A photograph of the West Virginia State Capitol building, featuring a prominent white portico with columns and a large, ornate golden dome. The building is set against a clear blue sky. In the foreground, there are green plants and yellow flowers.

# **West Virginia**

**Reopen Safely and Responsibly**

**April 2020**

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# Joint Message from the Senate President and Speaker of the House of Delegates

"This has been an unprecedented time for both our state and our nation. Through the innovation, grit, and determination that lies within every West Virginian, we know that we will emerge from this crisis stronger than before. This guide contains commonsense suggestions to begin our journey back to a strong, vibrant economy. We look forward to expanding these recommendations in future phases toward our common goal of putting all West Virginians safely back to work."

Mitch Carmichael, Senate President-Lieutenant Governor  
Roger Hanshaw, Speaker of the House of Delegates

# Co-Signing Legislators

Senator Mike Azinger (Wood)

Senator Craig Blair (Berkeley)

Senator Donna Boley (Pleasants)

Senator Charles Clements (Wetzel)

Senator Sue Cline (Wyoming)

Senator Bill Hamilton (Upshur)

Senator Kenny Mann (Monroe)

Senator Mike Maroney (Marshall)

Senator Mark Maynard (Wayne)

Senator John Pitsenbarger (Nicholas)

Senator Rollan Roberts (Raleigh)

Senator Patricia Rucker (Jefferson)

Senator Randy Smith (Tucker)

Senator Chandler Swope (Mercer)

Senator Dave Sypolt (Preston)

Senator Tom Takubo (Kanawha)

Senator Eric Tarr (Putnam)

Senator Charles Trump (Morgan)

Senator Ryan Weld (Brooke)

Delegate Rick Atkinson (Roane)

Delegate Paul Espinosa (Jefferson)

Delegate Geoff Foster (Putnam)

Delegate Caleb Hanna (Nicholas)

Delegate John Hardy (Berkeley)

Delegate Carl Martin (Upshur)

Delegate Eric Nelson (Kanawha)

Delegate Eric Porterfield (Mercer)

Delegate Matt Rohrbach (Cabell)

Delegate John Shott (Mercer)

Delegate Brandon Steele (Raleigh)

Delegate Terri Sypolt (Preston)

Delegate Chris Toney (Raleigh)

Delegate Steve Westfall (Jackson)

## COVID-19 Impact: West Virginia's Economy

# 200K

There have been a total of 150,000+ unemployment claims filed between March 1 and April 24, 2020. On an average year, in the same time frame, the number would be less than 5,000. As self-employed workers begin to file on April 25, this number is expected to grow by approximately 50,000.

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“A person willing to work, and unable to find work, is perhaps the saddest sight that fortune's inequality exhibits under this sun.”

*Thomas Carlyle*

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# \$900M

To illustrate the significance of a prolonged shutdown of the West Virginia economy, a reduction of 20% in receipts to the General Revenue Fund would mean a loss of \$900+ million and significantly impact funding for numerous vital state programs. County and local governments will also experience losses of revenue. Likewise, special revenue funds such as the fuel tax that fund highways will be affected.

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“Success is to be measured not so much by the position that one has reached in life as by the obstacles which the person has overcome”

*Booker T. Washington*

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## EXECUTIVE SUMMARY

The citizens of West Virginia have exceptionally and courageously responded to the COVID-19 pandemic. The lives of all West Virginians have been dramatically affected by this virus, especially those that have experienced the loss of loved ones. The state has, and always should, prioritize the health and safety of our citizens. State officials have taken tremendous steps to minimize the spread of COVID-19 and the number of those infected by this virus. In addition to the health and safety issues that COVID-19 has inflicted on our people, this pandemic has done immense damage to the West Virginia economy and disrupted everyone's lives with uncertainty and dread. West Virginians have heroically weathered the economic storm caused by the necessary measures to mitigate the threat of COVID-19. However, the time is upon us to begin reopening the West Virginia economy in a safe and responsible manner.

Economically, this pandemic has created hardships across all sectors. The livelihoods of countless citizens have been devastated. Businesses across all sectors and of all sizes, especially our smaller establishments, have suffered significant interruption and losses. The state's healthcare system has been severely strained by the challenges it has faced responding to the virus, including limitations on services provided. The state's education system has dealt with closers and the numerous challenges with distance learning. We must carefully and methodically evaluate all factors involved with reopening our economy, but we must not ignore the health and economic dangers inherent in prohibiting individuals from working.

Economic prosperity is critical to the health and happiness of West Virginians and will be necessary for our state to recover from this pandemic. For this reason, the leadership of the West Virginia Legislature, in consultation with the office of Governor Justice, took the initiative to study how West Virginia can reopen its economy in a safe, responsible and effective manner. Legislative leadership consulted with industry and healthcare leaders from across state who brought diverse and necessary perspectives to help construct the recommendations provided in this report.

Many of the recommendations included in this report are measures that have already been put into practice by businesses that have been deemed "essential". Any additional measures outlined in this document are meant to strengthen those measures already in place with the goal of creating a consistent and effective set of guidelines that can be implemented in various industries across the state. They are offered as initial and temporary steps to expediently, but safely, enable West Virginians' return to work. This report is the result of Legislative leadership's consultation with healthcare professionals and business leaders throughout the State of West Virginia, as well as guidance from experts throughout the country.

## Retail Industry

West Virginia's retail industry has been particularly affected by COVID-19, especially those retail establishments deemed "non-essential." Retailers currently closed could be allowed to reopen under effective guidelines to protect workers and customers from the dangers of COVID-19, which would result in the reopening of hundreds businesses and thousands of our citizens returning to work. Pursuant to consultation with both healthcare experts and leaders in the retail industry, retailers of all types and sizes could be permitted to operate in a manner that would dramatically decrease the likelihood of continued spread of COVID-19. Non-essential retailers that are currently forced to close could safely reopen and operate with the use of thorough sanitation and customer contact measures currently being utilized by essential retailers (such as grocery stores) and any additional specialized guidelines deemed necessary. The recommendations offered by this report are simple and would provide very limited challenges for employees and customers to comply. More extensive recommendations are provided later in this report, but in summary, the recommended measures include, but are not limited to:

- Establish limitations on existing occupancy limits;
- Limitations on high-traffic areas should be enforced by employees;
- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work;
- Require frequent sanitation and cleaning measures;
- Enforce reasonable social distancing requirements in all areas of the business; and
- Institute any necessary measure to limit interaction between employees and customers.

## Restaurant Industry

Of all industries affected by the COVID-19 pandemic, the restaurant industry is potentially the most dramatically affected. Restaurants and their employees throughout West Virginia have been forced to adapt to the prohibition on in-house dining or have been forced out of business altogether. A robust and stable restaurant industry is essential to West Virginia's economy, particularly during the summer season when tourism increases in the state and is necessary to enable the resumption of other industries throughout the state.

It's imperative that restaurants limit the contact between employees and customers, as well as customers and other customers. The recommendations offered by this report are simple and would provide very limited challenges for employees and customers to comply and could facilitate a return to near-normal operations for restaurants. More extensive recommendations are provided later in this report, but in summary, the recommended measures include,

but are not limited to:

- Establish limitations on existing occupancy limits;
- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work;
- Require frequent sanitation and cleaning measures;
- Eliminate or provide increased sanitation to all frequently touched items, such as saltshakers and menus;
- Enforce reasonable social distancing requirements in all areas of the business, including between tables, booths, and waiting areas; and
- Institute any necessary measure to limit interaction between employees and customers.

## Close Contact Services

Close contact services include businesses such as hair salons, barber shops, massage therapy facilities, and others that require considerable physical contact with a customer. The close contact services industry is one where more significant measures are necessary to ensure the health and safety of customers and employees. The state, perhaps through applicable regulatory boards, must frequently provide clear and thorough communication to service providers as to the appropriate guidelines. More extensive recommendations are provided later in this report, but in summary, the recommended measures include, but are not limited to:

- Establish limitations on existing occupancy limits;
- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work;
- Require frequent sanitation and cleaning measures;
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas;
- Institute any possible measure to limit interaction between employees and customers; and
- Require PPEs, specifically face masks and gloves, for all employees who will interact with a customer.

## Healthcare Industry

Although a significant portion of the state's healthcare industry has been consumed with the prevention and treatment of the COVID-19 virus, many healthcare services have been limited or entirely not available. Hospitals and medical providers of all types have been challenged by both the pandemic and the resulting reduction in revenue

generating services. Many individuals have been forgoing or putting off obtaining healthcare services that, in some instances, may result in damaging health outcomes. In addition to hospitals, healthcare providers such as dentists, physical therapists, and others have experienced a decrease or outright elimination in their treatment of patients. These providers mostly provide services that require close or direct contact with patients. However, they have the expertise and capabilities to resume services in a manner that would decrease the danger of COVID-19. The state should allow hospitals and other medical providers to customize their reopening in a controlled and methodical manner. The state should also enact policies that protect healthcare providers who are on the front lines of this pandemic, including liability protections. The access to and use of personal protective equipment will be necessary for a safe return to near-normal operations. More extensive recommendations are provided later in this report, but in summary, the recommended measures include, but are not limited to:

- Require employees to use appropriate PPE;
- Require when necessary and provide available PPE to patients;
- Monitor the health of employees and sending home any employee who displays symptoms of COVID-19;
- Provide services by appointment only and communicate any necessary PPE requirements to patients ahead of time;
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas;
- Require temperature checks and health screenings for patients before entering the place of business;
- Enforce visitation limitations;
- Visits to senior living facilities should continue to be restricted;
- Mandate that telehealth services be covered by insurers; and
- Limit contact between the administrative staff and the patients, such as eliminating check-in forms and receipts when possible.

## **Recreational Facilities**

Recreational facilities have largely been closed in response to the COVID-19 pandemic, including gaming facilities, exercise facilities, and other entertainment venues. The recreational and entertainment industry includes a diverse array of businesses, but they all involve significant interaction with the public. Examples of these businesses include casinos, gyms, and movie theaters. These businesses typically have a large amount of foot traffic, and thus, will need to take significant social distancing steps. Effective adherence to sanitation and social distancing guidelines will be necessary to ensure that these venues safely resume services. More extensive recommendations are provided

later in this report, but in summary, the recommended measures include, but are not limited to:

- Monitor the health of employees and send home employees who displays symptoms of COVID-19;
- Establish limitations on existing occupancy limits;
- Enforce reasonable social distancing in all areas of the place of business, especially high-traffic areas;
- Limit cash transactions and encouraging touch-free transactions as much as possible;
- Provide increased frequent sanitation, especially of common areas; and
- Perform regular cleaning and sanitation of all equipment or other items commonly touched.

## Youth Activities

Youth activities, including those of an athletic and artistic nature, are critical to the growth and well-being of West Virginia's youth population. In addition to the developmental benefit and economic activity provided by youth activities, they also provide a sense of community that uplifts the daily lives of our people. These activities could safely resume if undertaken in a safe and responsible manner. More extensive recommendations are provided later in this report, but in summary, the recommended measures include, but are not limited to:

- Monitor the health of officials, coaches, and participants and send home anyone who displays symptoms of COVID-19;
- Enforce reasonable social distancing in all areas where appropriate;
- Provide guidance on the use of PPE with all participants;
- Perform regular cleaning and sanitation of all equipment and ensuring equipment;
- Increase the frequency of sanitation and cleaning; and
- Ensure that any facility or venue hosting such an activity is properly managed to prevent the dangers of COVID-19.

## Manufacturing and Industrial Industry

Manufacturers and other industrial industry businesses have largely been deemed essential in West Virginia and have been allowed to continue with operations. However, they have faced many of the same challenges that all of the state's other essential businesses have faced. Employee protections are critical to the manufacturing and industrial industry returning to normal operations. Although companies in this sector typically have very limited, if any, interaction with customers, they usually have a significant number of employees that operate in shifts. Many employers throughout the state's manufacturing sector have already established policies that have successfully

prevented outbreaks of COVID-19 in their facilities. Employers in this sector can offer flexible “return to work” plans and establish response teams to insure employee health and safety. The recommendations contained in this report are simple but would require employers of this type to provide training and access to PPE to employees. More extensive recommendations are provided later in this report, but in summary, the recommended measures include, but are not limited to:

- Monitor the health of employees and sending home any employee who displays symptoms of COVID-19;
- Enforce reasonable social distancing in all areas of the facility and limiting the access to communal areas;
- Increase the frequency of all sanitizing and cleaning measures and establishing a strategy for sanitizing goods coming into the facility;
- If employees have not been continually working, institute a "return to work" plan where employees will be briefed and trained on the new safety and health measures.

## Long-Term Recovery

As we recover from all the damage inflicted by the COVID-19 pandemic, we must take the necessary steps to make sure West Virginia is better prepared to prevent or mitigate the damage of a future pandemic. This crisis has made several issues facing our state more apparent than ever. However, this is a time to tackle these challenges. This catastrophe is an opportunity to better our state for all West Virginians. Perhaps the most challenging issue highlighted by this pandemic has been the need for increased access to reliable and quality broadband throughout the state. Broadband access is critical for so many services throughout the state, but none more important than education, where the challenges of distance learning has highlighted the disparity in broadband access. More long-term recovery recommendations are provided in detail later in this report, but in summary, the recommended measures include, but are not limited to:

- Facilitate increased access to broadband;
- Establish a taskforce of business, healthcare, and legislative leaders to propose and evaluate policies aimed to help recover from this pandemic and prevent future similar pandemics;
- Establish a state reserve of PPE;
- Enact liability protections for healthcare providers, employers, and all individuals who have been on the front line of combatting COVID-19 and providing critical services to citizens;
- Study the impact of suspending statutory requirements, including those related to telehealth, licensure, and all other suspended requirements; and
- Pursue aggressive economic development policies

# GENERAL GUIDELINES

This report provides thorough and detailed recommendations for a number of specific industries and services. However, there are numerous guidelines that can be followed by everyone that will allow West Virginia to reopen the economy in a safe and responsible manner. Employers, employees, and customers are all people who can take proactive steps to not only protect themselves but prevent the spread of COVID-19 to others. The recommendations contained in this report are not to be considered all-encompassing but are generally aimed to help prevent the spread of COVID-19 once more normal activities resume. What follows in this section are specific recommendations for both individuals and employers that will help accomplish the goal of getting our economy moving again.

## General Guidelines for Individuals

As businesses start to reopen and services are once again offered to consumers, individual citizens will begin moving throughout their communities in a way that has been limited throughout this pandemic. The following are several measures that people can take to ensure this reintegration happens safely and responsibly:

- Continue to practice good hygiene, including:
  - Regular use of hand sanitizer and thorough hand-washing with soap;
  - Avoid face touching;
  - Sneeze or cough into a tissue, or the inside of your elbow;
  - Frequently disinfect items and surfaces after use; and
- Strongly consider using masks or face coverings in public;
- People feeling sick should stay home, do not go to work or elsewhere;
- People experiencing COVID-19 related symptoms should contact and follow the advice of their medical provider;
- Make non-cash payment for goods and services when possible;
- High-risk populations should continue to limit time out in the community; and
- All individuals should continue to maximize physical distance from others.

## General Guidelines for Employers

There are numerous measures than any and all businesses should strongly consider adopting when their employees and customers are welcomed back. In addition to adhering to any guidelines required for their sector, every business should consider more specialized measures that are tailored to their services. However, the following

are guidelines that can be adopted regardless of the service, and would help facilitate a safe and responsible reopening of the West Virginia economy:

- Develop and implement appropriate policies, in accordance with federal, state, and local regulations and guidance, and informed by industry best practices, regarding:
  - Social distancing and protective equipment;
  - Temperature checks;
  - Testing, isolating, and contact tracing;
  - Sanitation;
  - Limiting use and increased disinfection of common and high-traffic areas; and
  - Limiting non-essential business travel.
- Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.
- Encourage workers to report any safety and health concerns to the employer.
- Provide a place to wash hands or alcohol-based hand rubs containing at least 60% alcohol.
- Require employees to wear PPE when appropriate.
- Develop and implement policies and procedures for workforce contact tracing following employee with a positive COVID-19 test.
- If possible, return employees to work in phases.
- Allow teleworking where possible.
- Consider special accommodations for employees that are members of a vulnerable population, like senior citizens or immunocompromised people.
- Point of sale equipment should be frequently cleaned and sanitized.
- The entrance/exit doors should be sanitized routinely.
- Encourage customers to make non-cash payments.

# RETAIL

The retail industry requires a substantial amount of customer interaction. Although many retailers have been deemed essential and have remained open, such as grocery stores, there are countless retailers that have been forced to cease operations. However, the following recommendations would assist all retailers with safely resuming services.

## Employee Protections

- Limit the number of individuals inside the store to 50% of fire capacity occupancy or 8 customers per 1,000 square feet.
- Encourage customers to use hand sanitizer upon entering the store.
- Employees who have a fever or are otherwise exhibiting COVID-19 symptoms should not be allowed to work.
- Employees should be allowed to wear facemasks or gloves.
- All persons in the store should practice sensible social distancing of at least 6 feet between another person.
- Sales registers should be placed at least 6 feet apart if possible.
- Employees should have access to hand sanitizer or a place to wash their hands.
- Workers and customers should be provided an adequate number of trash receptacles.
- Employees should be required to take reasonable steps to comply with guidelines on sanitation from the Center for Disease Control and Prevention and West Virginia public health officials.
- Point of sale equipment should be frequently cleaned and sanitized.
- The stores should encourage customers to make non-cash payments.
- The entrance/exit doors should be sanitized at least three times per day, if not more frequent.
- Encourage workers to report any safety and health concerns to the employer.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Press release from Governor, Department of Health and Human Resources, and applicable trade organizations.
- Management should inform employees verbally and in writing of the safety standards.

