



REOPEN ALABAMA RESPONSIBLY PHASE ONE

SMALL BUSINESS EMERGENCY TASK FORCE

APRIL 2020

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MESSAGE FROM THE CHAIRMAN

The Honorable Kay Ivey
Governor of the State of Alabama
State Capitol
Montgomery, Alabama

Dear Governor Ivey:

Thank you for including the Small Business Commission in Alabama's response to the ongoing COVID-19 pandemic. As you are aware, an Emergency Task Force was created to assess the effects of the pandemic on small businesses across the state, and now that the spread of the virus appears to be trending downward, we have begun preparing for the future.

To that end, the Task Force appointed a diverse subcommittee of business leaders and members of the Alabama Legislature and selected State Representative Danny Garrett as chairman of the panel. The subcommittee was charged with determining the best method for safely reopening businesses, restoring commerce, and recharging Alabama's economy while, at the same time, protecting the public health.

The subcommittee members have worked tirelessly to make contact with business owners across all industry sectors in order to provide the most comprehensive recommendations possible.

On behalf of the Alabama Small Business Commission Emergency Task Force and the Subcommittee to Reopen the Economy, we respectfully submit Phase One of our Reopen Alabama report that summarizes our findings and specific recommendations from the initial phase of this process. We look forward to expanding these recommendations in future phases towards our common goal of putting all Alabamians back to work.

With many thanks for your confidence in our efforts,

Will Ainsworth
Lieutenant Governor

Representative Danny Garrett (HD-44)
Chair, Subcommittee to Reopen the Economy

"We look forward to expanding these recommendations in future phases towards our common goal of putting all Alabamians safely back to work."

IMPACTS: ECONOMY & HEALTH

306K

There have been a total of 306,000+ unemployment claims filed between March 16th and April 15th.

DR. KARESTAN KOENEN
HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

"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."

\$400M

A 20 percent reduction in receipts to the General Fund budget would mean a loss of \$400 million and significantly reduced funding for numerous state agencies. State, county and local governments would also see major losses of revenue.

ALABAMA POLICY
INSTITUTE
COVID-19 IN ALABAMA

"It is a difficult time. That is undeniable. It is in these difficult times that the ingenuity of Americans and Alabamians must be harnessed to arrive at a solution that prioritizes human life *and* the general social and economic welfare."

\$1.3B

Alabama could see a decrease of \$1.3 billion in the Education Trust Fund budget if income and sales tax drop by 20 percent. A decline of this magnitude would have a detrimental impact on Alabama's current and future workforce, economy, public health, and education system.

SUBCOMMITTEE MEMBERS

Representative Danny Garrett (R-Trussville) - Chairman

Senator Chris Elliott (R - Fairhope)

Senator Bobby Singleton (D-Greensboro)

Senator Garlan Gudger (R - Cullman)

Representative Joe Lovvorn (R - Auburn)

Representative Anthony Daniels (D-Huntsville)

Representative Kelvin Lawrence (D-Hayneville)

Rosemary Elebash -NFIB, Alabama State Chair

Mindy Hanan - ARHA, Executive Director

Katie Britt - Business Council of Alabama, CEO

Rick Brown - Alabama Retail Association, President

Tony Cochran of CK Business Solutions

Stephen McNair of McNair Historic Preservation in Mobile

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The COVID-19 pandemic has caused uncertainty and disruption in all areas of the daily lives of Alabamians. The spread of the virus has severely strained Alabama's health care system, closed schools and universities, and cancelled sporting events. From an economic perspective, government officials have mobilized containment and mitigation efforts by implementing guidelines for business and industry in an effort to reduce the spread of COVID-19 and prioritize the health and safety of Alabama citizens. Eventually, the Alabama Department of Public Health took the necessary step of issuing a stay-at-home order for the public and deeming certain industries as "essential". This measure resulted in the closure of certain businesses across the state, causing extreme instability to families and state and local economies.

Alabama's economic vitality is critical to the health and prosperity of the citizens of Alabama and will play a major role in the eventual defeat of COVID-19. For this reason, the Alabama Small Business Commission's Emergency Task Force designated a specific subcommittee to study how Alabama can fully reopen its economy in a safe, organized and effective manner. This subcommittee consists of public officials and industry leaders from all areas of the state who brought diverse and necessary perspectives to the table 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 a goal of creating a consistent and effective set of guidelines that can be implemented in various industries across the state. Furthermore, the measures recommended by this subcommittee are substantially aligned with guidance for businesses and employers issued by the Center for Disease Control.

RETAIL INDUSTRY COVID-19 MEASURES

The retail industry is a prime example of an industry that, if allowed to apply simple but effective measures to protect against the spread of COVID-19, would result in the reopening of thousands of businesses across the state and the reemploying of hundreds of thousands of workers. Through the research performed on the retail industry, the subcommittee determined that retailers of all types can eliminate, or extremely limit, any interaction between employees and customers, as well as customers with other customers. In many cases, sanitation measures are already in place with most retailers and can easily be increased if certain measures are required. Measures to reduce the interaction of customers in high-traffic areas can be easily administered and enforced by employees and are measures that are already being utilized by grocery-type retail stores. The recommendations referenced in this section of the report require little-to-no training and are easily communicated to employees and customers.

The detailed recommendations included in the Retail Industry section of this report are summarized in the general measures below but include more detail and guidance in the report. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Limiting the number of people allowed inside the place of business at one time
- Increasing the frequency of all sanitizing and cleaning measures and requiring additional sanitizing measures for certain circumstances
- Enforcing social distancing in all areas of the place of business, specifically high-traffic areas where markings will be required to ensure safe spacing at all times
- Establishing measures to limit interaction between employees and customers

RESTAURANT INDUSTRY COVID-19 MEASURES

The Restaurant Industry is one that is essential to Alabama's economy, particularly during the summer season when tourism increases in the state. The research obtained through this report shows that limiting any interaction between employees and customers, as well as customers with other customers, is critical in this industry. Another unique measure in this industry will be eliminating or vigorously sanitizing all frequently contacted items, such as saltshakers and menus. Communicating and providing oversight of the measures relating to employees and customers will be critical in their effectiveness.

The recommendations included in the Restaurant Industry section of this report are summarized in the measures listed below but include more detail and guidance in the report itself.

The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Enforcing social distancing in all areas of the place of business, including between tables or booths as well as outside of the establishment when there is a wait
- Limiting the number of people allowed inside the place of business at one time
- Eliminating opportunities of interaction among customers with frequently contacted items
- Increasing the frequency of all sanitizing and cleaning measures and requiring additional sanitizing measures for certain circumstances

CLOSE CONTACT SERVICES INDUSTRY COVID-19 MEASURES

The Close Contact Services Industry is an industry where more extreme health and safety measures will be required due to the frequent, and often necessary, interaction between an employee and a customer. Ensuring that businesses within this industry have access to, obtain, and utilize personal protective equipment (PPE) will be critical in the safe and responsible reopening of these businesses. Frequent communication of these measures to employees will be required to ensure proper implementation.

The recommendations included in the Close Contact Services Industry section of this report are summarized in the measures below but include more detail and guidance in the report. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Limiting the number of people allowed inside the place of business at one time
- Enforcing social distancing in all areas of the place of business
- Requiring PPEs, specifically face masks and gloves, for all employees who will interact with a customer
- Increasing the cleaning, sanitizing, and disinfecting measures
- Providing services by appointment only

MEDICAL & HEALTH SERVICES INDUSTRY COVID-19 MEASURES

In addition to hospitals, there are other members of the Medical and Health Services Industry that are critical to the well-being of Alabama's citizens. These companies include services like dental and physical therapy, which include close contact or direct contact between the employee and the patient. Ensuring that businesses obtain and utilize personal protective equipment (PPE) will be critical to the safety and health of individuals operating and consuming within this industry. In many cases, patients will also need to obtain PPEs in order to attend an appointment with a company in this industry. Communicating these measures to patients during the appointment scheduling process will be critical.

The recommendations included in the Medical and Health Services Industry section of this report are summarized in the measures listed below, with more detailed information regarding the measures provided in the report itself. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19

- Providing services by appointment only and communicating any necessary PPE requirements to the patient for the appointment
- Limiting the number of people allowed inside the place of business at one time
- Requiring temperature checks and health screenings for patients before entering the place of business
- Requiring the use of PPEs by employees
- Limiting the contact between the administrative staff and the patients, such as eliminating check-in forms and receipts when possible

PHARMACY INDUSTRY COVID-19 MEASURES

The pharmacy industry is another critical component to the health and well-being of Alabama's citizens. While pharmacies are currently implementing measures to protect against COVID-19, the subcommittee identified clear and specific measures that can be applied to all pharmacies across the state. Because employees operating in a pharmacy are handling medicines to improve the health of individuals, it is important that personal protective equipment is utilized by staff while handling medication.

