all times, except when eating or drinking.

Cinemas, theaters,  Maximum capacity of 75%, provided that a distance of one seat-apart in the same  Maximum capacity of 50%, provided

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Alert level 1 Alert level 2 Alert level 3

auditoriums, big top

circuses and similar spaces, as well as venues and

establishments intended   
for cultural performances

MEDIUM RISK and events 



Situations that involve: 

row, in the event of assigned seats, or of 1.5 meters, in the case of non-assigned seating, can be ensured between the different household groups

Numbered tickets.   
Pre-assigned seats.

Recommendation to avoid eating or drinking during the show.

that a distance of one seat-apart in the same row, in the event of

assigned seats, or of 1.5 meters, in the case of movable seats, can be ensured between the different

household groups.

- Controlled contact

- well-ventilated

enclosed spaces

- open spaces with large   
 crowds

- activities that are

Celebration of other

cultural and public 

attendance events   
(indoors and outdoors) 

For all cultural events, assessing the risk according to the document [Recommendations for mass events and activities in the context of new normal due to COVID-19 in Spain.](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Recomendaciones_eventos_masivos.pdf)

Social distancing, prevention and hygiene measures must be guaranteed at all times pursuant to [Decree-law 21/2020.](https://www.boe.es/buscar/doc.php?id=BOE-A-2020-5895)

compatible with the   
continuous use of face   
masks

Libraries, archives,

museums, exhibition halls, monuments and other

cultural facilities

 No restrictions of capacity, ensuring

social distancing, prevention and hygiene measures.

 For group activities, the conditions for

gatherings apply (15 people).

 Maximum capacity of 75% for each of   
 the rooms and public spaces.

 For group activities, the conditions for   
 gatherings apply (10 people).

 Maximum capacity of 50% for each of   
 the rooms and public spaces.

 For group activities, the conditions for   
 gatherings apply (6 people).

 Social distancing between the  Limiting the capacity of swimming

different household groups. Insisting pools to 75%.

Swimming pools and on the fact that social distancing,  Limiting access to beaches. Control of

beaches prevention and hygiene measures capacity.

must be followed.

 Limiting the capacity of outdoor   
 swimming pools to 50% and to 1/3 for

indoor swimming pools.

 Accessing to beaches to go for a walk   
 or to do sports, observing social

distancing, prevention and hygiene   
measures. Limiting operating hours.

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Alert level 1 Alert level 2 Alert level 3

LOW RISK

Parks and outdoor  Open, ensuring social distancing, prevention and hygiene measures.

recreational areas  Prohibiting alcohol consumption and monitoring the gathering measures established for each phase for their compliance.

 Recommendation to close these areas at night, if possible.

Situations that involve:

- Controlled contact

- open spaces Educational centers

- good ventilation

- limited and/or   
 controlled crowds

- activities that are

 Applying the guidelines laid down in [Preventive, Hygiene and Health Promotion Measures to combat COVID-19 for educational](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Medidas_centros_educativos_Curso_2020_2021_17.09.20.pdf)   
 [centers in the academic year 2020-2021](https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Medidas_centros_educativos_Curso_2020_2021_17.09.20.pdf)

 Applying the recommendations concerning the [university community in the academic year 2020-2021](http://www.mscbs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Medidas_centros_universitarios_Curso_2020_2021_31.08.20.pdf) and the [educational](http://www.mscbs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Medidas_centros_FP_actividades_con_personas_ajenas.pdf)   
 [centers that develop vocational education practical training in their premises.](http://www.mscbs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Medidas_centros_FP_actividades_con_personas_ajenas.pdf) In person education, pursuant to the declaration

on coordinated public health actions against COVID-19 for educational centers in the academic year 2020-21   
 Educational centers will remain open for the whole academic year, ensuring the school lunch service, as well as the teaching

support service to minors with special needs or from socially vulnerable families.

 In the event of outbreaks or uncontrolled transmission, and before closing the educational center, hybrid learning or schedule   
 adjustments will be considered in order to limit contacts as much as possible.

compatible with the   
continuous use of face

masks Individual physical activity  Allowed outdoors, ensuring social distancing, prevention and hygiene measures.