*Will these measures require an additional or particular cleaning/sanitation supplies?*

- Disinfect to regularly sanitize common surfaces.
- Soap and water or hand sanitizer.

*Will these measures require the installment of certain equipment, such as screens at checkout counters?*

- No, but protective screens may be installed at the discretion of each store.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- Yes. Sanitization of incoming stock and merchandise is recommended.

*Will these measures require the purchase and the use of personal protective equipment (PPE), such as face masks or gloves?*

- Facemasks and gloves are recommended.

## **Customer Protections**

- No employee who has a fever or other symptoms of COVID-19 should be allowed to work in the store.
- The number of customers inside the store should be limited to 50% of fire marshal capacity or 8 customers per 1,000 square feet.
- Door entrances and exits should be sanitized at least three times each day.
- Customers should be encouraged to use hand sanitizer upon entering the store.
- Customers should be encouraged to wear facemasks in order prevent spreading of the virus.
- The store should be encouraged to provide access to hand sanitizer and trash receptacles.
- Store employees should encourage social distancing of at least 6 feet between customers. Stores with higher traffic should mark spaces 6 feet apart at the sales registers and outside the entrance to the store.
- Sales registers should be located at least 6 feet apart.
- Point of sale equipment should be frequently cleaned and sanitized.
- Employees should take reasonable steps to comply with guidelines on sanitation from the Centers for Disease Control and Prevention and West Virginia public health officials.
- Encourage customers to wear face masks.

## Anticipated Questions

*How can these measures be communicated to customers in a clear and consistent manner across the industry?*

- Measures should be posted at door of store.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- Each store should know the fire marshal capacity or square feet of the building and ensure social distancing guidelines are followed.

*Will these measures require any additional or particular cleaning and/or sanitation supplies?*

- None outside the normal scope of operations.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- These measures should require some type of marking or tape on the floor at checkout line to ensure adherence to 6-foot social distancing standards.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- Salesperson should at point of sale, encourage customers; either to insert payment card or to provide their own pen to sign the receipt. Receipt should be left on counter.

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- Yes, a designated employee would be on duty to monitor all procedures.

## Summary

There are many retailers currently operating as essential businesses in a safe and responsible manner. The recommendations contained above would help allow all retailers, such as jewelry and clothing stores, to open safely and for thousands of West Virginians to return to work.

**Recommended date of reopening:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

# RESTAURANT INDUSTRY

The typical operation of a full-service restaurant involves significant interaction between employees and customers, as well as customers and other customers. Meals are served, dishes are exchanged, payments are made, and numerous other touching points occur when a patron sits down at a restaurant. Therefore, the resumption of these services must occur carefully and under strict guidelines. The following recommendations would facilitate a safe reopening of West Virginia restaurants.

## Employee Protections

- Enforce reasonable social distancing requirements in all areas of the business, including between tables, booths, and waiting areas.
- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work.
- Any indoor or outdoor waiting area should be marked so that social distancing standards are met. One member of a party should be allowed in waiting area while other members of their party wait in their car.
- Eliminate or provide increased sanitation to all frequently touched items, such as saltshakers and menus.
- All employees should be required to report any fever or illness to supervisor
- Employees should be trained about food safety as it relates to COVID-19.
- Employees should wear masks at their discretion when possible.
- High customer contact areas (i.e. door entrances) should be cleaned and sanitized every two hours, if not more frequently if possible.
- Institute any necessary measure to limit interaction between employees and customers.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Employer/supervisor should communicate with all employees the measures verbally or in writing.

*Will these measures require an additional or particular cleaning and/or sanitation supplies?*

- No, the restaurant industry is already very thorough in its cleaning and sanitation processes.

*Will these measures require the installment of certain equipment, such as screens at checkout counters?*

- If a restaurant desires to further expand its seating capacity by placing a physical barrier they may install this type device.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, or raw materials, etc.?*

- No, the restaurant industry is already very thorough in its cleaning and sanitation processes.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Gloves are already part of the supplies restaurants use on a daily basis. There should be no additional need for other supplies outside the normal course of business.

## **Customer Protections**

- Limitations should be added to current occupancy requirements, so that the number of customers in the restaurant to those that can be adequately distanced apart.
- Tables/booths may alternatively be separated by a physical barrier.
- Tables should be limited to no more than 6 guests per table whenever possible.
- All employees should be required to report any fever or illness to supervisor.
- Tables and seating should be sanitized after each guest.
- High customer contact areas (e.g. door entrances) should be cleaned every two hours, if not more frequently if possible.
- Condiments should not to be left on tables. Provided by request and sanitized after usage or disposable packets should be used.
- Drink refills should be in clean/unused glass/cups.
- Menus, if laminated, should be cleaned after each usage or paper menus shall be designed for single use and disposed of.

## Anticipated Questions

*How can these measures be communicated to customers in a clear and consistent manner across the industry?*

- Measures should be communicated via social media (Facebook/Instagram) and on the restaurant's website.
- These measures should be posted on the front door/window for clients to read before entering the restaurant.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No.

*Will these measures require any additional or particular cleaning/sanitization supplies?*

- None outside the normal scope of operations.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- Yes, for limited service restaurant ordering in which customers stand in line.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- The space between tables/booths should be 6 feet unless a physical barrier is present. If restaurants have self-seating, signage should be placed on tables/booths which are not to be used.

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- No.

## Summary

Allowing near-normal operations of restaurants is an important step in reopening the West Virginia economy. Thousands of people depend on this industry for their livelihoods. The above outlined recommendations would help ensure that reopening restaurant dining could happen safely and responsibly. Many restaurants have already adopted increased sanitation measures in order to provide pick-up and delivery services. The individuals who operate restaurants are already trained in sanitary food preparation.

**Recommended date to safely resume operations:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

# CLOSE CONTACT SERVICES

The close contact service industry is one in which direct contact with customers is inherent. These services include hair salons, barber shops, massage therapy facilities, and others that require considerable physical contact with a customer. It's imperative that close contact service providers adopt rigorous protective and sanitation measures to protect employees and customers in order to safely reopen. The state should help develop guidelines for these providers tailored to the individual services. Occupational licensing boards would be best suited to communicate these guidelines.

## Employee Protections

- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work.
- Services should be provided by appointment only.
- Customers should be required to sanitize their hands upon entering the building and also before each treatment.
- Signs should be posted at the entrance and at eye-level at each workstation stating that any customer who has symptoms of COVID-19 should reschedule their appointment.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- Limitations should be placed on the number of customers an establishment.
- Require frequent sanitation and cleaning measures.
- Service stations should be separated by at least six feet from other stations when possible.
- All providers should wear facemasks and gloves when possible.
- Providers should wear protective gloves.
- Payment for services should be non-cash only whenever possible.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Owners should meet with all barbers communicate the above measures verbally and in writing.
- All barbers should be required to sign a statement acknowledging they understand and should adhere to the guidelines.

*Will these measures require any additional cleaning/sanitation supplies?*

- All salons/shops should be thoroughly cleaned and disinfected prior to reopening. Disinfect all surfaces, tools, and linens, even if they were cleaned before the salon/shop was closed. Salons/shops should maintain regular disinfection of all tools, shampoo bowls, pedicure bowls, workstations, treatment rooms, and restrooms. Additionally, salons/shops should remove all unnecessary items (magazines, newspapers, service menus, and any other unnecessary paper products/decor) from reception areas and ensure that these areas and regularly touched surfaces are consistently wiped down, disinfected, and that hand sanitizer is readily available to clients and staff.

*Will these measures require the installment of certain equipment, such as screens at checkout counters?*

- No. Only protective face masks and gloves.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No. However, stylists should sanitize all equipment, capes, and chairs after providing services to each client.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. Face masks and gloves should be required. One face mask can be used per day. Gloves should be disposed of and changed after each client.

## **Customer Protections**

- No provider displaying symptoms of COVID-19 should provide services to customers.
- Establish limitations on existing occupancy limits.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas. Providers should be at least six feet apart when possible.
- Providers should wear protective facemasks or facial shields.
- All equipment used by a provider should be sanitized between customers.
- Services could be initially limited and phased in.
- Payment for all transactions should be non-cash whenever possible.
- Institute any possible measure to limit interaction between employees and customers.

## Anticipated Questions

*How can these measures be communicated to customers in a clear and consistent manner across the industry?*

- Measures can be posted on the front door/window and at eye-level at each workstation.
- Measures can be communicated via social media (Facebook/Instagram) and on the barber shop's website.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- No sanitation or cleaning outside of the normal scope of operations would be required to reopen.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- No.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- The space between service stations should be at least six feet.

## **Summary**

Close contact service providers should be able to provide their services safely with the proper precautions taken, such as thorough and frequent sanitation and limitations on the availability of their services. Occupational licensing boards are well suited to develop additional or alternative measures that would allow these providers to resume operations.

**Recommended date to safely resume operations:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

## CHILDCARE SERVICES

Childcare services are a necessary component for so many working West Virginians. The resumption of these services will be necessary for people to fully return to their normal lives. However, the safe resumption of these services presents significant challenges. There have been childcare providers that have continued to provide services during this pandemic, which has been essential for many of our healthcare providers and first responders that are directly dealing with COVID-19. The Centers for Disease Control (CDC) has published extensive guidance for childcare programs that are continuing to provide services. The West Virginia Department of Health and Human Resources has also published information for childcare programs continuing to operate on dealing with COVID-19. Additional childcare providers could begin providing services to individuals returning to the workplace that are currently designated non-essential by following the guidance directed by the CDC and any additional guidance offered by the state public health officials, including, but not limited to the following:

- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work.
- Children who have a temperature or exhibit any other COVID-19 symptoms should stay home.
- Childcare facilities could operate under reduced child/staff ratios and a limitation of total children in a one facility at any one time.
- Require additional and stringent sanitation and hygiene requirements.
- Frequently sanitize regularly touched items, such as toys or games.
- When feasible, staff members and older children should wear face coverings within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.
- Establish procedures to ensure children and staff who come to the childcare center sick or become sick while at your facility are sent home as soon as possible.
- Childcare facilities should be immediately notified if any staff members, children, or the family of children exhibit COVID-19 symptoms.
- Establish procedures for administering temperature screening of staff and children on arrival every day.
- All childcare facilities should ensure sure that all contact information for parents, staff and emergency contacts is current and establish a process for quickly communicating with families, staff and emergency contacts.

- Staff who are at greater risk from COVID- 19 should consult with health professionals to assess their risk of currently working with children.
- Each class or group of children should include the same children and staff each day, and should be self-contained, particularly if the group is serving children of health care workers or first responders who have an increased likelihood of exposure to COVID-19.
- Limit the mixing of children on playground and play areas.
- Consider staggering arrival and drop-off times of children in separate classes to limit direct contact between parents and children from separate classes.

**Recommendation to safely resume operations:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

# HEALTHCARE INDUSTRY

## General Healthcare Recommendations

The healthcare industry has not only been critical to the state in dealing with COVID-19 and preventing its spread, it will continue to be just as important as the state begins recovering from this pandemic. All healthcare providers face similar challenges to safely resuming standard services, but the specialty services offered by healthcare providers are varied and will have to address some differing challenges. However, there may be no group better trained to safely resume all standard healthcare services than our medical professionals. In general, the following are recommendations that are applicable to all healthcare specialties which would allow them to resume most, if not all, elective procedures and services:

- Monitor the health of employees and prohibit any employee displaying COVID-19 related symptoms from returning to work.
- Hospitals and other providers should be able to customize their reopening and the resumption of services offered in a controlled and methodical manner.
- Require employees to use appropriate PPE.
- Require when necessary and provide available PPE to patients.
- Provide services by appointment only and communicate any necessary PPE requirements to patients ahead of time.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- Require temperature checks and health screenings for patients before entering the place of business.
- Limit contact between the administrative staff and the patients, such as eliminating check-in forms and receipts when possible.
- Visitations to hospitals and other facilities should be limited.
- Visits to senior living facilities should continue to be restricted.
- Provide increased access to testing and PPE.
- Provide liability protections for healthcare providers
- Mandate that telehealth services be covered by insurers.

## Dental Services

Dentists and their staff have significant contact with patients. Dentists, dental hygienists, and other dental staff have direct physical contact with their patients and utilize their hands and tools.

## Employee Protections

- Dentists and their staff members should be required to follow rules set forth by OSHA, CDC, West Virginia public health officials, and the West Virginia Board Dentistry.
- Services should be provided by appointment. If a walkup patient arrives that patient should be evaluated in the same manner as an appointed patient, provided that the schedule allows for the extra patient.
- Patients could be met at their car by staff wearing a facemask and gloves for a screening process that should include assessment of fever, cough, previous COVID -19 exposure, and presence of any other infection.
- If any symptoms are present, the patient may, upon availability of suitable testing kits, be tested for COVID-19. If the test is positive, the patient should be referred to a physician or hospital for further medical diagnosis and the dental appointment should be rescheduled after the patient receives clearance from a physician as to the absence of virus.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- Patients should be separated from other patients in the office by at least 6 feet.
- Employees should adhere to established guidelines for infection control as mandated by OSHA, and CDC using the most appropriate available PPE.
- Gloves should be disposed of after each patient.
- Gowns could be disposable or constructed of materials which would allow them to be laundered and sanitized on site.
- All instruments should be either disposed of or sterilized in an autoclave and should be individually wrapped for each patient.
- Dental chairs and facial shields should be cleaned and sanitized after each patient.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Dentists should meet with all staff and present the COVID-19 guidelines and instructions.

- Staff should be required to adhere to guidelines established by OSHA, CDC, and the West Virginia Board of Dental Examiners.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Employees shall adhere to established guidelines for infection control as prescribed by OSHA, CDC, the Board of Dental Examiners of West Virginia, and West Virginia public health officials using the required and commercially available PPE.
- Cloth gowns can be used as long as on-site sanitizing and laundering can occur.

*Will these measures require the installment of certain equipment, such as screens at checkout counters?*

- The staff member handling check-ins and check-outs should be required to wear gloves.
- Credit cards should be sanitized before and after use.
- Dental offices may establish self-service kiosks to handle all administrative activities with patients. If kiosks are used, they should be sanitized after each use by each patient.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- Dental office should continue to follow the protocols required by the West Virginia Board of Dental Examiners for handling stock.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. The CDC requires dentists to use surgical face masks, gloves, protective eyewear, face shields and protective clothing (reusable or disposal gowns, jacket, lab coat), one surgical mask for each patient.

## **Patient Protections**

- No employee should be allowed to work if they have a fever or any other symptoms of COVID-19.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- Patients should be brought into the office by a staff member one at a time.
- Patients should be separated from each other at all times by at least 6 feet. Employees should wear PPE as described above.

- All equipment, including dental chairs should be cleaned and sanitized before each patient is seated. Dental chairs cannot be sterilized but they can be sanitized.
- No reading materials should be provided to patients.
- Any bathroom in the office should be sanitized by staff after each use.
- Offices should be encouraged to consider the efficacy of powered air-purifying room air purifiers with high-efficiency particulate arrestance (HEPA) filters.

### Anticipated Questions

*How can these measures be communicated to patients in a clear and consistent manner across the industry?*

- The Board of Dental Examiners has the means to communicate with all licensed dentists by email, text or regular mail.
- Patients should be notified prior to their appointment.
- Staff should ask the patient a series of questions about their current health.
- If a patient says they have any signs of illness, the appointment should be rescheduled.
- On the pre-visit communication, the staff member should inform the patient of the new procedures which should include patient calling the office upon arrival to the office.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- No.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- No.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- No.

## Summary

Dentists and their staff could safely resume standard services through following the above recommendations and any additional guidelines provided by the state or federal health officials.

**Recommended date to safely resume all elective services:** Immediately with guidelines.

## Physical Therapy

The service provided by physical therapists requires significant and prolonged direct contact with patients. Administrative staff could generally be able to maintain sufficient social distancing. However, physical therapy itself typically involves the use of hands-on treatment up close with patients for the majority of the treatment.

## Employee Protections

- Patients who have a fever, cough or any signs of sickness should reschedule their appointment.
- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- All therapists and staff should wear facemasks and gloves.
- Protective shields should be installed at the check-in, check-out, and point of sale areas.
- Patients should be encouraged to wear facemasks and other PPE when appropriate.
- Staff should receive training in the correct use of PPE and prevention of contamination of clothing, skin and environment.
- Staff should perform stringent and enhanced sanitation measures between patients.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Therapists should provide verbal and written instructions to staff on the proper use of PPE and prevention of contamination of clothing, skin and environment.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Yes. The office and equipment should be cleaned and sanitized more frequently during the day and between each patient session.

- Protective shields should be installed at all open desks or counters to prevent support staff from direct contact with the patient.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- None outside the normal course of business.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Additional masks and gloves should be required in order to achieve universal precautions. Gloves should be changed between patient sessions.

## **Patient Protections**

- Enforce reasonable social distancing requirements in all areas of the business, including waiting areas.
- The office should be completely disinfected and sanitized upon the opening and close of business each day.
- All rooms, equipment, furniture and tools used should be cleaned and sanitized between each patient session.
- All therapists and staff should wear facemasks and gloves
- All staff should be screened for symptoms of COVID-19, including temperatures taken each day upon arrival to the office.

## **Anticipated Questions**

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Safety protocols should be provided in writing to patients as they enter the building and posted throughout the office.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Yes. Additional disinfectant supplies and equipment should be needed for areas of patient contact.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- No

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- None in addition to what is described above.

## Summary

Physical therapy clinics, patients, and employees could safely resume all standard practices and be protected from the transmission of COVID-19 through the use of numerous protective measures.