The recommendations included in the Pharmacy Industry section of this report are summarized in the measures listed below, with more detailed information regarding the measures provided in the report itself. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Encouraging prescription submission to be done by telephone or online
- Enforcing social distancing in all areas of the place of business, specifically high-traffic areas where markings will be required to ensure safe spacing at all times
- Limiting the number of people allowed inside the place of business at one time
- Increasing the cleaning and sanitizing measures of the pharmacy area
- Utilizing PPEs by employees to eliminate potential contamination of medication
- Limiting the contact between the administrative staff and the customers

MANUFACTURING & INDUSTRIAL INDUSTRY COVID-19 MEASURES

The manufacturing and industrial industry is one where employee protection and communication are the key tools in combatting COVID-19. Companies in this industry have little-to-no interaction with customers on a daily basis; however, most have a rather large employee base that operates on multiple shifts in a 24-hour period. Regardless of where a company exists in the product lifecycle, the managing of goods in and goods out will also require increased attention during these unique circumstances. Fortunately, Alabama's manufacturing community has already risen to the challenge, with many companies creating "return to work" plans and COVID-19 response teams with the primary goal of making employee health and safety a priority. The recommendations referenced in this section of the report will require training, oversight and additional supplies, such as sanitary or personal protective equipment.

The detailed recommendations included in Manufacturing and Industrial Industry section of this report are summarized in the measures listed below but include more detail and guidance in the report. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Enforcing social distancing in all areas of the facility and limiting the access to communal areas
- Increasing the frequency of all sanitizing and cleaning measures and establishing a strategy for sanitizing goods coming into the facility
- Executing a facility-wide "return to work" plan where employees will be briefed and trained on the new safety and health measures
- Providing certain personal protective equipment (PPE) to employees and establishing an adequate supply of PPE

REAL ESTATE INDUSTRY COVID-19 MEASURES

The business types reviewed in the Real Estate Industry mainly focus on real estate agencies. The measures recommended take into account the necessary physical requirements for real estate agents and their customers. Measures to limit physical meetings and real estate showings are recommended in order to minimize the potential spreading of COVID-19.

The detailed recommendations included in Real Estate Industry section of this report are summarized in the measures listed below but include additional guidance in the report itself. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Increasing the utilization of PPEs in certain circumstances
- Encouraging virtual real estate showings

COVID-19 MEASURES FOR BEACHES

Alabama's beaches are a major tourist attraction for the state and summer is, of course, the peak of the tourist season for the coast. Understanding the timing and the critical nature of access to the beaches, the subcommittee identified measures that allow for the safe enjoyment of Alabama's beaches which include strict social distancing and restrictions on the size of groups allowed. It will be imperative that these measures are properly communicated to all locals and visitors on Alabama's coast in order for them to be effective.

The recommendations included in the Beaches section of this report are summarized in the measures listed below, with more detailed information regarding the measures provided in the report itself. The recommended measures include, but are not limited to:

- Enforcing social distancing
- Restricting the size of the groups on the beach (Ex: Immediate family only)
- Limiting beach activities allowed on the beach

ENTERTAINMENT VENUE INDUSTRY COVID-19 MEASURES

The Entertainment Venue Industry encompasses a wide range of businesses; however, not all of these are considered in this report. The Entertainment Venue businesses researched in this report are gaming establishments, racetracks, museums and planetariums. The monitoring and enforcement of social distancing practices at these venues will be critical to the overall effectiveness of the measures included in this section. These type businesses traditionally have a number of number of high-traffic areas where markings will need to be put in place to control the distancing between customers.

The recommendations included in the Entertainment Venue Industry section of this report are summarized in the measures listed below, with more detailed information regarding the measures provided in the report itself. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Limiting the number of people in allowed in a venue at one time
- Enforcing social distancing in all areas of the place of business, especially high-traffic areas
- Limiting cash transactions and encouraging touch-free transactions
- Sanitizing common areas
- Increasing the frequency of all sanitizing and cleaning measures

COVID-19 MEASURE FOR YOUTH ATHLETIC ACTIVITIES

Youth Athletic Activities are critical to the growth and well-being of Alabama's younger population. Safely and responsibly participating in these activities can be easily accomplished by deploying the measures identified in this section of the report.

The recommendations included in the Youth Recreational Activities section of this report are summarized in the measures listed below, with more detailed information regarding the measures provided in the report itself. The recommended measures include, but are not limited to:

- Monitoring the health of officials, coaches, and players and sending home anyone who displays symptoms of COVID-19
- Enforcing social distancing in all areas of the place of business, especially high-traffic areas
- Providing guidance on the use of PPE with all those participating in and observing these activities
- Increasing the frequency of all sanitizing and cleaning measures

COVID-19 MEASURES FOR EXERCISE FACILITIES

Exercise is important to the physical and mental health of many Alabama citizens. Exercise facilities generally have a number of high-traffic areas, so it will be critical that these facilities adhere to strict social distancing and sanitation measures. Monitoring and enforcing the measures recommended will be vital to their effectiveness in achieving a safe and healthy environment for customers and employees.

The recommendations included in the Exercise Facilities section of this report are summarized in the measures below but include more detail and guidance in the report. The recommended measures include, but are not limited to:

- Monitoring the health of employees and sending home any employee who displays symptoms of COVID-19
- Limiting the number of people allowed inside the place of business at one time
- Enforcing social distancing in all areas of the place of business
- Performing regular cleaning, sanitizing, and disinfecting measures on all equipment and ensuring equipment is properly spaced 6 feet apart

GENERAL GUIDELINES
TO PROTECT
EMPLOYEES &
CUSTOMERS

OVERVIEW

The recommendations later in this report provide specific measures for each business category to facilitate a safe reopening of businesses in Alabama. The specific recommendations in each category support the overall goal of opening businesses in a way that protects employees and customers from exposure to COVID-19 and to prevent spreading of the virus. Individuals temperature standards as used in this report will be in accordance with directions from Dr. Harris and the Alabama Department of Public Health.

We encourage the Strategic Asset Team, Dr. Harris and the Alabama Department of Public Health to continue to increase access to testing, including rapid response testing, for the public and businesses.

EMPLOYEE PROTECTIVE MEASURES OVERVIEW

- Employees to wear PPE when possible.
- Practice sensible social distancing, maintaining six feet between co-workers.
- Employees who have a fever or other symptoms of COVID-19 will not be allowed to work
- Provide a place to wash hands or alcohol-based hand rubs containing at least 60% alcohol.
- Train workers in proper hygiene practices.
- Encourage workers to report any safety and health concerns to the employer.
- A sign will be posted on the store that individuals who have a fever, cough or any sign of sickness should not enter.
- Employees will have access to hand sanitizer or a place to wash their hands.
- Employees will be required to take reasonable steps to comply with guidelines on sanitation from the Center for Disease Control and Prevention and the Alabama Department of Public Health.
- All persons in the store will be required to maintain a social distance of at least six feet between another person. Sales registers must be at least six feet apart.
- Point of sale equipment will be frequently cleaned and sanitized.
- The entrance/exit doors will be sanitized routinely.
- Stores will encourage customers to make non-cash payments.

CUSTOMER PROTECTIVE MEASURES:

- No employee who has a fever or other symptoms of COVID-19 will be allowed to work.
- Door entrances and exits will be sanitized at least three times each day.

- Customers will be required to use hand sanitizer upon entering the store.
- Customers should consider using face coverings while in public.
- The number of people inside the store will be limited to 50% of fire marshal capacity or 8 people per 1,000 square feet.
- The store will provide access to hand sanitizer and trash receptacles.
- Store employees will enforce social distancing of at least 6 feet between people. Stores with higher traffic will mark spaces 6 feet apart at the sales registers and outside the entrance to the store.
- Sales registers will be located at least 6 feet apart.
- Point of sale equipment will be frequently cleaned and sanitized.