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6. Appendixes

Appendix 1. Other epidemiological and capacity indicators (These indicators and their thresholds will be updated as required according to the evolution of the data and the epidemiological situation).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indicator | Calculation method | Risk assessment | | | | | Information  source |
| New normal | Low | Medium | High | Very high |
| Assessment of the transmission level | | | | | | | |
| Time-trend of diagnosed  cases (always interpret  within the context of the  incidence in the territory) | Number of confirmed cases  from day 1 to 7 before the date  - number of confirmed cases  from day 8 to 14 before the  date \* 100 / Number of  confirmed cases from day 8 to  14 before the date | Downward or  stable trend  over the last 4  weeks | Fluctuates with no  sustained  increases | Low-level sustained  increases (<25%) | Intermediate  sustained increases  (25-50%) or isolated  increase of high  magnitude (>50%) | High sustained  increases (>50%) or  isolated increase of  very high magnitude  (>100%) | Mandatory individual  reporting (SIVIES) |
| Weekly test positivity  rate\* in suspected cases  in primary care (PC) | Suspected cases in PC  (consultation last week) with  positive test results\*100 /  suspected cases in PC  (consultation last week) with  available test results | ≤6% | х6 to ≤10% | х10 to ≤20% | >20 to ≤30% | >30% | Weekly aggregate  reporting to the  Ministry of Health |
| Effective reproduction  number (Rt) | Mean number of secondary  cases per detected case,  calculated using the case series  by date of symptom onset, on  days 5 to 15 before the date | ≤ 1 | >1 to ≤1.1 | х1,1 to ≤1.5 | х 1.5 to ≤2 | >2 | Mandatory individual  reporting (SIVIES).  Indicator calculated  by autonomous  communities |
| Assessment of diagnostic capacity | | | | | | | |
| Number of suspected  cases per confirmed case  over 7 days | Number of suspected cases (PC  and hospitals) over 7 days /  Number of confirmed cases  over the same 7 days | ≥10 | <10 to ≥7 | <7 to ≥ 4 | <4 to ≥2 | <2 | Reporting to the  Ministry of Health by  autonomous  communities and  SIVIES |
| Proportion of suspected  cases in primary care (PC)  with diagnostic test\*  performed | New PC suspected cases with  test performed over 7 days x  100 / new PC suspected cases  over 7 days (by consultation  date) | >90% | <90 to ≥85% | <85 to ≥80% | <70 to ≥80% | <70% | Weekly aggregate  reporting to the  Ministry of Health |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Testing rate\* | Total number of performed  tests (PDIA\*) \*100.000 / Total  population | ≥1,500 | <1,500 to ≥1,000 | <1,000 to ≥800 | <800 to ≥600 | <600 | Laboratory-based  notification (SERLAB) |
| Number of tests\*  performed per confirmed  case over 7 days | Total number of tests  performed over 7 days/ Total  number of cases confirmed  over 7 days | ≥30 | <30 to ≥20 | <20 to ≥10 | <10 to ≥5 | <5 | SERLAB, SIVIES |
| Diagnosis delay | Median in days between  symptom onset and diagnosis  date, in confirmed cases | ≤1day | >1 to ≤2 days | х2 to ≤5 days | х5 to ≤8 days | >8 days | Mandatory individual  reporting (SIVIES). |
| Time to diagnosis | Median in days between  consultation date and diagnosis  date, in confirmed cases | ≤1day | х1 to ≤2 days | х2 to ≤3 days | х3 to ≤4 days | >4 days | Mandatory individual  reporting (SIVIES). |
| Assessment of severity | | | | | | | |
| COVID-19 hospitalization  rate per 100,000  population over 7 days | Number of new hospital  admissions due to COVID-19  over 7 days \*100.000/  Population in the territory | ≤10 | х10 to ≤20 | х20 to ≤30 | >30 to ≤40 | ≥40 | Reporting to the  Ministry of Health by  autonomous  communities. |
| Proportion of hospital  admissions due to COVID-  19 | Number of hospitalizations due  to COVID-19 over 7  days\*100/Total hospitalizations  over 7 days | ≤1% | х1 to ≤5% | х5 to ≤10% | х10 to ≤20% | ≥20% | Reporting to the  Ministry of Health by  autonomous  communities. |
| Percentage of COVID-19  hospitalized cases in the  ICU | Number of COVID-19 confirmed  cases in the ICU \*100/ total  hospitalized cases due to  COVID-19 (assessed after 7  days) | ≤5% | х 5 to ≤10% | >10 to ≤20% | х20 to ≤30% | ≥30% | Mandatory individual  reporting (SIVIES).  Information provided  by autonomous  communities. |
| Lethality in confirmed  cases | Percentage of deaths per  weekly cohort (assessed 3  weeks after diagnosis). | ≤0.5% | х0.5 to ≤1% | х1 to ≤3% | >3 to ≤5% | ≥5% | Mandatory individual  reporting (SIVIES) |
| Mortality rate over 7 days  per million population | COVID-19 confirmed cases  deceased over 7 days \*  1.000.000 / Population in the  territory | ≤5 | >5 to ≤10 | >10 to ≤30 | >30 to ≤50 | >50 | Mandatory individual  reporting (SIVIES) |
| All-cause excess mortality  over the last 2 weeks \* | \*Any mortality excess day over  the last 2 weeks that can be  included in an excess mortality  period according to MoMo | ≤1% | х1 to ≤3% | х3 to ≤13% | х13 to ≤25% | >25% | System for daily  mortality monitoring  (MoMo) |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | criteria is considered. |  |  |  |  |  |  |
| Transmission control capacity | | | | | | | |
| Isolation or quarantine  places at non-healthcare  facilities | Isolation or quarantine spots at  non-healthcare facilities \*100 /  new cases diagnosed in the 5 to  18 days prior to the date | ≥7% | <7 to ≥5% | <5 to ≥3% | <3 to ≥1% | <1% | Need to collect ad  hoc |
| Occupation of isolation or  quarantine spots at non-  healthcare facilities | Number of isolation or  quarantine spots at non-  healthcare facilities occupied  on the date / Number of spots  available at these facilities | ≤25% | х25 to ≤50% | х50 to ≤70% | х70 to ≤90% | >90% | Need to collect ad  hoc |
| Proportion of cases with  contact tracing performed  over the first 3 days after  diagnosis | Number of cases diagnosed  over the last 3 days with  contact tracing performed\*100  / total number of cases  diagnosed over the last 3 days | ≥ 90% | <90 to ≥80% | <80 to ≥70% | <70 - ≥60% | <60% | Mandatory individual  reporting (SIVIES) |
| Nursing homes | | | | | | | |
| Nursing homes with new  outbreaks over the last 7  days | Nursing homes with new  outbreaks declared over the  last 7 days \*100/ number of  nursing homes | ≤1% | х1 to ≤3% | х3 to ≤5% | х5 to ≤10% | >10% | Weekly national  notification of  outbreaks , ad hoc  data |
| Cases per outbreak in  nursing homes over the  last 7 days | Number of resident confirmed  cases / number of outbreaks in  nursing homes over the last 7  days | ≤5 | х5 to ≤10 | х 10 to ≤15 | х 15 to ≤20% | >20 | Weekly national  notification of  outbreaks |

\* Active Infection Diagnostic Tests (PDIA, included in the diagnostic strategy) such as PCR or antigen tests.

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