**Recommended date to safely resume all services:** Immediately with guidelines.

## Optometry

The practice of optometry involves mostly routine eye examinations, eyeglasses and contact lens fittings. These services require close and often direct physical contact between providers and patients. This may involve touching patients on the face, coming in contact with mucous membranes (conjunctiva) and bodily fluids (tears, mucous). Therefore, the following recommendations are offered to safely allow a full resumption of optometry services.

## Employee Protections

- Services should be provided by appointment only; no walk-in patients.
- Signs should be posted on the front door/window that stating that any patient who has a fever or cough should reschedule their appointment.
- Ask each person before initiating service:
- At office entry: Patient/companion's normal temperature verified.
- Have you had any cold/flu symptoms recently?

- Have you come in contact with another person who has been diagnosed with COVID 19?
- Limit the number of people in the office to one person per doctor, technician, or optician. A patient may bring one companion into the office (e.g., a minor, or an assistant if the patient has special needs).
- No additional persons should be allowed to wait in the building.
- All employees should maintain social distancing measures.
- Optical stations should be separated by at least six (6) feet apart.
- All employees interacting with the public should wear facemasks.
- CDC hand washing, office disinfection, and other infection control guidelines, including appropriate wearing disposable gloves should be observed.

### Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Owner/managers should meet with all employees and communicate measures verbally and in writing.
- All employees should be required to sign a statement acknowledging they understand and should adhere to the guidelines.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- No sanitation or cleaning outside of the normal scope of operations would be required to reopen.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Screens are encouraged, but not required. Only protective face masks should be required.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No. However, doctors, technicians, and opticians should sanitize all equipment, chin rests, and chairs after providing services to each patient.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. Face masks should be required. One face mask can be used per day. Gloves, if used, should be disposed of, and changed after each patient.

## **Patient Protections**

- No employee with a fever or cough should provide services to clients.
- The number of patients in the building should be limited.
- Optical station should be at least six (6) feet apart.
- Employees should wear protective facemasks.
- All equipment should be sanitized between patients.
- The office should not provide books, magazines, or any reading material, for patients.
- Office space and CDC-based surface disinfection (e.g. check in desk, restrooms) should be clean and disinfected according to guidelines.

## **Anticipated Questions**

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Measures should be communicated via social media (Facebook/Instagram) and on the practice website.
- These measures should be posted on the front door/window for patients to read before entering the practice staff.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- No

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- No

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- The space between optical stations should be at least six (6) feet.
- Social distancing recommendations followed in other areas, based upon office/clinic design.

## **Summary**

Optometrists can safely provide their services through the use of protective measures, such as those outlined above. West Virginia Board of Optometry should assist in providing additional detailed guidelines to providers and patients.

**Recommended date of providing all services:** Immediately with guidelines.

# RECREATIONAL FACILITIES

Recreational facilities have largely been closed in response to the COVID-19 pandemic. These facilities provide services that encompass a broad spectrum of industries; including, but not limited to gaming facilities, exercise facilities, and other entertainment venues. All of these types of businesses involve significant interaction with the public and typically feature a large amount of foot traffic. Therefore, strict and effective adherence to sanitation and social distancing guidelines will be necessary to ensure that these venues safely resume services. In addition to the more specialized recommendations that follow, all of these facilities should consider the following recommendations:

- Monitor the health of employees and sending home any employee who displays symptoms of COVID-19.
- Establish limitations on existing occupancy limits.
- Enforce reasonable social distancing in all areas of the place of business, especially high-traffic areas.
- Limit cash transactions and encouraging touch-free transactions as much as possible.
- Provide increased frequent sanitation, especially of common areas.
- Perform regular cleaning and sanitation of all equipment or other items commonly touched.

## Gaming Facilities

Gaming facilities include businesses such as racetracks, casinos, and video lottery parlors. These businesses utilize cashiers and attendants that have limited interaction with customers, typically through the placement of wagers, payouts of cash for winnings, the provision of food services, and the provision of various commodities.

## Employee Protections

- Temperature screenings of all employees prior to entering the facility/venue.
- Posting of a sign outside the entrance that states that any customer who has a fever or displays COVID-19 symptoms should not be allowed entry into the facility.
- Limit the number of customers in the venue to better utilize best practices for social distancing (35% of posted occupancy by Fire Marshall).
- Encouragement of touch-free payment options for BINGO card purchases, placement of wagers, and prize payouts.
- All staff should use PPE as deemed necessary.
- Food service, entrance areas, and seating should be frequently sanitized and upon customer request.

- Food service areas should adhere to the same guidelines as restaurants.

### Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Owner-Operator or management should safely communicate with all employees either verbally or in writing.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Yes, additional hand sanitizing stations should be utilized.
- Yes, barriers may be needed in some areas. Specifically, barriers could be used at BINGO card purchasing stations, wager windows or stations, and food service areas.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. Gloves and masks may be required, and usage could vary based on the level of interaction with customers, namely the touching of physical BINGO cards and/or cash.

### **Customer Protections**

- Limited capacity facility seating (35% of posted occupancy by Fire Marshall).
- Staggered use of machines (i.e. turning off every other machine in order to keep a 6-foot distance between patrons).
- Limited capacity for food service seating to employ 6-foot distance between patrons.
- Food service areas should adhere to the same guidelines as restaurants.
- Frequent cleaning and sterilization of high touch areas (i.e. Cleaning machines and BINGO aides after every use).
- Additional hand sanitizing stations should be available to patrons and employees.
- Informative messaging on best practices for social distancing within the facility, hand washing, etc.

- Customers should be barred entrance once the safe social distancing capacity has been reached.

### Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Measures should be communicated via social media, facility's website, and via physical signage in the facility.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Additional hand sanitizing stations should be needed.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- Yes. In the food service, BINGO card exchange, and wagering windows markings should be utilized.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- All areas of close proximity within the facility should employ social distancing requirements of 6 feet.

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- No. All employees should be educated and trained on best practices for sanitization.

## Summary

Gaming facilities play a significant role in the West Virginia economy. They provide thousands of jobs and fund critical services for West Virginia citizens, including education and senior services programs. It's important to get these establishments operational again, but that must be done in a safe and responsible manner. The recommendations contained in this report would allow the safe reopening of gaming facilities.

**Recommended date to safely resume operations:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

## Exercise Facilities

Exercise facilities are a part of the daily routine for many West Virginians. They feature very limited physical interaction between employees and customers. However, they do feature equipment that is frequently utilized and touched by customers. Therefore, thorough, and frequent sanitation measures are recommended.

## Employee Protections

- Spreading of equipment to maintain a distance of 6 feet between machines where possible.
- Employees should perform regular cleaning and encourage customer assistance with cleaning equipment after each use.
- Encourage the following of CDC guidelines for monitoring of employee and customer health.
- Prohibit access to the facility for anyone who exhibits symptoms of COVID-19.
- Employees and customers should be encouraged to wear PPE where applicable.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Employees should be trained on CDC guidelines and social distancing best practices.

Will these measures require any additional or particular cleaning/sanitation supplies?

- Purchasing of additional CDC recommended cleaning supplies.

Will these measures require any additional or particular cleaning/sanitation supplies?

- Some locations may require barriers to separate customers and/or employees. Barriers and signage made available in all common areas.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Face masks can be used once daily. Gloves may be available for employers and customers.

## **Customer Protections**

- Establish limitations on existing occupancy limits.
- Practice social distancing (utilize signage/barriers and floor/seat markers to instruct customers to remain 6 feet apart.)
- Spreading of equipment to maintain a distance of 6 feet between machines where possible.
- Promote the use of self-serve checkout registers and clean them regular.
- Make hand sanitizer and disinfectant wipes available throughout the facility.
- Employees should wear protective masks and gloves where applicable.
- All countertops should be sanitized between customers.
- Customers and employees should bring their own water or other drinks.
- Perform regular cleaning and sanitation of all equipment or other items commonly touched.

## **Anticipated Questions**

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Employees should be trained on CDC guidelines and social distancing best practices.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Additional CDC recommended cleaning products.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- Postings of signs encouraging social distancing should be visible to the customers. Barriers between equipment may be installed for additional protection.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- No

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- Yes, management will need to develop a checklist for sanitization in compliance with CDC guidelines and designate an employee to monitor to store capacity.

## **Summary**

Exercise facilities could safely reopen with the adoption of the above recommendations, along with any additional guidelines provided by the CDC and state public health officials. The stringent and frequent utilization for sanitization and social distancing measures would dramatically reduce any dangers of COVID-19 in exercise facilities.

**Recommended Date to Reopen Safely:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

## Entertainment Venues

Entertainment venues include things such as movie theaters, concert venues, and museums. These businesses differ in some ways, but all feature similar interaction between employees and customers, typically through the exchange of payments and goods. Food and drink services are common throughout these venues. Concert venues are particularly challenged, especially when evaluating larger events with a more significant crowd. Events such as concerts may not be able to resume until more later.

## Employee Protections

- Temperature screenings taken daily for all employees upon entry to the facility.
- Post a sign outside the entrance that states that any customer who has a fever or exhibits any signs of COVID-19 should not be allowed entrance.
- Limit the number of customers in venue to social distancing guidelines.
- Encouragement of touch-free payment options for ticketing, food and retail service.
- All staff should use PPE as deemed necessary.
- Food service and retail service areas should be frequently sanitized or upon customer requests.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Owner/Management should meet with all employees and communicate measures verbally and in writing.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Additional hand sanitizing stations could be utilized.
- Yes, barriers may be needed in some areas, namely the ticket taking/entrance, retail, and food service areas.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. Gloves may be required, and usage could vary based on the level of interaction with customers, namely the touching of physical cash.

## **Customer Protections**

- Increased emphasis on touch-free payment options.
- Frequent cleaning/sterilization of high touch areas.
- Employees should wear gloves as needed.
- Additional hand sanitizer stations.
- Informative messaging on best practices for social distancing, hand washing, etc.
- Customers should be barred entry once social distancing capacity has been reached.
- Interactive exhibit (touch and feel exhibits, play areas) may be closed or modified to help maintain best practices for health and safety.

## **Anticipated Questions**

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Measures should be communicated via social media (Facebook/Instagram) and on the museum's website.
- Measures should be posted at the entrance of the museum for customers to read before entering.

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Additional hand sanitizing with additional hand sanitizer stations.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- Yes, in some food service or retail service areas, as well as at the entrance/ticket booth. It may also be needed in some high-traffic exhibit spaces to help maintain social distancing best practices.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- Space between customers in food service and retail areas, as well as the ticket booth, should be set at the recommended 6 feet. It may also be necessary to set the same requirement in high-traffic exhibit areas.

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- No, all employees would be educated/trained in best practices for sanitization.

## Summary

Venues such as movie theaters, museums, and other smaller entertainment venues could safely reopen with strict limitations on occupancy and additional measures. Concerts and larger events may require more delay due to the congestive nature of the fan experience.

**Recommended date to safely resume operations:** Based upon current trends and the most recent COVID-19 statistics, the recommended date to resume operations is not before May 4, 2020. Public health officials and the Governor should continue to monitor COVID-19 case numbers and projected future trends and make firm decisions based on that data.

# YOUTH ACTIVITIES

Youth activities are important communal experiences for people. Youth activities include youth sports like baseball or football and youth artistic activities such as dance or band. They often involve close interactions between participants and coaches. These activities are often administrated through the school system, but are also administered by clubs, leagues, political subdivisions, or other associations. The resumption of these activities could occur more safely with adherence to the following recommendations.

## Coach, Participant, and Attendee Protections

- Monitor the health of officials, coaches, and participants and send home anyone who displays symptoms of COVID-19.
- Ensure that all player equipment is properly spaced to limit interaction as much as possible.
- Coaches, players, parents, and attendees should be required to practice responsible social distancing when and where possible, especially in common areas (i.e. dugouts).
- Limit the use of team-shared equipment and encourage the cleaning and sanitizing of this equipment after each use.
- Strictly monitor the health of each employee, coach, and player and require any individual with a fever or other symptoms of COVID-19 to not participate in team activities.
- Require all employees, officials, and coaches to wear PPE when applicable.
- Encourage use of face masks by players and in close contact areas and situations where applicable.
- Facilities should increase frequency of cleaning and sanitizing measures especially in areas of high traffic, such as restrooms.
- Ensure that any facility or venue hosting such an activity is properly managed to prevent the dangers of COVID-19.
- Practices and games should be scheduled to allow for additional time for teams and attendees to exit the premises before other teams and attendees enter.

## Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Owner or appropriate official should use all means of communication currently in practice, such as social media, email, and website notices to share measures with parents and players
- Notices on measures that apply to attendees should be posted at all entrances

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Yes. All cleaning supplies suggested by the CDC should be utilized.
- Encourage hand sanitizing stations at entrances to facilities.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- No.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- No.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Yes. Each player and coach will need access to gloves and face masks for practice and games.

# MANUFACTURING AND INDUSTRIAL INDUSTRY

The manufacturing and industrial industry involves has largely been deemed essential in West Virginia and has been allowed to continue with operations. The businesses in this sector have adapted and provided protective measures related to the COVID-19 pandemic. These businesses feature very little, if any, direct interaction between employees and customers. However, they usually have a significant number of employees that operate in shifts. The following recommendations are offered to assist manufacturing and industrial businesses operate safely and responsibly.

## Employee Protections

- Monitor the health of employees and sending home any employee who displays symptoms of COVID-19.
- Establish an internal pandemic response team who will design and implement a "return-to-work" plan.
- Establish an adequate supply of preventative material inventory (soap, sanitizer, thermometers, etc.).
- Establish an adequate supply of PPE.
- People clocking in should be required to meet 6-foot distance clocking in and out daily.
- Establish a disinfection team and clean/disinfect entire facility & establish a recurring disinfection schedule for all areas of facility based on risk of transmission.
- Establish an inbound parts/materials/packages disinfection strategy.
- 6-foot distance required for break areas - many conference rooms have been converted to additional break rooms for social distance requirement at break and lunch.
- Establish transportation contamination mitigation strategy.
- Establish isolation protocols incase an employee contracts COVID-19 and contaminates the facility.
- Establish a COVID-19 protocol coordinator and training strategy.
- Establish a social distancing strategy based on the layout and workflow of the facility.
- Establish on-site health screening strategy.

### Anticipated Questions:

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- Company-wide distribution of the "return-to-work" plan.
- Arrange staggered "day-of-return" meetings to discuss mitigation strategy

- Use of widely posted COVID-19 mitigation signage throughout facility.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Disinfectant spray/wipes.
- Hand sanitizer dispenser (floor-stand).
- Adequate supply of hand soap.
- Bio-hazard container (bags that can be sealed and tagged as contaminated material).
- Adequate supply of paper towels.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Establishment of on-site screening checkpoints upon entrance to facility.
- Barriers or screens may be installed in areas where workflow prohibits adherence to social distancing protocol.

*Will these measures require additional sanitization practices in regard to supply chains in your industry, such as sanitization of incoming stock, component parts, raw materials, etc.?*

- Expedited shipments (transit time less than 48 hours) should be handled utilizing PPE and personal sanitization practices.
- Expedited shipment may be sanitized (only by appropriately trained personnel) with a 10% bleach solution or a hospital grade disinfectant.
- When possible, allow incoming materials to remain untouched for 48 hours when received.

*Will these measures require the purchase and use of personal protective equipment (PPE), such as face masks or gloves?*

- Disposable surgical masks (1 per employee/day).
- Nitrile gloves (2 pairs per employee/day).
- Infrared thermometer (1 per 100 employees).
- Glasses/face-shields (1 per employee).

## Customer Protections

- Limit face-to-face interaction with customers.
- When face-to-face interaction cannot be avoided utilize PPE supplies and adhere to social distancing guidelines.
- Consider sanitization of all out-going products (only by appropriately trained personnel) using a 10% bleach solution or hospital-grade disinfectant.

### Anticipated Questions

*How can these measures be communicated to employees in a clear and consistent manner across the industry?*

- COVID-19 protective measures memo from facility manager to all customers.
- COVID-19 protective measures memo attached to outgoing products (sent with Bill of Lading, shipping documentation, etc.)

*Do any measures require a business to get an updated building occupancy fire code to determine a certain percentage of occupancy allowed in the store/facility?*

- No.

*Will these measures require any additional or particular cleaning/sanitation supplies?*

- Sanitization/disinfectant solution for outgoing products.

*Will these measures require the installment of certain equipment or markings, such as tape on the floor in checkout lines?*

- These measures should require some type of marking or tape on the floor at checkout line to ensure adherence to 6-foot social distancing standards.

*Will these measures require any additional social distancing requirements in areas of close proximity?*

- No.

*Will these measures require the designation of an employee to perform a specific duty, such as monitoring store capacity or consistently sanitizing a designated surface?*

- Pandemic Response Team
- COVID-19 protocol coordinator

## **Summary**

Manufacturing and industrial businesses have been deemed essential and mostly have continued operations. Many of these employers throughout the state’s manufacturing sector have already established policies that have successfully prevented outbreaks of COVID-19 in their facilities. Employers in this sector can offer flexible “return to work” plans and establish response teams to insure employee health and safety.

**Recommended date to safely resume operations:** Already Allowed.

# LONG-TERM RECOVERY

## Benefits of Reopening the Economy vs Risks to Public Health

The Rockefeller Foundation, the second-oldest major philanthropic institution in the United States, recently stated reports that pandemics sicken and kill people in three ways:

“first by overwhelming patients’ immune defenses, then by swamping hospital networks, *and eventually by cutting off a community’s economic lifeblood. Hence, ‘saving lives or saving the economy’ is a false choice.* As of April 19, Covid-19 had directly killed more than 163,000 people worldwide, including nearly 35,000 in the United States. But the indirect effects are still being counted. The Great Recession of 2008, for instance, killed people in the thousands by disrupting healthcare for mothers, children and those with chronic illnesses and increasing a host of deadly mental and social conditions like alcoholism, depression and domestic abuse.”