RETAIL

RETAIL BUSINESSES INCLUDED:

Furniture & Home furnishings

Luggage Stores

Book Stores

Clothing

Leather Goods

Craft Stores

Shoe Stores

Department Stores

Music Stores

Clothing Accessories

Sporting Goods Stores

Other Mercantile Stores

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Requires close interaction between staff and customers, but not direct physical contact.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- A sign will be posted on the storefront that individuals who have a fever or other symptoms of COVID-19 should not enter the store.
- Limit the number of individuals inside the store to 50% of fire capacity occupancy or 8 customers per 1,000 square feet.
- Customers will be encouraged to use hand sanitizer upon entering the store.
- Employees who have a fever or are otherwise exhibiting COVID-19 symptoms will not be allowed to work.
- Employees may 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 must be at least 6 feet apart.
- Employees will have access to hand sanitizer or a place to wash their hands.
- Workers and customers will be provided an adequate number of trash receptacles.

- Employees will be required to take reasonable steps to comply with guidelines on sanitation from the Center for Disease Control and Prevention and the Alabama Department of Public Health.
- Point of sale equipment will be frequently cleaned and sanitized.
- The stores will encourage customers to make non-cash payments.
- The entrance/exit doors will be sanitized at least three times per day.
- Encourage workers to report any safety and health concerns to the employer.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Press release from Governor Ivey, Alabama Department of Public Health, and applicable trade organizations.
- Management will inform employees verbally and in writing of the safety standards.

WILL THESE MEASURES REQUIRE ANY 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 USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Facemasks and gloves are recommended.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

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

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be posted at door of store.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER TO DETERMINE A CERTAIN PERCENTAGE OF OCCUPANCY ALLOWED IN THE STORE/FACILITY?

- Each store must 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/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 will 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 will 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

Essential retail stores are currently operating and were not closed by Executive Orders. The recommendations above for non-essential retailers are consistent with the current Alabama Health Department guidelines in effect for essential retail operations with enhanced focus on the health and safety of employees and customers.

Recommended date of reopening: IMMEDIATELY.

RETAIL

-

JEWELRY STORES

AVERAGE LEVEL OF CUSTOMER INTERACTION

- General practice (non-COVID) allows for consistent interaction with customers throughout operating hours.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

Common practice is that jewelry stores allow one hour for opening and 30 minutes for closing. During this time all showcases and common areas are wiped down, floors vacuumed, inventory displayed or secured. The opening and closing procedure should be expanded to mandate all employees wash their hands and put on gloves upon arriving at work and before any inventory is touched or moved, and also allow for additional sanitation measures to be taken. Gloves must be worn by employees to transfer all jewelry and equipment.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

Staff meetings at the beginning of each day should be used to ensure all measures are being implemented.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

Stores use a combination of equipment that include a steamer, boiler, ultraviolet light, and alcohol or sanitizer to keep jewelry clean and germ free. Because metals and gemstones have individual characteristics and reactions, the jewelers must be allowed to determine the safest way to clean each item of jewelry.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

No. Just safe distance between employee and customer at all times.

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?

Jewelers MUST sanitize jewelry at intake. Most all true jewelry stores (not box stores or department stores) already have the capacity to sanitize inventory and do so as standard operating procedure.

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

Hand sanitizer and disposable gloves should be purchased for use by employees and customers.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

Because jewelry is a very intimate purchase the customer employee interaction is in close proximity. This is in the best interest and security of all involved. Jewelers must be allowed to arrange their own sell stations to insure line of sight for the safety of the employees, customers, and inventory. Typically, customers and employees are separated by showcase in an area of approximately 3 feet. To prevent the spread of germs, a sanitizing station should be stationed at the store's entrance. All customers should be asked to clean their hands and put on gloves if necessary. All employees should wear gloves when showing any piece of jewelry. All customers should wear gloves when inspecting jewelry. Trying on rings will be an exception, and in this case, hands must be sanitized. After any jewelry has been touched, it should be re-sanitized before it is returned to the case. Masks will be provided/offered to customers in close proximity situations.

Important to note, sales staff should continuously clean and wipe down common areas throughout the day. Any showcase that has been used to service a customer should be clean as soon as the transaction is complete. Capacity of people in store should be minimized. Salespeople will encourage social distancing to include check outs, browsing, and in general conversations with the public.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

Yes. It should be posted in the entrance of the store.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER TO DETERMINE A CERTAIN PERCENTAGE OF OCCUPANCY ALLOWED IN THE STORE/FACILITY?

If needed. Capacity in store should be minimized and monitored.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

Additional supplies might need to be purchased.

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?

Masks should be provided to customers in close proximity situations.

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. An employee should be designated to monitor store capacity and capacity in certain sections of the store.

SUMMARY

It is essential for the economy for jewelry stores to reopen soon. Jewelers are the only state industry with the knowledge and equipment to best value items of jewelry. This is a necessary resource for the public in times of needed cash. Banks do not purchase gold and jewelry. Essential retailers are currently operating and were not closed by the Executive Orders.

Recommended date of reopening: IMMEDIATELY.

RESTAURANTS

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Full-Service Restaurant – server takes customer's order at table, delivers food to customer, used dishes and utensils are removed from table, payment is received from customer.
- Limited Service Restaurant – customer's order is taken at counter, payment is made at counter, food is delivered to customer at counter or table, customer disposes of own utensils/trash or employees may do so.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Post sign on door that no one with a fever or symptoms of COVID-19 is to be permitted in the restaurant.
- Staff will limit the number of customers in the restaurant to those that can be adequately distanced 6 feet apart.
- Any indoor or outdoor waiting area must be marked so that social distancing standards are met. One member of a party may be allowed in waiting area while other members of their party wait in their car.
- Tables will be limited to no more than 6 guests per table.
- All employees are required to report any fever or illness to supervisor
- Employees are encouraged to take ServSafe Food Handler class to learn more about food safety as it relates to COVID-19.
- Employees can wear masks at their discretion.
- High customer contact areas (i.e. door entrances) will be cleaned and sanitized every two hours.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

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

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/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, 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 Protection

CUSTOMER PROTECTIVE MEASURES:

- Post sign on door that no one with a fever or symptoms of COVID-19 is to be permitted in the restaurant.
- Limit the number of customers in the restaurant to those that can be adequately distanced 6 feet apart.
- Tables/booths may alternatively be separated by a physical barrier.
- Tables will be limited to no more than 6 guests per table.
- All employees are required to report any fever or illness to supervisor.
- Tables and seating will be sanitized after each guest.
- High customer contact areas (e.g. door entrances) will be cleaned every two hours.

- Condiments are not to be left on tables. Provided by request and sanitized after usage or disposable packets should be used.
- Drink refills shall 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.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be communicated via social media (Facebook/Instagram) and on the restaurant's website.
- These measures will 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 IN ORDER TO DETERMINE A CERTAIN PERCENTAGE OF OCCUPANCY ALLOWED IN THE STORE/FACILITY?

- No.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/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?

- 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 must 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

The National Restaurant Association has made its ServSafe Food Handler Program available to all restaurants free of charge through April 30. All restaurants are encouraged to have their employees complete this training. Proper hygiene, disease prevention and sanitation are an ordinary part of the restaurant business. The restaurants in Alabama are required to have someone on property at all operational times who is a certified food protection manager. They are trained in the prevention of foodborne disease as well as the appropriate personal hygiene to ensure the safety of their employees and customers. Since the Executive Order, restaurants have already adapted to employee safe practices for pick-up and curbside services.

Recommended date to safely resume operations: IMMEDIATELY.

CLOSE CONTACT SERVICES

CLOSE CONTACT FACILITIES INCLUDED:

Waxing Salons

Body Art & Tattoo Facilities

Massage Therapy Facilities

AVERAGE LEVEL OF CUSTOMER INTERACTION

Work requires direct physical contact with customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Use ALL disposable materials & supplies according to Alabama Health Department rules.
- Services will be provided by appointment only; no walk-in customers.
- Post a sign outside the front door/window that states that any customer who has a fever or other COVID-19 symptoms must reschedule their appointment.
- Businesses will limit the number of clients in the store.
- No persons will be allowed to wait in the store; customers will wait in car until service provider is ready.
- All employees will wear facemasks.
- Employees will wear protective gloves. (excluding massage therapy – need to be in a private service room. Require customers to wash hands and sanitize prior to receiving massage.)
- Consent form – Have you been exposed? Have you traveled recently? Have you had a fever? Agree to voluntary consent for services? etc.
- Employees should have temperature taken upon beginning each workday.
- Employees should wear a disposable lab-coat or protective gown.
- (Tattooing) – Permanent makeup – Use disposable equipment and dispose of after service for each client.
- (Microblading) – Dispose of blades after each use.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Owner will meet with all employees and communicate measures verbally in writing.
- Alabama Board of Cosmetology must post current bylaws on website. Each organization should print and distribute them.
- Alabama Board of Massage Therapy must post current bylaws on website. Each organization should print and distribute them.
- Alabama Health Department must post current bylaws on website. Each organization should print and distribute them. All applicable licensure and regulatory boards must post updated rules, regulations, and bylaws on their website.