As we continue to see a decrease in the numbers of new cases of COVID-19 and deaths linked to this virus in much of the country, political and business leaders on both the federal and state levels have begun to develop and implement the appropriate plans necessary to reopen the economy. It is time we do the same here in West Virginia.

Reopening West Virginia’s economy can be accomplished in a safe and responsible manner. This report strives to find the balance that we must have between opening our economy (and allowing for the advancement of public health and well-being a strong economy provides) and the safety of our employees and public at large. Therefore, the recommendations and information provided within this report seek to summarize the best data available from a variety of sources which would allow for West Virginia to reopen and ensure that it is done with this balancing act in mind.

Greatly expanded COVID-19 testing, social distancing, work-at-home initiatives, and vigilant adherence to CDC guidelines for personal hygiene will mitigate the risks of reopening the West Virginia economy. This report supports those practices and guidelines, and by doing so we will not, in the words of the Rockefeller Foundation, have to choose between “saving lives or saving the economy.”

In addition to fully restarting the economy, this report also includes both short- and long-term structural changes that can be made to help enable West Virginia to position herself for substantial and sustained economic growth.

## Broadband Expansion & Enhancement

The COVID-19 pandemic and the resulting stay-at-home orders which cancelled schools and required work-from-home initiatives has revealed anew the critical and vital need for reliable, fast, affordable broadband internet access throughout West Virginia. We know how important broadband is to people's physical, social, and economic health. With that knowledge, we must build a narrative that reflects broadband's essential status. World class, superior broadband connectivity will provide dramatically enhanced economic activity and prosperity. It will enable distance learning and, facilitate remote medical diagnostics and procedures.

The emergence of a global pandemic has renewed the emphasis to overcome the digital divide. Rural communities and sparsely populated geographic areas have traditionally been afflicted with sharply reduced broadband options. Congress has recognized the importance to address rural disconnect. Perhaps, there will be forthcoming additional dedicated funding for broadband expansion. If such federal funding materializes it will be to the particular benefit of West Virginia. However, our state should not rely on federal dollars to solve our internet issues. We must take every necessary step to expand and improve broadband in our state. Unless and until federal funding is available, we will position West Virginia on the forefront of broadband expansion. The following is a brief listing of points that are critical to spur the expansion of internet connectivity in our state:

1. Middle-mile fiber expansion is the critical aspect of improved broadband in WV.
2. West Virginia Division of Highways can play a key role to immediately spur and enable both private and public sector construction of middle mile fiber infrastructure.
  - a. Expedite the speed and ease of granting of rights of way for fiber deployment.
  - b. Enable access to highway medians with proper oversight.
3. Study and review the potential of constructing a public broadband network to carry high volume state traffic and utilize the resulting savings to fund additional broadband expansion. The construction and operation of the network should be bid out to the private sector.
4. Utilize the electric power utility assets to deploy fiber throughout under-served areas. All projects to deploy fiber on utility infrastructure should be bid out to the private sector.
5. Consider the option of a state bond, approved by the voters, to fund the cost of middle mile network infrastructure. Again, the project should be bid to the private sector
6. Develop and enhance the WV state broadband revolving loan fund that provides loan guarantees to financial institutions who make loans to private sector companies for the purpose of expanding broadband. Provide public reimbursement options for private sector construction of last mile service to underserved areas.
7. Prioritize deployment and funding to underserved areas.

West Virginia should exhaust all available options, including cutting red tape, “dig once” streamlining, and utilizing public-private partnerships that focus on conduits and other “dumb” network elements,” before resorting to building government-owned networks. Government-owned networks should properly be viewed as a last resort, suitable only in those places where the private sector is unable or unwilling to meet local demand for broadband, and only for so long as that demand continues to go unmet.

In summary, West Virginia must make an aggressive case to reach universal broadband adoption. This goal will transform our economy and society. The suggestions listed above will help our state more quickly reach this objective. As we continue to refine and re-imagine both our short- and long-term future, there are certain to be additional ideas and suggestions as to the best and most expeditious manner of deploying a robust middle mile network. This list is not intended to be all inclusive and we welcome additional input.

## **Policy Suggestions for a Prosperous Post COVID-19 Pandemic West Virginia**

The COVID-19 pandemic has highlighted the inherent vulnerability of large metropolitan areas within America. As a result of the events of the past several months, virtually the entire world has become aware of the unique and distinct advantages of the more rural areas of our country. The benefits of life in West Virginia include, but are not limited to, quality of life, lower crime rates, more available open spaces, social distancing, less pollution, lower costs of living, and more active outdoor recreational activities.

In a post-pandemic world, people throughout metro-America may be attracted to the open spaces, fresh air, and the great lifestyle that is offered here in West Virginia. Accordingly, policy makers within our state must utilize this moment to structurally bring forth measures that proactively accentuate the positive aspects of living, working, and operating a business in West Virginia. The below suggestions are intended to serve as a basis for beginning this discussion. It is not to be considered an all-inclusive or exhaustive list of items that may be pursued:

1. Provide simplified tax-free incentives for entities that create long-term jobs in West Virginia.
  - a. Currently, there are various programs that address this need. However, we must refine, accelerate, and promote these programs to companies throughout America.
2. Develop an aggressive recruitment campaign to attract employers to West Virginia.
3. Attract and retain technology projects by utilizing a unique mix of benefits for this sector.
4. Expand broadband through every available means.
5. Public investment in the West Virginia Department of Commerce to develop ready sites for manufacturing and industrial expansion.
6. Reform West Virginia’s tax structure to create a more stable revenue stream that is less susceptible to dramatic swings in the economy. A top priority should be to reward productivity and economic activity.

7. Right size state government by identifying opportunities for efficiency in government services. Identify these same types of potential efficiencies in local governance and ways to incentive these changes. Some areas for consideration may include:
  - a. Metro governments.
  - b. County consolidation of government services.
  - c. County school boards sharing management along with professional and student services.
8. Reasonable legal protections for individuals, healthcare professionals and other workers, and businesses which spans the timeframe of the COVID-19 healthcare crises. West Virginia should take steps to head off an expansion of lawsuits stemming from the pandemic.
9. Assist small businesses with access to credit and “angel investors.”
10. Aggressively publicize job openings and opportunities to ensure that unemployment is at the lowest possible level.
11. Create incentives for individuals looking to relocate to West Virginia through programs including tax abatements, home ownership programs, student loan assistance, and business start-up support.
12. Assist local leaders in creating more livable communities through the development of recreational opportunities such as:
  - a. Bike trails.
  - b. Dog parks.
  - c. Playgrounds.

# APPENDICES



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**Center for Health Security**

# **Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors**

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## EXECUTIVE SUMMARY

As the COVID-19 pandemic continues to progress, most jurisdictions have implemented physical distancing measures community-wide. As chains of transmission begin to decline, along with new COVID-19 cases, there will need to be decisions at the state level about how to transition out of strict physical distancing and into a phased reopening.

This document provides an assessment of the risk of SARS-CoV-2 transmission in a variety of organizations and settings that have been closed. We outline steps to reduce potential transmission during the reopening of these organizations and settings, building on the proposed phased approach from the [National Coronavirus Response: A Road Map to Reopening](#). Reopening businesses and other sectors represents one of many steps that will need to be taken to revitalize communities recovering from the pandemic, restore economic activity, and mitigate the unintended public health impact of the distancing measures that were necessary to confront the epidemic of COVID-19. A discussion of larger community-wide considerations for holistically enhancing recovery can be found in the [Appendix](#).

State-level decision makers will need to make choices based on the individual situations experienced in their states, risk levels, and resource assessments. They should make these decisions in consultation with community stakeholder groups. Different parts of the country face varying levels of risk and have different resources available to confront these uncertainties. These decisions will need to be accompanied by clear and transparent communication to gain community engagement around the greatly anticipated reopenings. Individuals, businesses, and communities have a role to play in taking actions to protect themselves and those around them during this time. In this report, we offer a framework for considering risks regarding the likelihood of transmission and potential consequences of those transmissions. This is accompanied by proposed assessments for nonessential businesses, schools and childcare facilities, outdoor spaces, community gathering spaces, transportation, mass gatherings, and interpersonal gatherings. This is followed by proposed action steps for state-level decision makers on how to use risk assessment findings.

# INTRODUCTION

Over the past few weeks, most states have implemented strict physical distancing measures in an extraordinary effort to reduce transmission of SARS-CoV-2. These measures are working, and there are now signs of improvement in some communities where the numbers of new cases reported daily have begun to decline. Although no states are ready to lift physical distancing measures, there is immense pressure to get back to business as usual, and these developments have prompted questions around how to reopen in individual states when it becomes safer to do so.

It will be essential for each state to make informed decisions about how to carefully move from a strict physical distancing phase (Phase I) to a staged reopening phase (Phase II) and to communicate that rationale clearly. As important, governors should set appropriate expectations around the risks involved in reopening businesses and other sectors. To be clear, reopening will increase the risk of COVID-19 spread. Therefore, it is important for leaders to know that getting things open again will increase the risks of individuals contracting COVID-19, and there is no way to completely guard against that.

The majority of models have shown that, in the absence of social distancing, COVID-19 has a reproduction rate of between 2 and 3 (though some models have shown it to be higher). This means that every person with the disease will spread it to 2 to 3 others, on average. To end an epidemic, control measures need to drive that number as far below 1 as possible. A vaccine can do that if and when it becomes available. But in the meantime, social distancing measures, combined with case-based interventions, are the key tools to maintaining the reproduction rate below 1. If the reproduction rate rises above 1, this means that epidemic growth has resumed. If that occurs, it may be necessary to re-initiate large-scale physical distancing. It is important to recognize that states will need to actively manage COVID-19 cases with great vigilance for the entire duration of the pandemic until a safe and effective vaccine is widely available.

The purpose of this document is to assess the risk of SARS-CoV-2 transmission in businesses, schools, and other community spaces considered nonessential by state orders, in order to identify candidates for reopening. This evaluation should be done on the basis of risk for viral transmission in different settings and the ability to implement mitigation measures to reduce risks to employees and customers. Reopening businesses is only one step among many that will need to be considered on the path to recovering from this pandemic. This document is limited to issues of reopening and does not address other important matters related to recovery from this pandemic around the country. At the same time, reopening decisions prompt the larger question of how communities can plan better for other, future decisions ([see Appendix](#)).

## PHASES OF REOPENING

This report builds on the epidemic phases described in the [National Coronavirus Response: A Road Map to Reopening](#), published last month. That report outlined 4 phases and identified capacities required in each phase, as well as the triggers needed to progress from one phase to the next.

Phase I consists of community-level physical distancing measures to “slow the spread.” In addition to asking community members to remain at home, state leaders should also use Phase I to increase access to diagnostic testing and increase public health and medical system capacities. These capacities are needed to safely identify and treat all COVID-19 patients and to prepare for a shift from community mitigation (what we are doing now) to case-based interventions (when we try to control spread by focusing testing and resources on individuals with disease who may be infectious and their close contacts).

A shift to Phase II could be considered when the following 4 criteria have been met: (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including having appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct [contact tracing](#) for all new cases and their close contacts, as described in our [National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US](#).

During Phase II, businesses and sectors can begin a process of reopening, with modifications. Rather than asking everyone to stay home, states can limit SARS-CoV-2 transmission through a combination of physical distancing and case-based interventions (testing, contact tracing, and self-isolation for those with active disease or individuals who may have contracted SARS-CoV-2 and are awaiting test results), which in most places may require an expanded workforce and resources.

Phase III looks ahead to a time when an effective therapeutic or vaccine is available, and Phase IV identifies some policy priorities for increasing preparedness for the next public health threat. Details of those phases can be found in that [full report](#).

# CONSIDERATIONS FOR STATE-LEVEL DECISION MAKING

There is no one-size-fits-all approach to reopening. Governors will need to assess the epidemiologic situation in consultation with public health and healthcare leaders, along with mayors, local community leaders, and health departments. These discussions should include considerations of available capacities (eg, in the areas of diagnostic testing, personal protective equipment, healthcare and medical resources), careful risk assessments, and a weighing of the risks and benefits sector by sector. Governors will need to decide whether to implement the same reopening policies across the state or if there will be local decisions taken at the county or city levels. They will also need to make plans for the potential reintroduction of physical distancing measures should there be an uptick in cases.

Epidemiologic risk for increasing virus transmission is only one of many factors that should guide decision making at the state level. This document is not intended to be a comprehensive representation of necessary steps for transitioning into new phases of the pandemic. Decisions pertaining to reopening of different sectors can be particularly high consequence, and governors should ideally consult with a multidisciplinary group of stakeholders who have an understanding of the circumstances facing communities and the ability to identify downstream impacts of decisions around reopening sectors in local communities. These stakeholders could include, for example, leaders from chambers of commerce or small business bureaus, faith-based communities, representatives from minority and underserved communities, and organizations that regularly work with vulnerable populations. These diverse perspectives will highlight the practicalities of what reopening will mean for their communities and will uncover opportunities for state and local leaders to provide additional support to those communities during the transition to Phase II, where gradual reopening begins.

Consequential decisions around reopening have the potential to be immensely beneficial but also carry the possibility for unintentional harm. Decisions driven by risk assessments will support protection of the health and safety of the public. The addition of consultations with multidisciplinary stakeholder groups ensures that many voices are heard and that additional programmatic and financial resources can be directed to places where they are most needed.

## COMMUNICATION AROUND REOPENING

The most critical component in communication around reopening is to ensure community engagement in both mitigation measures taken to prevent the spread of disease and plans for reopening. This requires substantial effort to coordinate with community and business stakeholders. Communication must address concerns from those stakeholders and should be conducted with an interest in 2-way communication and input from a wide range of voices. Without community engagement as a goal of communication efforts, there is a risk of distrust, spread of misinformation, and lack of compliance. Different states and local communities may weigh differently the competing considerations as to how they stage their reopening, based on local needs, resources, social issues, and risk factors. This underscores the importance of leaving these decisions to state and local officials, and for state and local officials to involve interdisciplinary stakeholder groups in reopening discussions.

There is great anticipation of the possibility of returning to a sense of normalcy and routine activities; therefore, framing and communication of goals and considerations around reopening will be of key importance. The position from which decisions are framed will function to generate support from members of the public. Communities are feeling the costs of lost livelihoods, interrupted schooling for children, and grief from loss of loved ones to the virus. Measured strategies for explaining the factors involved with reopening decision making will be needed.

Communication before and during the period of phased reopening should be transparent about the factors that are being used to make decisions, the decision-making process, and those stakeholders who were part of the decision-making process. Leaders should acknowledge uncertainty where it exists and highlight what measures are being taken to reduce that uncertainty. They should also foreshadow what information may lead to a change in recommendations. A nuanced understanding of the challenges faced by those affected by decisions about reopening and empathy toward these challenges is also critical to ensure members of the community feel their issues have been given consideration.

Communication during reopening should also ensure that individuals know what actions they should take to protect themselves from COVID-19 and what should reasonably be expected from businesses and other community members. This requires a good understanding of their risks and the mitigation measures being put in place by businesses. State and local authorities should regularly update members of the public about what they are doing to keep people safe, changing circumstances, and changes in requirements for businesses.

# THE IMPORTANCE OF RISK ASSESSMENT

Risk assessments should be integrated into the decisions around reopening. Risk assessments are formalized processes to evaluate risks and hazards. Assessing the risks of easing social distancing measures and restarting parts of the economy requires a measurement of the **likelihood** of increased transmission and the **consequences** of that transmission. Likelihood in this case means the probability that reopening a business, school, or other organization where people congregate will cause significantly increased transmission. Consequence is the impact that increased transmission could have on individuals or communities if a business, school, or other organization reopens or eases social distancing measures.

In addition, there are mitigation measures that can decrease both the likelihood and consequences of transmission. Although enumeration of those mitigation measures for every type of business is beyond the scope of this report, we briefly describe principles of risk reduction through the hierarchy of controls later in this section. Where possible, we have also linked to a selection of existing guidance throughout the document.

The risks of increased transmission of COVID-19 are balanced against risks to the health and well-being of the public, society, and the economy from measures taken to reduce the spread of the disease. The likelihood and consequence of harms across a range of factors, including but not limited to increased disease transmission, other health impacts, threats to livelihoods, and consequences to regional economies, should be considered together.

## Likelihood

There are still many gaps in scientific understanding about the transmission dynamics of SARS-CoV-2. But initial published data suggest that transmission of SARS-CoV-2 occurs primarily through prolonged, close contact. In studies that have monitored people with a known exposure to a confirmed case, household members, those who report frequent contact, and people who have traveled together or shared a meal are found to be at [highest risk](#) of infection. Other studies that attempt to reconstruct transmission chains among confirmed cases have also found that prolonged close contact is the source of most new [infections](#). Some special settings have also been identified. [Superspreading](#) events have been linked to religious services, choir practice, and large family gatherings, among others. Congregate settings like [cruise ships](#), [institutions of incarceration](#), and [long-term care facilities](#) have also been the source of large outbreaks. These findings suggest that settings where close contact is minimal will be lower risk than settings with prolonged close contact.

However, it is important to note that low risk does not mean no risk. Any place where people come together or have contact with shared surfaces could in theory be a transmission opportunity. Exact quantification of the risks of various activities is not possible, so we present here qualitative assessments using expert elicitation and published data as of the date of this report.

## Consequences

The primary consequence is the risk of increased transmission of SARS-CoV-2, which could precipitate community spread. Businesses or activities that bring people together in densely populated spaces, those that have employees or customers that travel further and disperse more widely, and those that either employ or have a large number of customers with COVID-19 risk factors, like underlying medical conditions, may create greater personal and societal consequences if they ignite a chain of transmission by reopening.

## Mitigation

Mitigation measures are those actions to reduce the negative impacts of situations carrying increased risk through minimizing the severity or scope of impact. The [Centers for Disease Control and Prevention](#) has published extensive guidance on implementation of mitigation measures across multiple levels of society, including individuals, schools, workplaces, faith-based organizations, and congregate living spaces.

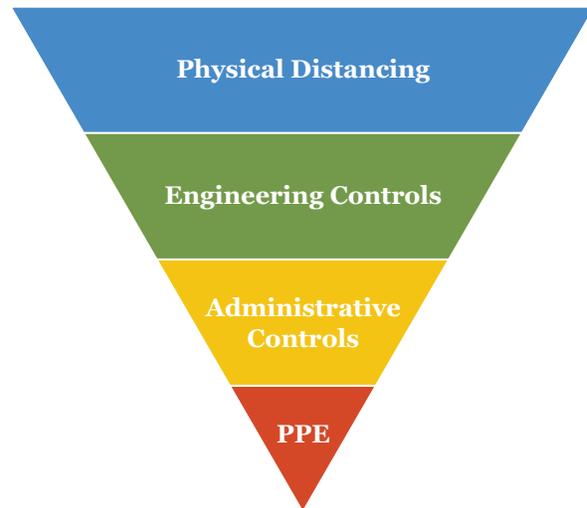
Even if a business or organization is deemed to be high risk because of likelihood or consequences of increased transmission, it is possible to reduce that risk with targeted mitigation steps. However, it should be noted that no mitigation step will reduce the risk completely, and even with multiple mitigation steps in place, some businesses or organizations may be at too high a risk to open until the pandemic is over.

[Hierarchy of controls](#) is a concept used by the National Institute for Occupational Safety and Health (NIOSH) as a framework for identifying controls for potentially harmful workplace hazards. These principles are useful for assessing the effectiveness of controls for COVID-19 and for understanding the range of impacts those measures can have on decreasing the likelihood of transmission. The NIOSH hierarchy of controls structure is adapted below for COVID-19 purposes.

## MODIFIED HIERARCHY OF CONTROLS

Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:

- Physical Distancing — wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present.
- Engineering controls — creating physical barriers between people
- Administrative controls — redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication
- PPE — having people wear nonmedical cloth masks



Regardless of business specific considerations, there are measures that can be taken to mitigate the risk of infection to protect individuals:

- Use of nonmedical cloth masks
- Incorporating engineering controls such as physical barriers where possible
- Reconfiguring space to enable people to be located apart (ideally, at least 6 feet)
- Supporting and enabling employees to remain at home if they are unwell or have been in close contact with someone who is sick

## ASSESSING RISK FOR ORGANIZATIONS AND SPECIFIC SETTINGS

This section provides high-level risk assessments for the following 7 categories: (1) “nonessential” businesses,\* (2) schools and childcare facilities, (3) outdoor spaces, (4) community gathering spaces, (5) transportation, (6) mass gatherings, and (7) interpersonal gatherings. Each of these categories was assessed along 3 dimensions: contact intensity, number of contacts, and the degree to which the activities are considered to be modifiable (through mitigation measures such as enabling people to remain 6 feet apart) to reduce risk. We note that these assessments are qualitative and

\* “Nonessential businesses” is a term being used by states to distinguish between businesses that are allowed to remain open because they are critical to societal functioning and those that have been asked to temporarily close.

based on expert judgment. Currently, there are not enough detailed data available to enable quantitative risk stratification. Unfortunately, states will need to make decisions about re-initiating some business activities before there are validated data to know the levels of risk we are assuming in reducing social distancing in various settings.

For purposes of this document, contact intensity was rated as either low, medium, or high. We define contact intensity as a function of contact type (ranging from close to distant) and duration (ranging from brief to prolonged). Low contact intensity activities are interactions that are brief and fairly distant, like walking past someone in a shop. High contact intensity activities involve prolonged close contact, like sharing a dormitory. Medium contact intensity activities fall between these 2 poles, like sharing a meal in seats that are separated by several feet. Of course, inside a business environment, there may be physical spaces and/or activities that range from low to medium to high, and that should be taken into account during the decision-making process. Risk to employees who may have different exposures should also be considered.<sup>†</sup>

We also assess the number of contacts as either low, medium, or high. We define the number of contacts as the approximate number of people in the setting at the same time, on average. A higher number of contacts is presumed to be riskier.

Modification potential (the degree to which mitigation measures can buy down those risks) is a qualitative assessment of the degree to which activities can be modified to reduce risk. The engineering controls framework was used to inform the risk assessments; sectors and businesses that could effectively incorporate physical distancing and engineering controls were considered to have a higher modification potential than those relying on administrative controls or personal protective equipment. Links to a selection of existing guidance on what those mitigation steps could include are also provided.

These risk assessments are primarily oriented around customers, attendees, and members of the public, who would make up the majority of people interacting with a business or other noted setting in this report. However, we acknowledge that risk to employees will likely be greater in many of these organizations and settings, as their duration of exposure and number of interactions will be higher. Special precautions should be taken to protect employees, potentially including restructuring duties to minimize person-to-person contact, changing work flows or operations to diminish risk, providing personal protective equipment for employees (if sufficient supplies make it

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<sup>†</sup> This text was added on April 20, 2020, after publication, to clarify the population under consideration for the risk assessments.

feasible to do so outside the healthcare system), and providing enhanced sanitation and hygiene supplies (eg, disinfecting products and alcohol-based hand sanitizer).\*

Included in the next section are high-level risk assessments for various sectors. They are not listed in any particular order, and the list is not fully comprehensive. Governors and their teams may want to modify these risk assessments according to local considerations. In the final section, there are proposed principles for incorporating these determinations into policy decisions. Those, too, should be modified to reflect local context.

## “Nonessential” Businesses

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Restaurants	Medium	Medium	Medium	<a href="#">National Restaurant Association, FDA</a>
Bars	High	High	Medium	<a href="#">FDA</a>
Salon, spas, and other personal care industries	Medium/high	Low	Medium	<a href="#">TN Cosmetology &amp; Barber Guidelines</a>
Retailers	Low	Medium	Medium	<a href="#">NY state guidance, OSHA</a>
Shopping malls	Low	Medium	Medium	<a href="#">NC state guidance, OSHA</a>
Gyms/fitness studios	Medium	Medium	Medium	<a href="#">CDC Small Business guidance</a>
Theaters, museums, and other indoor leisure spaces	Medium	High	Medium	<a href="#">CA entertainment venue guidance, Americans for the Arts, American Alliance of Museums</a>
Outdoor large venues (concerts, sports)	High	High	Medium	<a href="#">CDC Mass Gathering guidance</a>
Indoor large venues (concerts, sports)	High	High	Low	<a href="#">CDC Mass Gathering guidance</a>

\* This text was added on April 20, 2020, after publication, to clarify the population under consideration for the risk assessments.

## Schools and Childcare Facilities

Schools and childcare facilities play many important roles in communities. Schools provide necessary education to prepare children for adulthood. Online education from K-12 is not a substitute for in-person learning and socialization in a school setting. Long-term shutdowns will likely lead to education gaps and other consequences for many children. In addition to the critical function of educating children, schools and childcare facilities also enable parents to work outside the home. They also serve as key resources in that they offer meals, safe environments, and other services, particularly to vulnerable families.

Unlike businesses and sectors that primarily serve adults, the consequences of increased transmission are potentially different for settings and activities that primarily serve kids. Children are less vulnerable to severe illness from COVID-19 than adults. A recent [report](#) found that fewer than 2% of cases of COVID-19 in the United States were diagnosed in children, and of those (for whom data were available), between 5.7% and 20% required hospitalization. Most children requiring hospitalization were under 1 year of age. These considerations favor the reopening of schools and childcare facilities.

However, it is still not known what role children play in the transmission of SARS-CoV-2. For other viral illnesses, like influenza, children are drivers of transmission. Early and prolonged school closures have been shown to reduce overall community transmission of influenza. There has been some evidence that COVID-19 produces more [mild illness](#) in children and therefore it may be less likely to be detected than in adults. However, without more conclusive evidence, it is difficult to quantify the role of [children](#) in propagating [COVID-19](#) to other students, their family members, teachers, and school staff. Furthermore, schools and childcare facilities are staffed by adults, some of whom may be at risk of severe illness. These considerations weigh against reopening.

Some students are likely to have underlying medical conditions that will prevent them from returning to school safely. Other students who are healthy without underlying conditions may have parents who believe it is unsafe for their children to return to school, either because of concerns about the health of the student or the possibility of bringing infection back to the household and infecting adults. If schools are reopened, decisions will need to be made regarding whether tele-education will need to be provided to those students who do not come back to school, alongside in-person education being provided in school.

In order to better understand the role of children in transmission, studies reconstructing transmission chains are needed, as are studies seeking to correlate viral load to infectiousness. Governors should work with their state public health departments to make this research a priority.

<b>Category</b>	<b>Contact Intensity</b>	<b>Number of Contacts</b>	<b>Modification Potential</b>	<b>Mitigation Resources</b>
Childcare facilities (daycare, preschools)	High	Medium/High	Low/Medium	<a href="#">CDC, WHO</a>
Schools (elementary, middle, and high)	High	High	Low	<a href="#">CDC, WHO</a>
Contact school sports	High	Medium/High	Low	<a href="#">NCAA, CDC</a>
Noncontact school sports	Low	Medium	High	<a href="#">NCAA, CDC</a>
Summer camps	High	High	Low	<a href="#">American Camp Association, Association of Camp Nursing</a>
Institutions of higher education	High	High	High	<a href="#">CDC, American College Health Association</a>
Residence halls and other overnight programs	High	Medium	Low	<a href="#">NYC guidance for congregate settings and residential buildings</a>

## Outdoor Spaces

COVID-19 transmission is more likely in [enclosed spaces](#) than outdoor spaces, based on current epidemiologic understanding. Indoor spaces may have poor ventilation, which may lead to viral particles persisting in the air or recirculating longer than they would outdoors or in enclosed spaces with good ventilation. People also tend to be closer together indoors, and there are more high-touch surfaces that can serve as fomites of disease transmission. Therefore, there is lower risk of disease transmission [outdoors than indoors](#), especially if distance is maintained between individuals while outdoors.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Parks, walking paths/trails, dog parks	Low	Low	Low	<a href="#">Guidance from MD</a> , <a href="#">Guidance from RI</a> , <a href="#">Guidance from Los Angeles, CA</a>
Athletic fields and other outdoor congregate settings	Medium	Medium	Low	<a href="#">Guidance from the National Mall Trust in Washington, DC</a>
Pools	Medium	Low	High	<a href="#">CDC</a> , <a href="#">Guidance from WA</a>
Beaches, piers	Low	High	Medium	<a href="#">Guidance from Orange Beach, AL</a> , <a href="#">Guidance from RI</a>
Playgrounds, skateparks, and other outdoor recreation spaces	Medium	Medium	Medium	<a href="#">Guidance from MD</a> , <a href="#">Guidance from Santa Cruz, CA</a>

## Community Gathering Spaces

Community spaces provide important societal benefits and can range from civic centers to places of worship. The risk in these spaces is highly dependent on the size of the population they serve and the size of the space.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Places of worship	High	High	Medium	<a href="#">CDC</a> , <a href="#">FAQ for Faith Leaders from NYC</a> , <a href="#">Guidance from NY state</a> , <a href="#">Risk Assessment from WHO</a> , <a href="#">Decision Tree from WHO</a>
Libraries <sup>§</sup>	Low	Low	Medium	<a href="#">CDC</a> , <a href="#">Guidance from Baltimore County Library</a>
Community centers	Medium	High	Medium	<a href="#">CDC</a> , <a href="#">Guidance from PA</a> , <a href="#">Guidance from Riverside University Health System</a> , <a href="#">Guidance from IL</a>

## Transportation

Transit is very important for keeping communities functioning, and limiting mass transit availability disproportionately affects [under-resourced populations](#). Transit should be opened with careful mitigation measures, given that public transportation is a fairly high-risk setting.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Buses	High	High	Medium	<a href="#">CDC</a> , <a href="#">NY state guidance for public transportation</a>
Metros/rail	High	High	Medium	<a href="#">CDC Transit Stations</a> , <a href="#">CDC Transit Workers</a>
Airplanes	High	High	Medium	<a href="#">CDC guidance: baggage claim/ cargo, airport staff, staff interacting with passengers, aircraft technicians</a>
Rideshare/taxis	High	Low	Low	<a href="#">Washington State Guidance for Rideshare/Taxis</a> , <a href="#">Toronto Guidance</a>

<sup>§</sup> Libraries that incorporate social activities or community gatherings into their services should refer to the “community centers” category.

## Mass Gatherings

According to the [World Health Organization](#), an event is defined as a mass gathering “if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.” The size of an event that can be considered a mass gathering may depend on the national and local healthcare capacity and the context. For example, if other strains are placed on the health system at the same time, such as an ongoing outbreak, the threshold of the health system would be considerably lower, and, therefore, the size of the event could be considerably smaller and still be defined as a mass gathering.

[Mass gatherings](#) have often been the source of infectious disease outbreaks that spread globally or have contributed to the international spread of disease. While a number of public health measures can be implemented in the planning and operational phases of a mass gathering to significantly reduce the risk of disease spread, during the current pandemic, the high risk for COVID-19 transmission that mass gatherings pose should be recognized. This [high risk of transmission](#) is due to a number of factors, including the high density of individuals often in attendance in confined spaces during mass gatherings, the possibility of further domestic or international spread, and the new formation of clusters as people often travel significant distances to attend a mass gathering.

Mass gathering organizers must comply with national and local guidelines and restrictions. At the current stage in the pandemic, while the White House Coronavirus Task Force has recommended banning gatherings of more than 10 people, [Individual states](#) have varied in the size of gatherings they are banning. As these restrictions lift and organizers begin hosting large events, they should conduct a COVID-19–specific risk assessment to determine the level of risk of transmission the event may pose and identify areas for modification that could reduce or mitigate these risks. The [WHO](#), among others, provides risk assessment and mitigation tools for mass gathering organizers, along with several technical guidance documents.

<b>Category</b>	<b>Contact Intensity</b>	<b>Number of Contacts</b>	<b>Modification Potential</b>	<b>Mitigation Resources</b>
Sports related mass gatherings: games, tournaments, championships	High	High	Medium	<a href="#">WHO guidance for mass gatherings-Sports Addendum</a> , <a href="#">WHO mass gatherings risk assessment - sports addendum</a> , <a href="#">WHO Interim guidance for all mass gatherings</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Sports related mass gatherings: training	High (sport dependent)	Medium	Medium	<a href="#">WHO Interim guidance for mass gatherings-Sports Addendum</a> , <a href="#">WHO generic mass gatherings risk assessment - sports addendum</a> , <a href="#">WHO Interim guidance for all mass gatherings</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Religious related mass gatherings: large celebrations, festivals, pilgrimages	High	High	Medium	<a href="#">CDC, FAQ for Faith Leaders from NYC</a> , <a href="#">Guidance from NY state</a> , <a href="#">Risk Assessment from WHO</a> , <a href="#">Decision Tree from WHO</a> , <a href="#">WHO considerations for religious mass gatherings</a>
Business-related mass gatherings: trade shows, conferences, conventions, workshops, retreats	High	High	High	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Entertainment-related mass gatherings: large concerts, festivals, carnivals, conventions, shows	High	High	Medium	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Politically related mass gatherings: election rallies, polling centers, parades, speeches/addresses	High	High	Medium	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>

## Interpersonal Gatherings

Interpersonal gatherings among family and friends, including events such as weddings, birthday parties, and funerals, hold great personal and societal value. Attending these events, however, also holds the risk of disease transmission. An epidemiologic assessment of a large, multifamily cluster of COVID-19 cases found that transmission of the virus likely resulted from attendance at a funeral and birthday party. Factors including interacting closely together in enclosed spaces, hugging or kissing, and sharing food or utensils are all practices that are often common at interpersonal gatherings and can increase the risk of SARS-CoV-2 transmission. Certain cultural practices in funerals that promote physical contact with a deceased individual, when that deceased person was infected with SARS-CoV-2, should also be avoided. Careful consideration should be given to ensure that mitigation measures are implemented to reduce the risk of spread, where possible, while still respecting the cultural value of important events. In particular, the [CDC recommends](#) that organizers should consider the number and density of attendees, the prevalence of people who could be at high risk of severe illness due to underlying factors, the level of local community disease transmission, and the ability to reduce the number of attendees where possible.

<b>Category</b>	<b>Contact Intensity</b>	<b>Number of Contacts</b>	<b>Modification Potential</b>	<b>Mitigation Resources</b>
Small social gatherings (eg, birthday parties)	High	Medium	High	<a href="#">CDC guidance</a>
Large social gatherings (weddings, funerals with many attendees)	High	High	High	<a href="#">CDC guidance</a> , <a href="#">National Funeral Directors Association guidance</a>

## PROPOSED PRINCIPLES FOR ACTION

States should consider initiating the reopening process when (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, including mild cases, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including providing appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct contact tracing for all new cases and their close contacts.

Governors should involve stakeholder groups in the decision-making process in order to better understand the needs, capacities, and challenges of different communities.