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.
- Under existing practice, employees may not leave their service areas without complete sanitization of the workstation.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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?

- Employees will sanitize incoming stock and merchandise.

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Yes. Facemasks and gloves will be required. One facemask can be used per day. Gloves will be disposed of and changed after each client.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No employee with a fever or any other symptoms of COVID-19 will provide services to clients.
- Only one client per service provider.
- No persons will be allowed to sit in waiting area.
- Only one person should be admitted to each service room at any time.
- Employees will wear protective facemasks and gloves.
- All equipment, chairs, and tables used by an employee will be sanitized between clients.
- Provide hand sanitizer/sanitization wipes to customers upon arrival.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Communicate when appointment is scheduled.
- Measures will be communicated via social media (Facebook/Instagram) and on the salon website.
- These measures will be posted on the front door/window for clients to read before entering the salon.
- Protocols for protection will be distributed to each client entering the building.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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.
- Under existing practice employees may not leave their service areas without complete sanitization of the workstation.

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.

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

Generally, if all organizations follow their common cleaning and sanitization practices the risk of contamination is considerably mitigated. Employees will continue to sanitize work area before the start of business and after the close of business each day according to board guidelines. A notice will be posted encouraging customers to use credit/debit cards or Paypal/Venmo for payment for services.

Recommended date to safely resume operation: IMMEDIATELY.

CLOSE CONTACT
SERVICES

-

BARBER SHOPS

AVERAGE LEVEL OF CUSTOMER INTERACTION

Barbers work requires close physical contact with the customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Services will be provided by appointment only; no walk-in customers.
- Customers will be required to sanitize their hands upon entering the building and also before each treatment.
- Signs will be posted at the entrance and at eye-level at each workstation stating that any customer who has symptoms of COVID-19 must reschedule their appointment.
- Limitations will be placed on the number of customers in the barber shop to one per barber.
- Barber shops with three or few barbers may resume operations so long as social distancing and other measures described herein are maintained.
- Barber shops with four or more barbers must stagger the work schedules so that no more than 50% of the normal number of barbers will be in the barber shop at a time.
- Barber stations will be separated by at least six feet from other stations.
- All barbers will wear facemasks.
- Barbers will wear protective gloves.
- Payment for services may be non-cash only.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

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

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- No cleansing, disinfecting, or sanitizing outside of the normal scope of operations would be required to reopen.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- No. Only protective facemasks 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 will 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. Facemasks and gloves will be required. One facemask can be used per day. Gloves will be disposed of and changed after each client.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No barber displaying symptoms of COVID-19 will provide services to customers.
- The number of customers in a shop will be limited to 50% of normal capacity.
- No persons will be allowed to sit in the waiting area.
- Barber stations should be at least six feet apart.
- Barbers will wear protective facemasks or facial shields.
- All equipment used by a barber will be sanitized between customers.
- Services will be limited to haircuts and neck shaves only.
- Payment for all transactions may be non-cash.
- Customers will swipe card payments and the terminals will be cleaned by shop employees after each use.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be posted on the front door/window and at eye-level at each workstation.
- Measures will 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 IN ORDER 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 barber stations must be at least six 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.

Summary

The barber shop will only use one entrance and the door will be cleaned using disinfectant every hour. Stylists will sanitize work area before the start business and after the close of business each day. A notice will be posted encouraging customers to use credit/debit cards or Paypal/Venmo for payment for services payments.

Recommended date to safely resume operations: IMMEDIATELY.

CLOSE CONTACT
SERVICES

-

HAIR SALONS

AVERAGE LEVEL OF CUSTOMER INTERACTION

Work requires direct physical contact with customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Services will be provided by appointment only; no walk-in customers.
- Post a sign outside the front door/window that states that any customer who has symptoms of COVID-19 must reschedule their appointment.
- Salons will limit the number of clients in the store to one person per stylist.
- Customers will be required to wash/sanitize hands upon entering the salon.
- No persons will be allowed to wait in the store while a stylist is with another customer.
- Salons with three or fewer employees may resume operations so long as social distancing & other measures described herein are maintained.
- For Salons with four or more stylists' schedules will be staggered so that no more than 50% of stylists will be in the store at a time.
- Stylist stations will be separated by at least six feet from other stations.
- All stylists will wear facemasks.
- Stylists will wear protective gloves (except when cutting hair)

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

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

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- No cleansing, disinfecting, or sanitizing outside of the normal scope of operations would be required to reopen.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- No. Only protective facemasks 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 will 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. Facemasks and gloves will be required. One facemask can be used per day. Gloves will be disposed of and changed after each client.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No stylist with COVID-19 symptoms will provide services to clients.
- The number of clients in a salon at a time will be limited to three or 50% of normal capacity.
- No persons will be allowed to sit in waiting area.
- Stylist station must be at least six feet apart.
- Stylists will wear protective facemasks and gloves.
- All equipment used by a stylist will be sanitized between clients.
- The salon will not provide books, magazines, or any reading material for clients.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Communicate by phone prior to appointment.
- Measures will be communicated via social media (Facebook/Instagram) and on the salon website.
- These measures will be posted on the front door/window for clients to read before entering the salon.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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 stylists' stations must be at least six 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.

Summary

Generally, if all organizations follow their common cleaning and sanitization practices risk of contamination is considerably mitigated. Employees will continue to sanitize work area before the start business and after the close of business each day according to board guidelines. A notice will be posted encouraging customers to use credit/debit cards or Paypal/Venmo for payment for services.

Recommended date to safely resume operations: IMMEDIATELY.

CLOSE CONTACT

SERVICES

-

NAIL SALONS

AVERAGE LEVEL OF CUSTOMER INTERACTION

Provide services for manicures and pedicures; gel polish manicures; dip manicures and acrylic nail treatment. Work requires direct physical contact with the customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Services will be provided by appointment only; no walk-in customers.
- Customers will be required to wash their hands upon entering the building and also before each treatment.
- Signs will be posted at the entrance and eye-level at each workstation stating that any customer who has a fever or exhibits symptoms of COVID-19 must reschedule their appointment.
- Salons will limit the number of customers in the salon to one per technician.
- Salons with three or fewer technicians may resume operations so long as social distancing and other measures described herein are maintained.
- Salons with four or more technicians must stagger the work schedules so that no more than 50% of the normal number of technicians will be in the salon at a time.
- Technician stations will be separated by at least six feet apart from other stations.
- All technicians will wear facemasks.
- Technicians will wear protective gloves.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Owner will meet with all technicians communicate the above measures verbally and in writing.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- No cleansing, disinfecting and sanitizing outside of the normal scope of operations would be required to reopen.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- No. Only protective facemasks 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 will sanitize all equipment 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. Facemasks and gloves will be required. One facemask can be used per day. Gloves will be disposed of and changed after each client.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No technician who has a fever or exhibits symptoms of COVID-19 will provide services to customers. The temperature of each technician will be checked before the technician meets with the first customer of the day.
- The number of customers in a salon will be limited to three or 50% of normal capacity, whichever is more.
- Waiting areas will be closed.
- Technician stations must be at least 6 feet apart.
- Technicians will wear protective facemasks and gloves.
- Any tools designed for one-time use will be discarded after use.
- All equipment and workstations will be cleansed, disinfected and sanitized between customers.
- The salon will not provide books, magazines, or any reading material for customers.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be posted on the front door/window and at eye-level at each workstation.

- Measures will be communicated via social media (Facebook/Instagram) and on the salon's website.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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 technician stations must be at least six 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.

Summary

The salon will only use one entrance and the door will be cleaned using disinfectant every hour. Stylists will sanitize work area before the start business and after the close of business each day. A notice will be posted encouraging customers to use credit/debit cards or Paypal/Venmo for payment for services payments.

Recommended date to safely resume operations: IMMEDIATELY.

CLOSE CONTACT
SERVICES

-

TANNING SALONS

AVERAGE LEVEL OF CUSTOMER INTERACTION

Very minimal customer interaction.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Employees who display symptoms of COVID-19 will be sent home.
- Provide a place to wash hands.
- Recommend alcohol and gel-based hand sanitizers in salons for employees.
- Issue face masks and gloves for all employees to wear while at work.
- Implement mobile messaging that will allow customers to wait in their cars until their session is ready.
- Avoid using other employees' phones, desks, offices, or other work tools. If necessary, clean and disinfect them before and after use.
- Take all steps to comply with guidelines on sanitation from the Centers for Disease Control and Prevention and the Alabama Department of Public Health.
- Practice sensible social distancing, maintaining six feet between co-workers.
- Provide workers and customers with tissues and trash receptacles.
- Retrain employees in proper hygiene practices.
- Encourage employees to report any safety and health concerns to the employer.
- Retrain employees in proper hygiene practices if needed.
- Encourage employees to report any safety and health concerns to the employer.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Through verbal and written instruction.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- Yes, CDC recommended disinfectant.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- No. Only protective facemasks 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.