Even when reopening actions are under way, those who can continue to telework should continue to do so. This will reduce social interactions overall and will reduce the risk of infection in workplaces where telework is feasible. Businesses should actively support social distancing by implementing telework policies and adopting flexible sick leave policies that encourage workers to stay home when sick or when known exposure to COVID-19 has occurred.

All individuals going back to work should wear nonmedical cloth masks. This will reduce the chance of those people transmitting the virus to their co-workers.

Governors should consider reopening in phases separated by 2 to 3 weeks. After each phase of reopenings, state public health officials should review the numbers of new COVID-19 daily case counts, hospitalizations, and deaths carefully, along with other syndromic surveillance tools. The results of reopening decisions will take 2 to 3 weeks to be reflected in those numbers. If case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of the rising numbers. Possible actions might include changes to case finding and contact tracing, taking specific measures to respond to identified new outbreaks, and, as needed, re-imposition of some or all of the previously relaxed social distancing interventions.

Organizations and activities that are outdoors are less likely to result in transmission than are indoor activities and seem to carry the lowest risk, assuming personal mitigation measures (maintaining 6 feet of separation, wearing nonmedical cloth masks in public) are all maintained.

Businesses and sectors that have low contact intensity, low numbers of contacts, and high ability to modify operations in ways that diminish the potential to spread will be safer to reopen sooner and more fully than those with high contact intensity, high contacts, and the inability to modify or mitigate operations.

While public transportation is normally high contact intensity and high numbers of contacts, modifications should be pursued to make them safer. More spacing between people, with lower ridership, would reduce risks. Without public transportation, many people will not be able to get to work at all.

Schools and childcare facilities pose special challenges. They are very important for the education of children, and many parents will have difficulty going back to work if schools remain out of session. There are many scientific uncertainties that complicate this decision. Children infected with COVID-19 generally experience more mild symptoms than adults, but the rate at which they spread the disease to other children, teachers, school staff, and family members is uncertain. If schools are reopened, most kids will be at low risk of severe infection themselves. However, some kids will have underlying conditions that increase their risks, and some teachers and staff will be at high risk. Their parents may also be at high risk if children do get infected and transmit the disease at home. Some parents may elect to not allow their children back in school, so schools that reopen will need to decide whether to also offer tele-education. States will need their own processes of decision making and community engagement regarding how to make decisions about school reopening on the basis of these uncertainties.

## **CONCLUSIONS**

This document summarizes considerations, risks, and opportunities for governors to weigh when deciding when and how to slowly reopen. These decisions should be made carefully and thoughtfully to limit the risk of disease resurgence. Reopening of businesses is only one step among many that will need to be considered on the path to recovering from this pandemic.

# APPENDIX

## Planning to Restore Community Vitality in the Pandemic Context: Leadership Considerations and Actions

When can businesses, schools, recreational facilities, and places of worship reopen for normal operations? This is one in a series of major decisions that will reflect and shape how communities adapt to the protracted pandemic and its cascading social and economic effects. As governors urgently consider the proper public health conditions for an economic restart, they can also begin to prepare for a more comprehensive process of community revitalization that will stretch over near, intermediate, and long terms. The demands for social service, mental health, and workforce development needs, for instance, will stretch farther into the future than society's requirements for physical distancing. It is, thus, prudent for states' top executives to be proactive and plan for the future well-being of their residents. Below are some principles and practices that governors can adopt to that end:

**Draw lessons from analogous complex threats, characterized by uncertainty, that require measured decision making:** A pandemic is not the only scenario in which economic well-being and public health are seemingly at odds and potential tradeoffs require careful weighing. In the case of widespread contamination from radioactive materials, for instance, the standard is not a prescribed numeric clean-up guideline but, rather, a flexible, iterative, and multifaceted decision-making process that involves stakeholders such as citizens' groups and businesses in developing an [exit strategy](#). The [individuals](#) most affected by the decision have input into those societal aims governing the clean-up.

**Recognize that the desire to get back to normal as quickly as possible is a common reaction in the catastrophic context, and it is an impulse worth restraining:** Governors, mayors, and county executives governing during disasters know the tensions in wanting a swift return to business-as-usual versus aspiring toward greater community [safety](#), [equity](#), and [quality of life](#). The pandemic—which has revealed deficiencies, for instance, in healthcare delivery, the social safety net, and workplace leave policies—represents an opportunity for visionary leadership, goal setting, and transformation. [Pandemic recovery planning](#) can readily learn from best practices in disaster recovery planning.

**Initiate a planning process for community revitalization (aka pandemic recovery) that runs in parallel with the public health response:** The COVID-19 pandemic is an organic event marked by uncertainty; still, it is certain that the health crisis will eventually end. At the same time, the need to adapt to sudden or long-term shifts in conditions

will not end. And yet, despite its oversized effects, this health crisis is not, in the end, exceptional. [We can benefit](#) from extant, forward-looking, data-driven, coordinating bodies that already enable disaster recovery and other long-range planning efforts (eg, economic development, community development). A [revitalization management organization](#) can integrate with emergency operations center activities and run concurrently to maximize community benefits from short- and long-term recovery duties.

[Consult diverse stakeholders and communicate broadly, to ensure that state residents can partake in decision making that is relevant to community vitality](#): Rebuilding a community over the long term after a complex calamity devolves to thousands of people navigating recovery as nonprofessionals; it is a [collective action problem](#). An organization to make collective action possible knits together key leadership roles and collaboration: an authorizing and approving body, plan leadership via a lead planning agency or official, and a planning task force. A [revitalization plan](#) that reflects shared values can be enabled by specialists in planning, communication, and information and data management and by public and stakeholder involvement.



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## Mental Health in the COVID-19 Response:

### *Caring for Ourselves and Our Communities in this Time of Uncertainty*

Written by Anna D. Bartuska, Arielle Eagan, MSW, LICSW, and Juliana Lynn Restivo, MPH

*“Our minds rely on certainty and predictability of future events to be able to plan how to spend one’s time, and clearly this is exactly what has been turned upside down.” - Vikram Patel, MBBS, PhD*

The COVID-19 crisis is characterized by uncertainty. It began with uncertainty about the virus itself, where it originated, how it spread, and who was most vulnerable. Then came the uncertainty about which countries would be affected and how health systems would respond. Researchers within our community and around the world have worked rapidly to provide answers. Government officials have mobilized containment and mitigation efforts by implementing policies, allocating funds, and distributing resources. Within our Boston community, healthcare leadership has gone to great lengths to provide guidance and implement emergency preparedness plans. Yet, the current pandemic has brought forth an acute but increasingly chronic uncertainty that is rippling throughout the different domains of our lives.

Events have been cancelled, schools have been closed, and business have shut their doors. Individuals, companies, and cities are being asked to make life-altering changes to everyday activities, often with little notice and little time for preparation. At this point, we don’t have a clear idea of how long this new rhythm of life will last and what is still in store. In the haze, fear abounds. Fear is biologically adaptive. In response to threat, fear increases alertness and arousal needed to ensure survival. In this time of continued and almost overwhelming uncertainty though, the dampening effect of the prefrontal cortex is hindered and initial fear may become impairing anxiety. [Dr. Karestan Koenen](#), a trauma expert and professor of psychiatry epidemiology at Harvard T.H. Chan School of Public Health, said simply, *“uncertainty and lack of control are the two key drivers of stress. And we know that stress is related to increased anxiety and depression, particularly among people who are vulnerable.”* As professionals and individuals interested in the mental health of our global community, it is understandable that uncertainty related anxiety is being felt by all to some degree - regardless of whether you would personally identify as having a history of mental illness or not.

The mental health impact of this pandemic has been universal. **Dr. Shekhar Saxena**, Professor of Global Mental Health Practice at Harvard T.H. School of Public Health shared with the **World Happiness Fest’s** webinar that the threat of this pandemic to the happiness and well-being of people is broader than initial estimates from the World Health Organization

(WHO) and other agencies, whose samples were limited to individuals who tested positive for COVID-19 or were previously sick. Excluded from these reports are billions of people who are exposed to the escalating crisis through both factual and inaccurate reports they receive from the radio, TV, family, friends, employers and through social media. **Dr. Laura Kubzansky**, Professor of Social and Behavioral Sciences and Co-Director of the Lee Kum Sheung **Center for Health and Happiness** at the Harvard T.H. Chan School of Public Health, reflected on this universality *“I have been struck by how unique in some ways this particular crisis is, from many of the disasters we are used to managing – the fact that everyone is affected, there is no safe place anywhere in the world, means there is no one with extra bandwidth that can be called upon to provide reserve capacity for empathy and assistance in ways large and small; and also there is no safety net.”* With typical patterns of coping disrupted, access to psychological support further challenged, and stressors ever-present, many are left wondering what can be done to foster mental and emotional wellbeing.

Now, more than ever, preventative and protective measures for mental health are paramount to the pandemic response. To gain insight as to what we can do as individuals, communities, and systems to address mental health during these unprecedented times, we reached out to experts within our community. Our desire is for the information below to provide some preliminary guidance regarding mental health in the context of the current pandemic and how we can care for our communities, our loved ones, our patients, and ourselves while facing uncertainty.

*“We need to get the word out about prevention, positive coping, things people can do for themselves or in their families that help support their own mental health. We can be proactive.” - Karestan Koenen, PhD*

## 1. Stay Connected

### Managing “Acute on Chronic Uncertainty”

Giuseppe Raviola, MD MPH

As we enter this new and unprecedented phase of the pandemic, we are inundated with guidelines about how to keep ourselves and our families healthy and virus-free. Yet a key item on the list—social distancing—poses unique challenges to our mental and emotional wellbeing, and requires consideration. The risk may be especially high for our children, who are suddenly cut off from school and friends. How do we as individuals and parents cope without driving ourselves and each other crazy? It’s a question that mental health professionals such as myself are being asked multiple times a day and that urgently needs addressing. This introduction and list was written with the help of people with whom I work, trying to gain steady emotional footing in this strange new scenario we together are in.

1. Social distancing does not mean emotional distancing; use technology to connect widely.
2. Create clear routines and schedule activities 7 days a week, but don’t go overboard.
3. Exercise daily, if possible.
4. Limit internet by pursuing learning and intellectual engagement through reading.
5. Cultivate positive family time.
6. Spend time alone outside and inside, if possible, but remember, don’t isolate.
7. Engage in focused meditation and relaxation.
8. Remember the things that you really enjoy doing, that you can do in this situation, and find a way to do them.
9. Limit exposure to television and internet news.
10. Bathe daily, if possible, to reinforce the feeling of cleanliness.

As new guidelines and policies enforcing social distancing are released, it is important to remember that we are not emotionally alone. As **Professor Shekhar Saxena shared on Twitter** “*Social Distancing may send a wrong message for some people. We should recommend Physical Distancing. Social interactions and social support are even more necessary during these times of stress*”. Staying connected with colleagues, co-workers, friends, and family members is critical to the mental health of all, but particularly paramount for vulnerable populations including elderly, individuals living alone, and individuals with prior mental illness. Dr. Koenen encourages individuals and groups to “*think proactively about people in your community, who may be living alone and be isolated, or become isolated and make plans to connect.*” Planning could include scheduling check-in calls (both video and voice) with isolated colleagues, providing food for elderly neighbors, or regularly reaching out to family who struggle with emotional distress.

## **2. Learn from One Another**

In this era of technology, connection is no longer constrained by physical proximity. During the course of the COVID-19 outbreak, digital connection has provided the opportunity to learn from our colleagues around the world. Dr. Koenen mentioned how email correspondence with her colleagues in Italy and China revealed fruitful mental health efforts that have been conducted in both regions. For example, psychosocial hotlines were quickly established in Italy and China to support individuals experiencing acute and impairing levels of stress, depression, and anxiety. Collective efforts, including government and healthcare response, to develop and disseminate information about mental health during the epidemic have resulted in numerous new self-help books, videos, pamphlets, and online-courses. In the United States, the Department of Mental Health is working to adapt the current system and considering novel uses of technology to maintain and strengthen psychological supports. Yet, Dr. Koenen and colleagues reiterate that a significant need still exists for the dissemination of tools to help individuals deal with stress, manage anxiety, and determine when to seek additional help as the number of people emotionally effected by COVID-19 continues to rise.

## **3. Disseminate Evidence-Based Mental Health Strategies**

Experts across our community have already begun to create materials to equip individuals and communities with the information and skills to increase mental and emotional wellbeing. Efforts from Dr. Koenen and her team have culminated in live webinars with over 100 attendees interested in discussing mental health in the context of the COVID19 crisis. These webinars will now be weekly starting March 18th, **more information can be found here**. Dr. Koenen also emphasized the need for open-source materials with specific evidence-based skills that individuals can learn and use during this time. She noted that Harvard Medical School is producing a webinar series developed with **Dr. Luana Marques**, a clinical psychologist at Massachusetts General Hospital and associate professor at Harvard Medical School, to equip viewers with cognitive-behavioral skills to regulate emotions and build resilience during the current outbreak. [Dr. Giuseppe Raviola](#), Associate Director of The Chester M. Pierce, MD Global Psychiatry Division, Massachusetts General Hospital and Director of Mental Health at Partners In Health, along with feedback from his patients, developed a list of practices that can be applied to ourselves and easily disseminated to help others to gain steady emotional footing through this time (see box titled *Managing “Acute on Chronic Uncertainty”*). Dissemination will be an even more difficult and crucial task for many low-resource settings in high-, middle-, and low-income countries where the economic,

physical health, and mental health repercussions of this pandemic will likely be felt for a long time.

#### **4. Seek the Silver Linings**

As the current pandemic evolves, our experts remind us that this new socially distant phase, although trying, is lined with potential positives.

**Extraordinary support.** We have already seen healthcare workers, neighbors, and communities come together to support one another. Italy has cast a beautiful picture of coming together with a **'flash mob' of balcony musical performances**. Throughout Boston, our hospital and community-based services are scaling up and adapting to ensure that mental health and psychosocial support for patients, both those facing COVID-19 and those with unrelated health and social needs, are not left behind in this period. Arielle Eagan, one of the authors of this piece, shares her experience as a Clinical Social Worker in a Boston-based hospital this week *"While COVID-19 is a critical focus right now, patients' pre-existing and comorbid health and psychosocial needs still need to be assessed, met, and prioritized as we react to COVID-19. These needs include other acute and chronic medical needs (such as stroke, cancer, or accidental trauma), acute psychiatric illness, substance use and addiction, domestic violence, child protection concerns, homelessness, etc. As social workers in the emergency department and throughout the hospital, we are trying to support our interdisciplinary colleagues in making sure that these needs aren't forgotten while also supporting our patients and families facing COVID-19"*.

**Revolutionary work.** *"If 2007 was the year of the iPhone, it may be that in 2020 that much of the professional world, the world of education, and the world of healthcare, including mental health care, goes virtual"* comments Giuseppe Raviola, MD, MPH as this unprecedented shift to virtual and remote work has required adaptation to novel work environments and healthcare delivery systems. Clinicians across the globe have transitioned their practice to digital and telehealth platforms. Prior to the outbreak, technology had been gaining increased recognition as a critical and effective tool for increasing access to mental health care and support, yet, many providers continued to solely offer in-person care. The necessitated development of online materials and digital platforms has catalyzed innovation and learning to support future technology-assisted mental health care. **Harvard T.H. Chan School of Public Health has also just announced a collaboration with Thrive Global to launch The Health and Wellness For All Program.** This evidence-based digital behavior change program will be a resource that acknowledges the challenging realities in which public health workers are operating but help them navigate them with less stress and more resilience. The programs will focus on ways to improve the mental and physical well-being including a focus on sleep, naps, movement, nutrition, stress management, and relationships with colleagues through this time.

**New opportunities.** For many, the idea of working from home was a distant and unrealizable reality, and the sudden shift out of some people's normal work routines has disrupted well-established practices. Yet, without commuting to in-person offices, time saved is ripe for new rhythms of living. As **Professor Vikram Patel**, Pershing Square Professor Global Health in the Department of Global Health and Social Medicine, Harvard Medical School states, *"we should start planning to spend this bonus time with our kids, dogs or garden, writing that chapter or book we have so long*

*ignored, take a walk along the river every day, enjoy the unique pleasure of a siesta and test our culinary skills. It's time to hunker down, slow up one's routines, and spend time doing the simple things which matter to you. That's what I plan to do!"* For those individuals who have shifted to remote schedules, this may provide the opportunity to engage in healthy and meaningful activities that frequently get sidelined during typical work-life rhythms.

Finally, as we orient ourselves to new norms that this period will bring, let's pause and remind ourselves about the importance of self-care. Both for those of us who are frontline—continuing to work in hospitals, psychiatric urgent care centers, crisis response teams, and beyond—as well as for those of us who are shifting to new, innovative forms of remote support, healthy mental health strategies are imperative. Preemptive response includes each one of us, our households, and our communities.

**Remember . . .**

*Giuseppe Raviola, MD MPH*

The world is not collapsing, things will get back to normal.

Most people are good, and people are going to persevere and help each other.

You're tough, you've overcome challenges before; this is a new one.

This is a particularly strange and unprecedented situation; humor helps once in a while.

If having obsessive or compulsive thoughts related to the virus, or the broader uncertainty, wash your hands once, and then remind yourself that anxiety is normal in this scenario. But the mind also can also play tricks on us. Try to breathe and move the internal discussion on.

Live in the moment, think about today, less about the next three days, even less about next week; limit thinking about the what is next, for now.

The threat is real. The challenge is real. But as a community and as individuals, we also have a real opportunity to be proactive about mental health. In order to care for others and be there to support the mental health and wellbeing our communities, we have to be sure that we are taking care of ourselves. We are facing truly remarkable times that warrant a remarkable response now and in the future.