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Yes, face mask and gloves.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- Implement mobile messaging app that will allow customers to wait in their cars until their session is ready.
- Supply gel-based hand sanitizers for customers and employees to encourage hand hygiene.
- Sanitize all tanning equipment and client contact surfaces with our EPA- hospital-grade disinfectant.
- Encourage customers to wear a facemask over their nose and mouth to prevent them from spreading the virus to employees.
- Provide no-touch disposal receptacles.
- Clearly mark six feet distances in lines at cash registers and in other high-traffic areas.
- Use laundry machines according to the manufacturer's instructions. Use warmest appropriate water settings and dry items completely.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Email all customers and post notice at store.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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?

- Yes, it will require markings on the floor.

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?

- No.

Summary

The Professional Indoor Tanning Industry is a "no-touch" industry and has many of the same characteristics as retail mercantile establishments. This industry is sometimes utilized by dermatological patients at the referral of their doctor. Following professional and routine sanitization of tanning facilities and tanning equipment as well as all adherence to recommended guidelines for employees and customers should ensure that risk of COVID-19 transmission is low.

There are 132 professional tanning facilities in Alabama, employing more than 1,000 citizens. Among those, 90%+ are female employees or female owned operations.

Recommended date to safely resume operations: IMMEDIATELY.

CHILDCARE SERVICES

OVERVIEW

The Centers for Disease Control has issued significant guidance about how best to deal with COVID 19 in the childcare setting. Childcare facilities should operate in compliance with the ADPH issued health orders regarding child/staff ratios, limitation of 11 children per classroom in a childcare facility at any time as well as DHR care standards.

Childcare service facilities should take every reasonable measure to prevent the spread of COVID-19. Hand washing, with soap and water, is the preferred method of sanitation according to DHR guidelines. Clean and disinfect frequently touched surfaces. Employees should wear a facemask.

Children and staff who have a temperature or exhibit any other COVID-19 symptoms should stay home. Childcare facilities should be immediately notified if any staff members or children exhibit COVID-19 symptoms. Childcare facilities should establish procedures guaranteeing that children or staff who begin exhibiting COVID-19 symptoms after the start of each day are separated from others and sent home as soon as possible. Childcare facilities should establish procedures for administering temperature screening of staff on arrival every day. Anyone living in a home-based Child Care facility should follow the same guidelines as employees who work there.

All childcare facilities should ensure sure that all contact information for parents, staff and emergency contacts is current and establish a process for quickly Childcare facilities should establish 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. Ensure that child/staff ratios are in compliance with DHR guidelines and ADPH health orders regarding maximum number of children per classroom.

Considering the difficulty of consistently implementing social distancing within childcare facilities the CDC recommends that each class should include the same children and staff each day. Each group 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. Childcare facilities should limit the mixing of children on playground and play areas. Childcare facilities should consider staggering arrival and drop-off times of children in separate classes to limit direct contact between parents and children from separate classes.

Childcare centers should prioritize sanitization and developing a daily schedule for sanitizing all high traffic areas as well as frequently touched items and surfaces. Childcare facilities should follow all CDC recommended cleaning guidelines.

Recommendation to safely resume operations: IMMEDIATELY.

MEDICAL & HEALTH SERVICES

—

Medical Doctors

AVERAGE LEVEL OF CUSTOMER INTERACTION

Evaluation and treatment of acute and chronic illness, encouraging life style modifications to prevent onset and progression of chronic diseases and the encouragement of wellness. Interaction with patients includes direct physical contact with the patient. Physicians interact with multiple patients each day and patients interact with multiple staff members each encounter.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Staff will be educated and trained on the appropriate use and disposal of Personal Protective Equipment (PPE) and will have appropriate PPE available to them.
- All staff will be screened for symptoms of Covid-19. Temperatures will be taken each day upon arrival at the facility. Staff with any signs or symptoms will be immediately sent home or referred to the appropriate health care facility.
- The waiting room will be closed except that one person per patient will be permitted only if necessary, i.e., parent with child, caregiver for patients with disabilities.
- Persons accompanying patients will be required to wait in the car.
- Patients will be required to wait in the car and will be notified via cell phone when an exam room is available and they will be escorted directly into exam room.
- Patients will be screened upon arrival and those who are ill or possibly with symptoms of Covid-19 will be referred to the appropriate health care facility.
- When possible, non-emergent conditions will be handled via telemedicine.
- Routine follow ups on stable conditions and the reporting of test results will be done via telemedicine or the patient portal.
- All staff and physicians will wear facemasks and gloves.
- The office will be cleaned and disinfected daily.
- Exam rooms will be cleaned and disinfected after each patient encounter.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Doctors will meet with all staff and present the COVID-19 guidelines and instructions.

- Doctors and staff will be required to adhere to guidelines established by the American Medical Association and the American Dental Association and their state counterparts.
- Training on the appropriate use and disposal of Personal Protective Equipment (PPE) and will have appropriate PPE available to them.
- Appropriate signage, in service training and reminders will be used to provide an atmosphere of hypervigilance and precaution to ensure the safety of all patients, staff and providers.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- The protocol for cleaning and sanitizing is established by the American Medical Association.
- Physicians offices will be required to use facemasks, protective eyewear, shoe covers, disposable gowns

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- Staff at checkout will be required to wear gloves.
- Credit card receipts will be emailed or mailed to the patient, no exchange of paper between staff and patient.
- Staff will present post operative instruction and written prescriptions to the patient while wearing 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

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Facemasks and gloves

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- The number of patients inside the office building will be limited. In general, patients will be encouraged to wait in their vehicles and will be notified via cell phone when an exam room is available.
- Patients will be encouraged to wear facemasks.
- The waiting room will be closed except for situations where the patient requires assistance, eg., parent/child, elderly, patients with disabilities and where it is not practical for the attendant to wait in their vehicle.
- When possible, patients will utilize telemedicine services to avoid entering the building.
- When possible, the scheduling of patients will separate the well from the sick, eg., well patient follow ups scheduled in the mornings and sick patients in the afternoons.
- When possible, some encounters may be done in the parking lot to avoid the patient entering the office building.
- High risk patients will use a separate entrance and exit and will be escorted directly to an exam room and avoid the waiting room.
- Physicians and staff will wear facemasks and gloves.
- Office and exam rooms will be cleaned and disinfected between patients.
- Any equipment used will be cleaned and disinfected after each use.
- All staff will be screened for symptoms of Covid-19 including the taking of temperatures each day upon arrival at the facility. Any staff with any signs or symptoms will be immediately sent home or referred to the appropriate health care facility.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Patients will be called prior to their appointment.
- Staff will ask patients a series of questions about their current health.
- If a patient says they have any signs of sickness, the appointment will be rescheduled.
- On the pre-visit phone call, the staff will inform the patient of the new procedures which will include patient calling the office upon arrival, waiting in their car and a temperature screening prior to the patient entering the building accompanied by staff.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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 use of the waiting room will be limited to the greatest extent possible and if it is required then social distancing of at least 6 feet between patients will be maintained.

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, staff will be assigned to sanitize bathrooms and surfaces at checkout.

SUMMARY

The practice of medicine is an essential service required for the treatment of acute and chronic medical diseases and conditions as well as the maintenance of health and wellbeing and the prevention of disease and its consequences. As the pandemic has spread in Alabama, physicians in all settings and their staff have had to attempt to manage provision of medical care to both COVID-19 and non-COVID-19 patients with little or no PPE and a lack in availability of appropriate testing. As providers of medical care and owners of businesses, physicians have seen firsthand both the devastation to public health and the devastation to the state's economy during this pandemic. Because of this unique perspective, physicians seek to balance both reduction in the spread of COVID-19 and an increase in economic

activity. The Medical Association of the State of Alabama supports, and asks that state leaders keep in mind, that data-driven principles should guide the gradual easing of public health restrictions. This includes widespread availability of PPE and appropriate testing, to include the capability for the state to provide the personnel and resources necessary to perform contact tracing.

The Medical Association of the State of Alabama will provide communication to its members on best practices toward these aims. Members will be regularly updated on issues of concern and the latest updates on Covid-19 and other health related matters. The Medical Association strives to provide the latest and most relevant information to its members to advance the practice of medicine and provide for the safety and well being of the people of Alabama.

The Medical Association would like to see medical practices fully reopen as soon as possible, and many are functioning now but on a limited basis, such as providing remote telemedicine services or severely restricted office operations. For practices to fully reopen and resume business as usual in a way that ensures the safety of the public and the healthcare workforce, we must be in a situation where PPE and prompt test results for COVID-19 are consistently and adequately available and contact tracing for mitigating the disease's spread is significantly ramped up. Only a sustained decrease in the number of new cases of COVID-19 will allow the manufacturing and distribution of the PPE, cleaning supplies and other essentials to catch up to demand. We suspect that is going to take some time to fully reopen but limited or restricted opening of medical practices will continue or resume in some areas; however, we are concerned fully reopening too soon, without the aforementioned in place, may serve to exacerbate the problem and cause a more prolonged shut down of essential and necessary services downstream

Recommended date of reopening: May 1st.

MEDICAL & HEALTH SERVICES

-

Dental

AVERAGE LEVEL OF CUSTOMER INTERACTION

Dentists and staff will have close physical contact and interaction with patients. Dentists and hygienists use hands and tools to work in the mouths of patients.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Dentists and their staff members are required to follow rules set forth by OSHA, CDC, Alabama Department of Public Health, and the Alabama Board of Dental Examiners.
- Services will be provided by appointment. If a walkup patient arrives that patient will be evaluated in the same manner as an appointed patient, provided that the schedule allows for the extra patient.
- Patients will be met at their car by staff wearing a facemask and gloves for a screening process that will 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 the COVID 19 virus. If the test is positive, the patient will be referred to a physician or hospital for further medical diagnosis and the dental appointment will be rescheduled after the patient receives clearance from a physician as to the absence of virus.
- Patients in the waiting area of the office will be minimized by the numbers to maintain social distancing; parents with children or adults accompanying elderly patients may wait in the waiting room, while the patient is being treated.
- Patients will be separated from other patients in the office by at least 6 feet.
- Employees shall adhere to established guidelines for infection control as mandated by OSHA, and CDC using the most appropriate commercially available PPE including level 1, 2, 3 surgical

masks, face shields, gloves, and gowns. As N95 masks are again available to dentists commercially, they may be used as an option when high aerosolization is anticipated.

- Gloves will be disposed of after each patient.
- Gowns can be disposable or constructed of materials which would allow them to be laundered and sanitized on site.
- All instruments will be either disposed of or sterilized in an autoclave and will be individually wrapped for each patient.
- Dental chairs and facial shields will be cleaned and sanitized after each patient.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Dentists will meet with all staff and present the COVID-19 guidelines and instructions.
- Staff will be required to adhere to guidelines established by OSHA, CDC, and the Alabama 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 Alabama, and the Alabama Department of Public Health 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 will be required to wear gloves.
- Credit cards will 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 must 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 will continue to follow the protocols required by the Alabama 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.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No employee will be allowed to work if they have a fever or any other symptoms of COVID-19.
- No additional persons will be allowed in the waiting room until social distancing of six feet can be maintained. Patients will be brought into the office by a staff member one at a time.
- Patients will be brought into the office by a staff member one at a time.
- Patients will be separated from each other at all times by at least 6 feet. Employees will wear PPE as described above.
- All equipment, including dental chairs will be cleaned and sanitized before each patient is seated. Dental chairs cannot be sterilized but they can be sanitized.
- No reading materials will be provided to patients.
- Any bathroom in the office will 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.

HOW CAN THESE MEASURES BE COMMUNICATED TO CUSTOMERS 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 will be notified prior to their appointment.
- Staff will ask the patient a series of questions about their current health.
- If a patient says they have any signs of illness, the appointment will be rescheduled.
- On the pre-visit communication, the staff member will inform the patient of the new procedures which will include patient calling the office upon arrival to the office and waiting in their car for a health screening, as described above, prior to entering the building.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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.

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

Dental practices will follow strict guidelines issued by OSHA, CDC, Alabama Department of Public Health, and the Alabama Board of Dental Examiners to protect the health of their patients and employees. Extensive sanitizing protocols after each use of treatment surfaces will be implemented.

Recommended date to safely resume operation: May 1st.

MEDICAL & HEALTH SERVICES

—

Physical Therapy

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Therapists and staff have close and direct physical contact with patients. Therapists use hands-on treatment methods and less than 3 feet distance during the majority of the patient's treatment. Front desk personnel will generally be able to maintain a distance of 6 feet from the patient except for a brief period at the point of sale.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Patients who have a fever, cough or any signs of sickness must reschedule their appointment.
- The waiting room area will be closed to the general public. Patients will call the office upon their arrival and will be escorted by staff into the therapy room when the therapist is ready to treat the patient.
- All therapists and staff will wear facemasks and gloves.
- Protective shields will be installed at the check-in, check-out, and point of sale areas.
- Patients will be encouraged to wear facemasks
- Staff will receive training in the correct use of PPE and prevention of contamination of clothing, skin and environment
- Staff will perform stringent and enhanced sanitation measures between patients

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Therapists will 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 will be cleaned and sanitized more frequently during the day and between each patient session.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- Protective shields will 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 will be required in order to achieve universal precautions. Gloves must be changed between patient sessions.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- The number of patients inside the office will be limited to one patient per therapist at a time.
- The waiting area will be closed; patients must wait in their cars until the therapist is ready to see them.
- The office will be completely disinfected and sanitized upon the opening and close of business each day.
- All rooms, equipment, furniture and tools used will be cleaned and sanitized between each patient session.
- All therapists and staff will wear facemasks and gloves
- All staff will be screened for symptoms of COVID-19, including temperatures taken each day upon arrival to the office.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Safety protocols will 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 IN ORDER 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 will 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.

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?

- Additional staff will be needed to perform more frequent and thorough sanitizing.

SUMMARY

With regard to Physical Therapy clinics, patients and employees will be protected from the transmission of COVID-19 by a number of protective measures. These protective measures include, but

are not limited to, rescheduling of appointments if a patient is displaying symptoms of COVID-19, waiting room areas will be closed to the general public, all therapists and staff will wear facemasks and gloves, protective shields will be installed at all point of sale counters, patients will be encouraged to wear facemasks, all staff will receive extensive training on the correct use of PPE, and all clinics will perform stringent and enhanced cleaning between treating patients.

Recommended date to safely open: May 1st.

MEDICAL & HEALTH SERVICES

—

Optometry

AVERAGE LEVEL OF CUSTOMER INTERACTION

Routine eye examinations, eyeglasses and contact lens fittings. Work requires direct physical contact with patients. This may involve touching members of the public on the face, coming in contact with mucous membranes (conjunctiva) and bodily fluids (tears, mucous).

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Services will be provided by appointment only; no walk-in patients.
- Signs will be posted on the front door/window that stating that any patient who has a fever or cough must 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 will be allowed to wait in the building.
- All employees will maintain social distancing measures.
- Optical stations will be separated by at least six (6) feet apart.
- All employees interacting with the public will wear facemasks.
- CDC hand washing, office disinfection, and other infection control guidelines, including appropriate wearing disposable gloves will be observed.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

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

- The UAB School of Optometry has offered to hold a training webinar, if needed.

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, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- Screens are encouraged, but not required. Only protective facemasks are 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 will 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. Facemasks will be required. One facemask can be used per day. Gloves, if used, will be disposed of, and changed after each patient.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- No employee with a fever or cough will provide services to clients.
- The number of patients in the building will be limited.
- No persons will be allowed to sit in waiting area.
- Optical station must be at least six (6) feet apart.
- Employees will wear protective facemasks.
- All equipment will be sanitized between patients.

- The office will not provide books, magazines, or any reading material, for patients.
- Office space and CDC-based surface disinfection (e.g. check in desk, restrooms) will be clean and disinfected according to guidelines.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be communicated via social media (Facebook/Instagram) and on the practice website.
- These measures will 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 IN ORDER 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 must be at least six (6) feet.
- Social distancing recommendations followed in other areas, based upon office/clinic design.

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, each employee will be tasked with cleaning the area they use.

SUMMARY

The practice will only use one public entrance and the door will be cleaned using disinfectant every hour. Employees will sanitize their work area before the start business and after the close of business each day. A notice will be posted encouraging customers to use credit/debit cards or PayPal/Venmo (if available) for payment for services payments.