*"Try to see this time in your life as a different period with a different rhythm, not necessarily a bad one even though you didn't choose it"* – Karestan Koenen, PhD sharing advice from a colleague in Italy

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**Resources for mental health and psychosocial support including webinars and information packets can be found [here](#).**

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## **GMH@Harvard Open Day**

The 2nd annual Global Mental Health Open Day, featuring Patrick Kennedy and members of the **GlobalMentalHealth@Harvard** community, was a big success. View the program [here](#).

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# National Coronavirus Response

A ROAD MAP TO REOPENING

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**Mark B. McClellan, MD, PhD**

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MARCH 28, 2020

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# Executive Summary

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This report provides a road map for navigating through the current COVID-19 pandemic in the United States. It outlines specific directions for adapting our public-health strategy as we limit the epidemic spread of COVID-19 and are able to transition to new tools and approaches to prevent further spread of the disease. We outline the steps that can be taken as epidemic transmission is brought under control in different regions. These steps can transition to tools and approaches that target those with infection rather than mitigation tactics that target entire populations in regions where transmission is widespread and not controlled. We suggest measurable milestones for identifying when we can make these transitions and start reopening America for businesses and families.

In each phase, we outline the steps that the federal government, working with the states and public-health and health care partners, should take to inform the response. This will take time, but planning for each phase should begin now so the infrastructure is in place when it is time to transition.

The specific milestones and markers included in the report for transitioning our responses are judgments based on our current understanding, with the goal of facilitating an effective path forward. The epidemic is evolving rapidly, and our understanding of best responses will evolve as well. The broad set of tasks described here requires and will receive high-level, ongoing attention, and it should be updated and refined as additional evidence, context, and insights about the epidemic become available.

To gradually move away from a reliance on physical distancing as our primary tool for controlling future spread, we need:

- 1) Better data to identify areas of spread and the rate of exposure and immunity in the population;
- 2) Improvements in state and local health care system capabilities, public-health infrastructure for early outbreak identification, case containment, and adequate medical supplies; and
- 3) Therapeutic, prophylactic, and preventive treatments and better-informed medical interventions that give us the tools to protect the most vulnerable people and help rescue those who may become very sick.

Our stepwise approach depends on our ability to aggregate and analyze data in real time. To strengthen our public-health surveillance system to account for the unprecedented spread of COVID-19, we need to harness the power of technology and drive additional resources to our state and local public-health departments, which are on the front lines of case identification and contact tracing. Finally, we must expand our investments in pharmaceutical research and development into COVID-19 and promote the rapid deployment of effective diagnostics, therapies, and eventually a vaccine.

**Slow the Spread in Phase I.** This is the current phase of response. The COVID-19 epidemic in the United States is growing, with community transmission occurring in every state. To slow the spread in this period,<sup>1</sup> schools are closed across the country, workers are being asked to do their jobs from home when possible, community gathering spaces such as malls and gyms are closed, and restaurants are being asked to limit their services. These measures will need to be in place in each state until transmission has measurably slowed down and health infrastructure can be scaled up to safely manage the outbreak and care for the sick.

**State-by-State Reopening in Phase II.** Individual states can move to Phase II when they are able to safely diagnose, treat, and isolate COVID-19 cases and their contacts. During this phase, schools and businesses can reopen, and much of normal life can begin to resume in a phased approach. However, some physical distancing measures and limitations on gatherings will still need to be in place to prevent transmission from accelerating again. For older adults (those over age 60), those with underlying health conditions, and other populations at heightened risk from COVID-19, continuing to limit time in the community will be important.

Public hygiene will be sharply improved, and deep cleanings on shared spaces should become more routine. Shared surfaces will be more frequently sanitized, among other measures. In addition to case-based interventions that more actively identify and isolate people with the disease and their contacts, the public will initially be asked to limit gatherings, and people will initially be asked to wear fabric nonmedical face masks while in the community to reduce their risk of asymptomatic spread. Those who are sick will be asked to stay home and seek testing for COVID-19. Testing should become more widespread and routine as point-of-care diagnostics are fully deployed in doctors' offices.

While we focus on state-by-state reopening of activities in a responsible manner and based on surveillance data, we note that states may move forward at a county or regional level if these conditions vary within the state and that coordination on reopening among states that share metropolitan regions will be necessary.

**Establish Immune Protection and Lift Physical Distancing During Phase III.** Physical distancing restrictions and other Phase II measures can be lifted when safe and effective tools for mitigating the risk of COVID-19 are available, including broad surveillance, therapeutics that can rescue patients with significant disease or prevent serious illness in those most at risk, or a safe and effective vaccine.

**Rebuild Our Readiness for the Next Pandemic in Phase IV.** After we successfully defeat COVID-19, we must ensure that America is never again unprepared to face a new infectious disease threat. This will require investment into research and development initiatives, expansion of public-health and health care infrastructure and workforce, and clear governance structures to execute strong preparedness plans. Properly implemented, the steps described here also provide the foundation for containing the damage that future pathogens may cause.

# Phase I: Slow the Spread

## Goals

The goal of Phase I is to save lives by:

- 1) Slowing the transmission of SARS-CoV-2 across the United States by reducing the effective reproduction number of infections,
- 2) Increasing testing capacity to accommodate the ability to test everyone with symptoms and their close contacts, and
- 3) Ensuring the health care system has the capacity to safely treat both COVID-19 patients and others requiring care.

A successful Phase I will allow for a significant relaxation of physical distancing measures and a progression to Phase II, when more targeted, case-based interventions are possible.

## Thresholds for Action

**Trigger to Begin to “Slow the Spread.”** The trigger to implement nationwide “slow the spread” measures<sup>2</sup> in Phase I is the existence in multiple geographic locations around the country of confirmed cases that cannot be traced back to other known cases (“community spread”).<sup>3</sup> This trigger has already been reached in the United States.

**Trigger to Move to Phase II.** To guard against the risk that large outbreaks or epidemic spread could reignite once we lift our initial efforts to “slow the spread,” the trigger for a move to Phase II should be when a state reports a sustained reduction in cases for at least 14 days (i.e., one incubation period); *and*

## Stay-at-Home Advisories

The trigger for issuing a stay-at-home advisory<sup>6</sup> in a US state is when case counts are doubling every three to five days<sup>7</sup> (based on the current New York experience) or when state and local officials recommend it based on the local context (for example, growth on track to overwhelm the health system’s capacity).

The trigger for issuing a recommendation to step down from a stay-at-home-advisory back to “slow the spread” is when the number of new cases reported in a state has declined steadily for 14 days (i.e., one incubation period) and the jurisdiction is able to test everyone seeking care for COVID-19 symptoms.

local hospitals are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care<sup>4</sup>; *and* the capacity exists in the state to test all people with COVID-19 symptoms, along with state capacity to conduct active monitoring of all confirmed cases and their contacts.<sup>5</sup>

## Steps Required in Phase I

**Maintain Physical Distancing.** Each state must maintain community-level physical distancing measures<sup>8</sup> until the threshold for moving to Phase II is met. These Phase I measures include:

- Closing community gathering spaces such as schools, shopping centers, dining areas,

museums, and gyms statewide (places where people congregate indoors);

- Promoting telework for nonessential employees statewide;
- Urging the public to limit unnecessary domestic or international travel;
- Canceling or postponing meetings and mass gatherings;
- Shutting dining areas but encouraging restaurants to provide takeout and delivery services if possible;
- Issuing stay-at-home advisories in hot spots where transmission is particularly intense (i.e., when case counts are doubling in a city or locality every three to five days); and
- Monitoring community adherence to physical distancing and stay-at-home advisories, adjusting risk messaging as appropriate, and identifying alternative incentives for compliance if needed.

### **Increase Diagnostic Testing Capacity and Build Data Infrastructure for Rapid Sharing of Results.**

Same-day, point-of-care diagnostic testing (widely available in outpatient settings) is crucial for identifying cases, including those with asymptomatic and mild infections. To move from community-wide interventions that focus on large populations to case-based interventions that target and isolate individual people who are infected, capacity should be sufficient to test:

- 1) Hospitalized patients (rapid diagnostics are needed for this population);
- 2) Health care workers and workers in essential roles (those in community-facing roles in health and public safety);

3) Close contacts of confirmed cases; and

- 4) Outpatients with symptoms. (This is best accomplished with point-of-care diagnostics in doctors' offices with guidelines that encourage widespread screening and mandated coverage for testing.)

We estimate that a national capacity of at least 750,000 tests per week would be sufficient to move to case-based interventions when paired with sufficient capacity in supportive public-health infrastructure (e.g., contact tracing).<sup>9</sup> In conjunction with more widespread testing, we need to invest in new tools to make it efficient for providers to communicate test results and make data easily accessible to public-health officials working to contain future outbreaks.

### **Ensure Functioning of the Health Care System.**

Ensure sufficient critical-care capacity<sup>10</sup> in hospitals to be able to immediately expand capacity from 2.8 critical-care beds per 10,000 adults to 5–7 beds per 10,000 adults in the setting of an epidemic or other emergency, allowing for regional variation.<sup>11</sup> This target is a minimum, must be adequate for the current and forecasted level of demand, and must be accompanied by adequate staffing. Regional variation in capacity reflecting local needs is acceptable.

Expand access to ventilators in hospitals from 3 per 10,000 adults to a goal of 5–7 ventilators per 10,000 adults.<sup>12</sup> This target does not include transport or anesthesia machines. This target is a minimum, must be adequate for the current and forecasted level of demand, and must be accompanied by adequate staffing. Regional variation in capacity reflecting local needs is acceptable.

Maintain access to acute-care hospital beds of at least 30 per 10,000 adults.<sup>13</sup> Facilities should have a plan, in the case of a surge in hospital demand, for how the beds would be rapidly flexed from more discretionary uses (e.g., elective procedures) and adequately staffed, with access to adequate supplies of oxygen and other medical supplies.

This health care functioning target would also be met if critical-care and ventilator capacity does not expand to that level but COVID-19 incidence is maintained or falls meaningfully below the state's capacity to meet critical-care demand. These capacity targets can also be partially met through the availability of ample mobile health care infrastructures (supported and perhaps maintained by federal or state governments) that can be distributed and set up on short notice to hot areas with surge capacity needs.

**Increase Supply of Personal Protective Equipment.** The Centers for Disease Control and Prevention (CDC) recommends, at a minimum, N95 respirators for hospital staff expected to have direct contact with COVID-19 patients, plus disposable procedural or surgical masks for all other clinical personnel in any health care setting.<sup>14</sup> The supply chain should be able to reliably distribute sufficient N95 masks, gloves, and other personal protective equipment to protect health care workers from infection.

**Implement Comprehensive COVID-19 Surveillance Systems.** The move toward less restrictive physical distancing could precipitate another period of acceleration in case counts. Careful surveillance will be needed to monitor trends in incidence. A high-performing disease surveillance system should be established that leverages:

- 1) Widespread and rapid testing at the point of care using cheaper, accessible, and sensitive point-of-care diagnostic tools that are authorized by the Food and Drug Administration (FDA);
- 2) Serological testing to gauge background rates of exposure and immunity to inform public-health decision-making about the level of population-based mitigation required to prevent continued spread in the setting of an outbreak; and
- 3) A comprehensive national sentinel surveillance system, supported by and coordinated with local public-health systems and health care providers,

to track the background rate of infection across states and identify community spread while an outbreak is still small and at a stage in which case-based interventions can prevent a larger outbreak.

ILINet, the surveillance system for influenza-like illness in the United States, is a potential model for SARS-CoV-2 surveillance. To enable rapid and more effective detection and case management, SARS-CoV-2 surveillance will also benefit from data sharing and coordination with health care providers and payers. The CDC should convene an intergovernmental task force, with outside experts as needed and input from states and the health care community, to develop and support a new national surveillance system and data infrastructure for tracking and analyzing COVID-19.

**Massively Scale Contact Tracing and Isolation and Quarantine.** When a new case of COVID-19 is diagnosed, the patient should be isolated either at home or in a hospital, depending on the level of care he or she requires. Current CDC guidelines recommend seven days of isolation.<sup>15</sup> Home isolation can be enforced using technology such as GPS tracking on cell phone apps. Also, the close contacts of confirmed cases (as defined by the CDC<sup>16</sup>) should be quarantined and monitored daily for 14 days. Monitoring of international travelers is also recommended.<sup>17</sup>

To scale these interventions to accommodate thousands of daily cases and tens of thousands of daily contacts, public-health infrastructure will need to be dramatically scaled up throughout the country, in coordination with the improving capacity of health care providers to prevent, diagnose, and treat COVID-19 cases.

The task force should also be charged with developing and overseeing an initiative to:

- 1) Surge the existing public-health workforce to conduct case finding and contact tracing;
- 2) Enable rapid reporting to state, local, and federal health authorities, through the public-health

workforce and electronic data sharing from health care providers and labs; and

- 3) Develop and field a technological approach to enable rapid data entry, reporting, and support for isolation, quarantine, and safe community-based treatment of affected individuals.

**Offer Voluntary Local Isolation and Quarantine.** Comfortable, free facilities should be provided for cases and their contacts who prefer local isolation, quarantine, and treatment away from home. For example, a member of a large household may wish to recover in a hotel room that has been repurposed rather than risk infecting family members. Isolation and quarantine away from home should not be mandatory or compelled by force.

The Federal Emergency Management Agency is the lead agency tasked with coordinating with state and local jurisdictions to stand up appropriate isolation and quarantine facilities. Field hospitals, dormitories, hotels, and military barracks may be appropriated for this purpose.

**Encourage the Public to Wear Masks.** There is emerging evidence that asymptomatic and presymptomatic transmission of COVID-19 is possible,<sup>18</sup> which complicates efforts to pursue case-based interventions. To reduce this risk during Phase I, everyone, including people without symptoms, should be encouraged to wear nonmedical fabric face masks while in public.<sup>19</sup>

Face masks will be most effective at slowing the spread of SARS-CoV-2 if they are widely used, because they may help prevent people who are asymptotically infected from transmitting the

disease unknowingly. Face masks are used widely by members of the public in some countries that have successfully managed their outbreaks, including South Korea and Hong Kong.<sup>20</sup> The World Health Organization (WHO) recommended members of the public use face masks in the event of a severe influenza pandemic.<sup>21</sup>

However, personal protective equipment should continue to be reserved for health care workers until supplies are sufficient for them and abundant. For this reason, right now members of the general public should opt to wear nonmedical fabric face masks when going out in public. The CDC should issue guidelines on the proper design of such nonmedical fabric face masks. Consumers may be able to fashion these masks themselves using available washable materials, or they may become available in the consumer marketplace.

### Trigger for Moving to Phase II

A state can safely proceed to Phase II when it has achieved all the following:

- A sustained reduction in cases for at least 14 days,
- Hospitals in the state are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care,<sup>22</sup>
- The state is able to test all people with COVID-19 symptoms, *and*
- The state is able to conduct active monitoring of confirmed cases and their contacts.<sup>23</sup>

# Phase II: Reopen, State by State

In Phase II, the majority of schools, universities, and businesses can reopen. Teleworking should continue where convenient; social gatherings should continue to be limited to fewer than 50 people wherever possible. Other local restrictions should be considered, such as those that limit people from congregating in close proximity.

High-contact settings such as schools should continue to review and implement physical distancing measures with guidance from the CDC and input from local officials. Health officials should recommend increased social hygiene measures and cleaning of shared surfaces.

For older adults (those over 60 years old), those with underlying health conditions, and other populations at heightened risk from COVID-19, it should still be recommended that they limit time in the community during Phase II. This recommendation may change if an effective therapeutic becomes available.

We need to consider these activities on a coordinated, regional basis through multistate cooperation. While state and local governments maintain sovereignty over issues related to their public-health response, coordination based on regions that cross state boundaries will be crucial. Large states with multiple urban areas and rural regions may implement reopening at a regional level. States that share major metropolitan areas (for example, New York, New Jersey, and Connecticut) should assure that the conditions for reopening these areas are met across the relevant state boundaries.

## Goals

The goals of Phase II are to:

- 1) Lift strict physical distancing measures in a concerted and careful fashion,

- 2) Allow the vast majority of businesses and schools to open, and

- 3) Continue to control SARS-CoV-2 transmission so we do not revert back to Phase I.

The adoption of these Phase II measures will require a careful balance. We will need to constantly reevaluate the implementation of these measures based on available surveillance data, and we will need to be ready to adjust our approach over time according to the epidemiology of local, national, and global spread. This is especially true as we transition from one phase to the next.

## Thresholds for Action

### Trigger to Lift Physical Distancing Measures.

Once the criteria for the transition from Phase I to Phase II have been met and we begin to move away from the “slow the spread” period, leaders at the state level should begin an incremental easing of physical distancing measures. This should be done gradually and should be paired with increased surveillance for new cases. State officials should make decisions about the selection and timing of restrictions to lift based on their local contexts. Restrictions should be eased gradually, with sufficient time between each adjustment to carefully monitor for resurgence of transmission.

### Trigger for Returning to Phase I, “Slow the Spread.”

As physical distancing is gradually eased, surveillance will be essential for quickly identifying an increase in cases in the state. A state should revert to Phase I and continue “slow the spread” if a substantial number of cases cannot be traced back to known cases, if there is a sustained rise in new cases for five

days, or if hospitals in the state are no longer able to safely treat all patients requiring hospitalization.

**Trigger for Moving to Phase III.** Once a vaccine has been developed, has been tested for safety and efficacy, and receives FDA emergency use authorization,<sup>24</sup> or there are other therapeutic options that can be used for preventive or treatment indications and that have a measurable impact on disease activity and can help rescue very sick patients, states can move to Phase III.

## Steps Required in Phase II

**Implement Case-Based Interventions.** Using the public-health capacities developed in Phase I, every confirmed case should be isolated either at home, in a hospital, or (voluntarily) in a local isolation facility for at least seven days, or according to the latest CDC guidance. People awaiting test results should be advised to quarantine until their results are returned.

The close contacts of confirmed cases should be traced and placed under home or central quarantine, with active daily monitoring for at least 14 days, or according to the latest CDC guidance. Diagnostic tests should be immediately administered to any close contacts who develop symptoms.

**Begin to Relax Physical Distancing Measures.** General physical distancing precautions should still be the norm during Phase II, including teleworking (as much as possible), maintaining hand hygiene and respiratory etiquette, wearing a mask in public, regularly disinfecting high-touch surfaces, and initially limiting social gatherings to fewer than 50 people. These recommendations should be augmented through technological solutions to understand physical distancing behaviors and adjust risk messaging as needed. This should be accomplished through partnerships with the private sector, with careful attention paid to preserving privacy and avoiding coercive means to encourage compliance.

As children return to school and daycare (i.e., high-contact settings) and people return to high-density workplaces, leaders of these organizations should continue to review and implement physical distancing measures based on guidance from the CDC for schools and businesses.<sup>25</sup>

**Special Care for Vulnerable Populations.** While easing of physical distancing is taking place, highly vulnerable populations,<sup>26</sup> such as individuals older than age 60 and those with compromised immune systems or compromised lung and heart function, should continue to engage in physical distancing as much as possible until a vaccine is available, an effective treatment is available, or there is no longer community transmission. Special attention should be paid to long-term-care facilities and nursing homes.<sup>27</sup> These facilities will need to maintain high levels of infection prevention and control efforts and limit visitors to prevent outbreaks.

If a treatment or prophylactic, such as a monoclonal antibody,<sup>28</sup> becomes available, high-risk and vulnerable populations should be prioritized to receive it, to both protect those individuals and reduce the likelihood of an increase in severe illnesses and additional patient surge in hospital intensive care units (ICUs).

**Accelerate the Development of Therapeutics.** Therapeutics play an important role in caring for those who are sick. Accelerating the research, development, production, and distribution of safe and effective therapeutics is a top priority. With effective development strategies and early investments in commercial-scale manufacturing, a successful therapeutic could receive emergency use authorization or approval as early as the summer or fall, if trials demonstrate that it meets either standard.

Therapeutics can serve a number of roles. First, they can serve as a prophylaxis to help prevent infection in those at greatest risk of infection, such as front-line health care workers, or those at risk of bad outcomes, such as individuals with preexisting health conditions and those who are immunocompromised. Such a treatment could include a recombinant

antibody that can target the virus surface antigens. As an example, researchers successfully developed such a therapeutic against Ebola. These antibody drugs can also be used to treat early infection or as a postexposure prophylaxis.

Other therapeutics might include antiviral drugs that target features of how the virus replicates. These drugs can be used to treat people who are critically ill or earlier in the course of disease for those at risk of developing a complication. Antiviral drugs can also be used as postexposure prophylaxis, depending on their safety profile. Postexposure prophylaxis and products that shorten the duration and intensity of viral shedding may affect the effective reproduction number only modestly. In addition, immune-modulating treatments may prove to be helpful in mitigating severe lung complications in some patients. A number of promising drugs are in early and mid-stage development.

At a minimum, the optimal profile for a therapeutic that will affect the risk from future spread is one that meaningfully reduces the risk of death or severe disease and perhaps prevents the onset of symptoms or progression to severe disease in those exposed. Oral administration at the outpatient level would be ideal, but alternative administration requirements (e.g., infusion and jet injections) could also be scaled, with sufficient planning.

While private industry has already organized a large task force to share information and capabilities to rapidly advance promising therapies, we need a commensurate focus by federal agencies to make sure the best possible resources are brought to this mission. Federal agencies should join organized efforts already underway in the private sector.

**Identify Those Who Are Immune.** Serology is a method used to identify evidence of immunity in someone who has recovered from infection. With accurate and widely available serological testing, we

can identify people who are immune and therefore no longer vulnerable to infection. While we need to better understand the strength of the immune response in mild cases and how long people remain immune from reinfection, we know there is a period where most people will have sufficient antibodies to offer protection. People who are immune could:

- 1) Return to work,
- 2) Serve in high-risk roles such as those at the front lines of the health care system, and
- 3) Serve in roles that support community functioning for people who are still physically distancing (e.g., the elderly who continue to quarantine at home).

To use serology in this way, serological assays are needed and should be widely available, accurate, rapid, and low cost. Such assays have already been developed by researchers, but they have not yet been fully validated and are not available at scale.

A task force comprised of senior leaders from the CDC, the Biomedical Advanced Research and Development Authority, the National Institute of Allergy and Infectious Diseases, the Department of Defense (DOD), the FDA, academia, and key private-sector groups (e.g., serological manufacturing companies) should be tasked to oversee the development, production, distribution, data collection, serological survey designs, and analytics for use of serology at scale.<sup>29</sup>

### Trigger for Moving to Phase III

Once a vaccine has been developed, has been tested for safety and efficacy, and receives FDA emergency use authorization,<sup>30</sup> states can move to Phase III.

# Phase III: Establish Protection Then Lift All Restrictions

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Once a robust surveillance sentinel system is in place, coupled with widespread point-of-care testing and a robust ability to implement tracing, isolation, and quarantines—and this is supported by the availability of therapeutics that can help mitigate the risk of spread or reduce serious outcomes in those with infections—or alternatively a vaccine has been developed and tested for safety and efficacy, we can enter Phase III. The availability of these technologies (and eventually a safe and effective vaccine) will have economic and social benefits, in addition to health benefits.

## Goals

The goals of safe and effective technologies for controlling transmission are to:

- 1) Prevent infection;
- 2) Treat those with early disease to prevent bad outcomes;
- 3) Provide a prophylaxis for those exposed to infection to prevent them from developing disease or reduce its severity;
- 4) In the case of a vaccine, build population-level immunity to the virus in order to reduce illness and death and stop or greatly slow spread; and
- 5) Enable the lifting of all physical distancing measures.

## Thresholds for Action

### **Trigger to Begin Manufacturing Scale-Up and Vaccine or Therapeutic Prioritization Planning.**

As soon as a vaccine or therapeutic looks promising in pivotal clinical trials (i.e., it has been shown to be safe and looks like it will also be effective),<sup>31</sup> the US government should work with industry to begin planning for mass manufacturing, distribution, and administration. New provisions enacted under the recently passed Coronavirus Aid, Relief, and Economic Security Act allow for large-scale manufacturing of promising therapies, in advance of approval, to help make sure there will be adequate supply available for mass distribution, should a product demonstrate that it is safe and effective and win regulatory approval.

### **Trigger for Switch Toward Mass Vaccination.**

Once availability of a vaccine or therapeutic is able to meet demand, vaccination can expand beyond priority groups. The CDC, state public-health agencies, and vaccine developers should work together to plan for and execute mass vaccination of large populations in the US. This planning can begin before Phase III because preparation can be made regardless of vaccine availability.

## Steps to Take in Phase III

**Vaccine or Therapeutic Production.** Once a safe and effective vaccine or therapeutic has been licensed, it will need to be quickly manufactured at scale. The Public Health Emergency Medical Countermeasures enterprise,<sup>32</sup> in coordination with pharmaceutical

companies and other private-sector stakeholders, should continue to plan for and implement mass production capable of quickly meeting US demand.

**Vaccine or Therapeutic Prioritization—When Supply Is Still Limited.** The CDC, the National Institutes of Health, the Office of the Assistant Secretary for Preparedness and Response, the DOD, and other stakeholders should revise prior influenza vaccine prioritization guidance to apply specifically to COVID-19.<sup>33</sup> The new prioritization guidance for the COVID-19 vaccine should identify priority groups for targeted distribution when a safe and effective vaccine starts to become available. The guidance should be transparent and explain the reasoning for priorities, including the populations in which the vaccine was studied, and should be a phased approach that expands to additional priority groups as vaccine availability expands. The guidance should be reflected in COVID-19 payment policies implemented by the Centers for Medicare & Medicaid Services (CMS) and private insurers, with treatment available at no cost to individuals who meet the priority guidance and a mechanism for reimbursement for individuals who are uninsured.

**Mass Vaccination or Therapeutic Distribution—When Supply Is Abundant.** The CDC should work with state and local health officials, health care providers, CMS and health insurers, and other public-health stakeholders to create a national plan for how mass vaccination will be carried out across the country. This plan should identify who

will administer vaccinations, where vaccines will be offered, and how data will be collected on vaccination rates, as well as possible adverse events from the vaccine. Indemnification of vaccine developers and manufacturers should also be considered. Congress could enact legislation to support a process for compensation of any individual who has an adverse event from the vaccine, which requires medical care.

**Global Vaccine Scale-Up and Vaccination.** The CDC, the US Agency for International Development, the State Department, and other US stakeholders should continue to work with WHO and other international organizations and national leaders to plan for how the US will assist other countries (particularly low- and middle-income countries) with obtaining vaccine and implementing mass vaccination. Support from the United States and higher-income nations will be critical for controlling the virus globally and saving lives around the world, as well as reducing the impact that future waves of the pandemic may have on the US population.

**Serological Surveys to Determine Population Immunity.** One key input for understanding the population at risk is the fraction of the population who have recovered and are protected against reinfection. If a sufficiently high fraction of the population has become immune either through natural recovery or vaccination, remaining restrictions can be lifted. The CDC should be the lead agency for coordinating ongoing serological surveys.

# Phase IV: Rebuild Our Readiness for the Next Pandemic

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The COVID-19 pandemic has exposed serious gaps in our nation's pandemic preparedness. COVID-19 will not be the last public-health emergency to threaten American society. We must invest in the scientific, public-health, and medical infrastructure needed to prevent, detect, and respond to the next infectious disease threat.

**Develop Vaccines for Novel Viruses in Months, Not Years.** In response to COVID-19 and in preparation for the next previously unidentified health threat ("Disease X"<sup>34</sup>), the United States should lead the way by setting an ambitious goal of rapidly developing medical countermeasures for novel or unknown threats in months, not years. A dedicated strategy, program, and funding will be needed to create the ability at existing agencies within the US Department of Health and Human Services and DOD to quickly develop flexible platforms and countermeasures for any type of novel pathogen.<sup>35</sup> This strategy should include supporting flexible manufacturing capacity to scale up production to a global level in an emergency.

**Modernize and Fortify the Health Care System.** We must improve our hospital-bed and ICU capacity to accommodate large surges of patients through public-private partnerships, for example, by enhancing the Hospital Preparedness Program<sup>36</sup> and the Public Health Emergency Preparedness Cooperative Agreement<sup>37</sup> and emphasizing preparedness in federal health care programs (e.g., the CMS<sup>38</sup> and the Department of Veterans Affairs<sup>39</sup>). We must also expand the supply chain of personal protective equipment and further the development of crisis standards of care. To reduce future burdens on our critical-care systems, we must also support our primary and community care capabilities to identify populations at elevated risk, detect cases early, and manage them at home or

in the community more effectively. Health care payers have been implementing payment reforms to support better screening and population health management. Emergency supplemental payments to health care providers in the current pandemic and future health care payments should be linked to establishing better surge capacity for severe cases and stronger capabilities to partner with public-health authorities to contain outbreaks and reduce the burden on hospitals.

**Establish a National Infectious Disease Forecasting Center.** Given the important role of infectious disease modeling in supporting public-health decision-making, we should increase our nation's capacity to use infectious disease modeling<sup>40</sup> to support public-health decision-making by establishing a national infectious disease forecasting center. This permanent federal institution would function similarly to the National Weather Service, providing a centralized capability for both producing models and undertaking investigations to improve methods used to advance basic science, data science, and visualization capabilities. It would also provide decision support to public-health agencies based on modeling and analytic results.

**Governance.** We need to move away from a decentralized system that promotes unequal implementation of preparedness measures across the nation and toward a more coordinated execution of response. We should develop clear and effective plans for the implementation of public-health measures such as quarantine and the unification of actions made by state and local health departments. Outbreaks are matters of regional—and more typically national—concern. Preparedness for public-health emergencies should be elevated as a function in the White House, with a coordinating function analogous to the director of national intelligence.

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## **Responsible Reopening Guidelines for Businesses**

### **What does the new “norm” look like?**

Responsible reopening for a business should be as personalized as your mission statement. Your culture, your work force and the type or size of your business will be considerations when writing a re-entry plan and when determining when to move on to the next phase.

Consider the following before implementing the plan:

#### **Safety and Health Costs**

- Sanitation and protection of employees/patrons may have a cost associated. Bringing employees and patrons back in phases may help off-set some of the cost.

#### **Communications**

- Transparency and constant communication will be key for a successful re-entry. Communication alleviates anxiety for employees and allows them to feel empowered.

#### **Conduct a \*Survey**

- Use a survey to help with developing your re-entry plan. This survey should be used to establish who is ready and can come back to work. It can also identify any hardships on the employee which include, but are not limited to, lack of daycare, financial issues and mental stress. This survey should not be used to eliminate jobs or positions.

*\*Sample Survey Questions are on last page.*

### **Responsible Reopening Phase One**

#### **Returning Employees**

1. Establish optional work plans.
  - Work remotely when feasible.
  - Return workforce in phases.
  - Develop alternating schedules/shifts between working in the office and working remotely.
2. Employees with an elevated temperature should stay home. Those who feel ill, should take sick time or be allowed to work from home for 72 hours.
3. Employees are encouraged to wear masks.
4. Wash hands frequently. Soap and/or hand sanitizer should be provided.
5. Disinfect personal workstations at the start and end of the workday

### Building Access

1. Only employees should be allowed in the business. If applicable, limit/control the entry and exit door for employees.
2. Tape off the section/desk area to your receptionist at six feet or build a barrier.
3. If your business requires outside patrons/guests, consider the following:
  - Require or provide masks.
  - Provide hand sanitizer as they enter the building.

### Meeting Rooms

1. Meetings should be limited to employees only. Meeting with others should be conducted virtually.
2. Reduce the standard room capacity for meetings rooms and personal offices.
3. Disinfect meetings rooms before and after each use.

### Common Areas

1. Close common areas where employees are likely to congregate or enforce strict social distancing protocols. These areas should be disinfected at the end of each day.
2. Sanitize all employee food and containers before storing in a common area. Food stored in a common refrigerator should be sanitized and placed into clear zip-log bags. A name and a date will be written on the bag.
3. Reduce the capacity number of people in a fitness room/gym. Equipment should be wiped down before and after use.

### Travel

1. Minimize non-essential travel and adhere to CDC guidelines regarding isolation after travel.

### Employee Assistance

1. Human Resources will be readily available to provide assistance on lapsed benefits, questions on COVID-19 issues and mental health assistance.

## **Responsible Reopening Phase Two**

### Returning Employees

1. Continue with optional work plans.
  - Work remotely when feasible.
  - Return workforce in phases.
  - Develop alternating schedules/shifts between working in the office and working remotely.
2. Employees with an elevated temperature should stay home. Those who feel ill, should take sick time or be allowed to work from home for 72 hours.
3. Employees are encouraged to wear masks.
4. Wash hands frequently. Soap and/or hand sanitizer should be provided.
5. Disinfect personal workstations at the start and end of the workday.
6. Consider special accommodations for employees who are members of the vulnerable population.

### Building Access

1. If applicable, limit/control the entry and exit door for employees.
2. Tape off the section/desk to your receptionist at six feet or build a barrier.
3. For outside patrons and visitors:
  - Require or provide masks.
  - Provide hand sanitizer as they enter the building.

### Meeting Rooms

1. Encourage virtual meetings.
2. Reduce the standard room capacity for meetings rooms and personal offices.
3. Disinfect meetings rooms before and after each use.

### Common Areas

1. Close common areas where employees are likely to congregate or enforce strict social distancing protocols. These areas should be disinfected at the end of each day.
2. Sanitize all employee food and containers before storing in a common area. Food stored in a common refrigerator should be sanitized and placed into clear zip-log bags. A name and a date will be written on the bag.
3. Reduce the capacity number of people in a fitness room/gym. Equipment should be wiped down before and after use.

### Travel

1. Non-essential travel can resume. Consider isolation after travel dependent of traveled location.

### Employee Assistance

1. Human Resources will be readily available to provide assistance on lapsed benefits, questions on COVID-19 issues and mental health assistance.

## **Responsible Reopening Phase Three**

### Returning Employees

1. Resume normal work schedules.
2. Encourage best practices hygiene.
3. Disinfect personal workstations at the start of each day.
4. Vulnerable employees should practice physical distancing and minimizing unnecessary exposure.

### Building Access

1. Continue to provide hand sanitizer to patrons/guest as they enter the building.

### Meeting Rooms

1. Disinfect meetings rooms before and after each use.

### Common Areas

1. All common areas should be disinfected daily.
2. Fitness equipment should be wiped down before and after use.

### Travel

1. Resume normal travel.

### Employee Assistance

1. Programs should remain in place for mental health assistance.

### **\*Sample Survey Questions**

1. Are you comfortable with returning to work?
  - a. If no, list why.
  - b. When would you be comfortable with returning to work? (list dates if a date has been set)
2. Will you have a hardship with returning to work due to:
  - a. Child Care (many programs for the summer may be cancelled)
  - b. Caring for another family member?
3. Have you traveled outside of the region in the last 14 days?
  - a. Where?
  - b. Did you self-quarantine after your return?
4. Have you had any COVID-19 symptoms in the last 14 days?
5. Has working from home created a significant financial hardship?
6. Have you been around a person who you know has been diagnosed with COVID-19?
7. Have you cared for someone with COVID-19?