Recommended date of reopening: May 1st.

ENTERTAINMENT

VENUES

—

GAMING

FACILITIES

GAMING FACILITIES INCLUDED:

Racetracks

Casinos

Bingo Halls

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Cashiers and attendants have limited interaction with customers via purchase of BINGO cards, placing of wagers on races, and payouts of prizes by physical cash.
- Food service area employees have limited interaction with customers through exchange of physical cash.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- 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 will 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 will use PPE as deemed necessary.
- Food service, entrance areas, and seating will be frequently sanitized and upon customer request.
- Food service areas will adhere to the same guidelines as restaurants.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Owner-Operator or management will 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 will be utilized.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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 Protection

CUSTOMER PROTECTIVE MEASURES:

- 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 will 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 will be available to patrons and employees.
- Informative messaging on best practices for social distancing within the facility, hand washing, etc.
- Customers will be barred entrance once the safe social distancing capacity has been reached.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will 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 IN ORDER 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 will 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 will be utilized.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL SOCIAL DISTANCING REQUIREMENTS IN AREAS OF CLOSE PROXIMITY?

- All areas of close proximity within the facility will 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 will be educated and trained on best practices for sanitization.

SUMMARY

In an effort to protect both patrons and employees of gaming facilities, management should employ numerous safety measures. These safety measures should include: taking the temperatures of all employees prior to entering the facility, posting of signs that prohibits the entrance of any customer if they have experienced a fever or exhibits COVID-19 symptoms, limiting the number of employees and guaranteeing a 6-foot distance between patrons, encouraging touch-free payment options for wagers and payouts, staggering of machine usage, cleaning of machines and BINGO aides, and requiring PPE usage by staff as needed. Sanitizing protocols should be put in place by management in accordance with CDC guidelines.

Recommended date to safely resume operations: May 1st.

EXERCISE FACILITIES

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Limited interaction between employees and customers.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Spreading of equipment to maintain a distance of 6 feet between machines.
- 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.

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 THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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?

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

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- Practice social distancing (utilize signage/barriers and floor/seat markers to instruct customers to remain 6 feet apart.)
- Promote the use of self-serve checkout registers and clean them regular.
- Make hand sanitizer and disinfectant wipes available throughout the facility.
- Employees will wear protective masks and gloves where applicable.
- All countertops should be sanitized between customers.
- No food products consumed on premise by employees or customers.
- Customers and employees should bring their own water or other drinks.

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 IN ORDER 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 can safely reopen by following CDC recommended guidelines for sanitization and social distancing. Machines and/or equipment can be placed at a safe distance of 6 feet to discourage close contact between customers. Where necessary, additional barriers may be installed to avoid contact between customers. Customers and employees should be encouraged to wear PPE where applicable.

Recommended Date to Reopen Safely: May 1st.

ENTERTAINMENT VENUES

—

Museums

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Cashiers/ticket takers at the entrance would have some limited interaction with customers via ticket exchange and payments of physical cash.
- Food service area employees have limited interaction with customers through exchange of physical cash.
- Retail service area employees have limited interaction with customers through exchange of physical cash.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- 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 will not be allowed entrance.
- Limit the number of customers in venue to social distancing guidelines issued by CDC and ADPH.
- Encouragement of touch-free payment options for ticketing, food and retail service.
- All staff will use PPE as deemed necessary.
- Food service and retail service areas will be frequently sanitized or upon customer requests.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Owner/Management will 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.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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 Protection

CUSTOMER PROTECTIVE MEASURES:

- Increased emphasis on touch-free payment options.
- Frequent cleaning/sterilization of high touch areas.
- Employees will wear gloves as needed.
- Additional hand sanitizer stations.
- Informative messaging on best practices for social distancing, hand washing, etc.
- Customers will 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.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Measures will be communicated via social media (Facebook/Instagram) and on the museum's website.
- Measures will 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 IN ORDER 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, will 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

In order to protect the general public and their employees, museums will put strict social distancing and sanitization protocols in place. They will maintain a distance of six feet between patrons throughout the museum. Museums will implement extensive and stringent cleaning methods in their facilities to avoid to transmission of the virus the causes COVID-19.

Recommended date to safely resume operations: May 1st.

ENTERTAINMENT VENUES

—

Planetariums

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Cashiers and ticket takers at the entrance have limited interaction with customers at the ticket exchange.
- Food service area employees have limited interaction with customers through exchange of cash money.
- Retail service area employees have limited interaction with customers through exchange of currency.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Temperature readings taken daily for all employees upon entry to the venue.
- Limit the number of customers in venue to social distancing best practices.
- Encouraging touch-free payment options for ticketing, food and retail service.
- All staff to use PPEs as deemed necessary.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Management will 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.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- Yes, barriers may be needed in some areas, namely the ticket taking/entrance, retail, and food services.

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 interaction of touch with physical currency.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- Limited capacity for food service and retail areas, as well as in venue seating. Adhere to the same regulations and guidelines as restaurants and retail.
- Increased emphasis on touch-free payment options.
- Frequent cleaning and sanitizing of high-touch areas.
- Employees will wear gloves as needed.
- Additional hand sanitizer stations as needed.
- Limitation of seating in food service area and auditorium space to employ social distancing best practice of six feet.
- Customers will be barred entry once building capacity has been reached.
- Interactive exhibits may be closed or modified to help maintain best practices for health and safety.
- Employees will sanitize common areas frequently and at customer requests.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Informative messaging posted on best practices for social distancing and hand washing.
- Measures will be communicated via social media and on the attraction website.
- These measures will be posted at the entry for customers to read before entering.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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 sanitizer for additional 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, retail service areas, and ticket booths.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL SOCIAL DISTANCING REQUIREMENTS IN AREAS OF CLOSE PROXIMITY?

- Yes. These areas will adhere to the social distancing practice of six 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.

SUMMARY

Ensuring that social distancing measures are implemented in high traffic areas will be the key component to combatting COVID-19 in this industry. These measures can be communicated to businesses in this industry by a public press release and/or an announcement by the Alabama Department of Public Health.

Effective Date of Implementation and Reopening: May 1st

BEACHES

OVERVIEW

The subcommittee recommends that our state's beaches reopen for recreational use on May 1, 2020. (Recreational uses will include: walking, running, swimming, fishing, or similar activities.) Congregating on the beach or the use of chairs, umbrellas, and/or tents will be prohibited. Signage notifying the general public of social distancing guidelines should be posted at all public and private beach accesses.

Subject to continued compliance with social distancing guidelines, beach regulations may be relaxed beginning May 15, 2020. The subcommittee recommends that normal activities should resume as long as beachgoers keep a distance of at least 6 feet between groups. The subcommittee also suggests that no groups larger than 10 congregate on the beach. Those groups must live together or be staying in the same dwelling.

Orange Beach Police Department, Gulf Shores Police Department, and the Baldwin County Sheriff's Department have agreed to deploy additional law enforcement officers and life guards to enforce any social distancing guidelines.

Recommendation for initial reopening: May 1st

YOUTH ATHLETIC ACTIVITIES

YOUTH ATHLETIC ACTIVITIES INCLUDED:

Baseball

Softball

Coach, Player and Attendee Protection

COACH AND PLAYER PROTECTIVE MEASURES

The following health and safety measures should be implemented along with additional league, municipal, county, state and CDC recommendations:

- Ensure that all player equipment is properly spaced to limit interaction
- Coaches, players, parents, and attendees are 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, especially face-masks where 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
- No food or concession sales will be allowed at facilities
- Public restrooms should be limited to a “one-in-one-out” policy
- 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

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 THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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.

Summary

Maintaining social distancing and following the measures recommended in this section will be critical to establishing safe and healthy operations of youth recreational activities and sports. The application of the recommendations may vary by sport; however, these measures should not exclude or largely deviate from how they are described in this section.

Recommended date to safely resume operations: May 11.

PHARMACIES

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Provide prescription medication, medication counseling and immunizations to patients. Some work requires direct physical contact with customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Pharmacy personnel to wear PPE is encouraged.
- Encourage all prescribers to submit prescription orders via telephone or electronically. The pharmacy should have procedures to avoid handling paper prescriptions.
- Drive through and curbside service for prescription pick up.
- Delivery of pharmacy items to patients' homes where possible.
- Strategies to limit direct contact with customers include:
 - Packaged medication can be placed on a counter for the patient to retrieve.
 - Avoid handling insurance or benefit cards.
 - Avoid touching objects that have been handled by patients.
- Widen check-out counters for social distancing.
- Utilize plastic shields/screens at check-out and other counters.
- Provide hand sanitizer on counters for use by customers and have sufficient and easy access to soap and water or hand sanitizer for staff.
- Increase cleaning measures and supplies for the pharmacy area.
- Limit transactions to patient or authorized representative only to decrease occupancy.
- Practice social distancing (utilize signage/ barriers and floor/seat markers to instruct waiting patients to remain 6 feet apart).
- Promote the use of self-serve checkout registers and clean them frequently. Have hand sanitizer and disinfectant wipes at register locations for use by customers.
- Close self-serve blood pressure units.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Information published on Alabama Board of Pharmacy website.

- Information shared with Alabama Pharmacy Association and chain/big box field management for dissemination throughout practice settings.

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.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- Yes. Barriers placed at counters.

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. Facemasks and gloves will be needed as appropriate. One facemask can be used per day. Gloves will be disposed of and changed as needed.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- Practice social distancing (utilize signage/ barriers and floor/seat markers to instruct waiting patients to remain 6 feet apart).
- Promote the use of self-serve checkout registers and clean them frequently.
- Have hand sanitizer and disinfectant wipes at register locations for use by patients.
- Pharmacy personnel will wear protective facemasks and gloves as appropriate.
- All countertops should be sanitized between patients.
- The pharmacy will not provide books, magazines or any reading material, for clients.
- Drive through and curbside service for prescription pick up.
- Delivery of pharmacy items to patients' homes where possible.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- These measures may be posted on the front door or window for patients to read before entering the pharmacy.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER TO DETERMINE A CERTAIN PERCENTAGE OF OCCUPANCY ALLOWED IN THE STORE/FACILITY?

- No.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/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?

- Yes. Barriers and/or floor/seat markers (tape, etc.) may be needed.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL SOCIAL DISTANCING REQUIREMENTS IN AREAS OF CLOSE PROXIMITY?

- The space between waiting area chairs and patients in line will require marking.

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, the owner/manager or designated employee would be on duty to monitor all procedures.
- When applicable, an employee should be designated to monitor store capacity.

SUMMARY

Store managers relayed that he has no local authority to implement procedures to reopen or institute additional safety measures independently.

Currently, many store's employees are furloughed, and store manager relayed that there were no

plans in addressing when they would reopen, although many expressed a deep desire to reopen and bring employees back.

Recommended date to safely resume operation: Already open.

REAL ESTATE

-

AGENT

AVERAGE LEVEL OF CUSTOMER INTERACTION

- High level of close contact with the customer.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Disinfecting wipes for agents and clients for all in-person real estate showings.
- Employee(s) designated for COVID-19 disinfecting.
- Instant result testing kits.
- Disinfecting supplies for homes to be shown to buyers.
- Maintain social distancing requirements on showing.
- Clean the office and limit number of people in office at one time.
- Sanitizing station in home-minimum soap, paper towels, garbage can, hand sanitizer if possible, provided by seller.
- Only realtor or sellers turn lights on, open doors, cabinets, closets etc. Sanitize everything touched. Only allow adult buyers in the home-no other family members. Young children carried or hold adult's hand to prevent touching. Take shoes off or wear shoe covers. No sick or recently sick people come inside.
- Upgrade housekeeping efforts
- Booties to cover shoes when entering a home is recommended.
- Virtual tours and safety precautions such as mask and gloves when showing is recommended when possible.
- Digital notary seal and remote signings
- Deal only with the decision maker when showing a house
- Electronic closing on home loans

- Requiring proof of funds prior to private showings, limiting the number of family members per showing.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Social media communication
- Flyers
- Staff safety meetings
- Posters
- Phone calls and text messages
- Personal notification via text, email or phone before meeting clients
- Verbally
- Online staff meetings
- Emails

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- Disinfectant wipes
- Hand sanitizer
- Disinfectant cleaners
- Bleach

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- N/A

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?

- N/A

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Gloves, masks, sanitizer, disinfecting wipes for entering properties.
- Agents & clients that need to evaluate a property or attend a closing.
- Face masks and shields for all agents.
- Gloves and masks for house showings.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- Disinfecting wipes for agents and clients for all in-person real estate showings.
- Disinfecting supplies for homes to be shown to buyers.
- Maintain social distancing requirements on showing.
- Clean the office and limit number of people in office at one time
- Sanitizing station in homes.
- Ask that customers only open doors and not cabinets during these times.
- Only realtor or sellers turn lights on, open doors, cabinets, closets etc. Sanitize everything touched. Only allow adult buyers in the home and no other family members. No sick or recently sick people come inside
- Booties to cover shoes when entering a home
- Virtual tours and open houses.
- Digital notary seal and remote signings
- Deal only with the decision maker when showing a house.
- Electronic closing on home loans
- Requiring proof of funds prior to private showings, limiting the number of family members per showing.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Social media communication
- Flyers
- Staff safety meetings
- Posters
- Phone calls and text messages
- Personal notification via text, email or phone before meeting clients
- Verbally
- Online staff meetings
- Emails

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER TO DETERMINE A CERTAIN PERCENTAGE OF OCCUPANCY ALLOWED IN THE STORE/FACILITY?

- No.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- Disinfectant wipes
- Hand sanitizer
- Disinfectant cleaners
- Bleach

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?

- Ensure social distancing guidelines are followed by riding in separate cars to showings.

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. Designate person or schedule for sanitizing the office or house after a showing.

SUMMARY

Tenant education is important. Utilize lock boxes and implement one day showings. Reduce client attendance for showings; Clients should be cleaning their homes. When possible move to a virtual showing platform ONLY for home showings of occupied properties. It is difficult to guarantee safety for buyers and sellers while showing occupied property. There is still risk with unoccupied property, but at least having everyone sanitize hands and wear masks in the property protects buyers. Employment of videographers to shoot virtual tours eliminating homes not attractive to potential buyers and making actual showings more effective and eliminating potential exposure for both sellers and potential buyers would be helpful.

Recommended date to safely resume operation: Already Open.

REAL ESTATE

-

COMMERCIAL

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Regular face-to-face meetings and interactions. Required teamwork in close quarters.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- Field fever tests before employees allowed to enter an active construction site.
- Require masks if working with others.
- Multiple required hand-washing stations on a construction site.
- Sanitize all materials and tools if being delivered by a third-party.

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Construction foreman will notify all workers verbally and in writing.

WILL THESE MEASURES REQUIRE ANY ADDITIONAL OR PARTICULAR CLEANING/SANITATION SUPPLIES?

- Yes. Hand washing materials & supplies, masks, forehead fever test devices, and cleaning supplies for tools and materials.

WILL THESE MEASURES REQUIRE THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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?

- Yes. All equipment, material and tools will be sanitized at the beginning of the workday and upon delivery by a third party.

WILL THESE MEASURES REQUIRE THE PURCHASE AND USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SUCH AS FACE-MASKS OR GLOVES?

- Yes. Masks will be needed depending on the proximity of construction workers to each other, time spent in a team, and the requirement for teamwork to complete daily tasks.

Customer Protection

CUSTOMER PROTECTIVE MEASURES:

- N/A

HOW CAN THESE MEASURES BE COMMUNICATED TO EMPLOYEES IN A CLEAR AND CONSISTENT MANNER ACROSS THE INDUSTRY?

- Foreman meetings and announcements and posted signs in English and Spanish on the job site.

DO ANY MEASURES REQUIRE A BUSINESS TO GET AN UPDATED BUILDING OCCUPANCY FIRE CODE IN ORDER 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 – Hand washing materials & supplies, masks, forehead fever test devices, and cleaning supplies for tools and materials.

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?

- Social distancing is not feasible on an active construction site. Masks will be required for people working in groups or in proximity of less than 6 feet from each other.

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. Somebody will have to sanitize tools and materials when delivered by a third-party.

SUMMARY

Training employees and making the measures mandatory is the only way to ensure compliance. Communication via E-mail blast through entities like the Home Builders Association, Associated Builders and Contractors, as well as press releases or announcements by the Alabama Department of Health would be helpful.

Recommended date to safely resume operation: Already open.

MANUFACTURING & INDUSTRY

AVERAGE LEVEL OF CUSTOMER INTERACTION

- Minimal, if any.

Employee Protection

EMPLOYEE PROTECTIVE MEASURES

- 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 are 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.

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 THE INSTALLMENT OF CERTAIN EQUIPMENT, SUCH AS SCREENS AT CHECKOUT COUNTERS?

- 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 Protection

CUSTOMER PROTECTIVE MEASURES:

- 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.

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 IN ORDER 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 will 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

Each organization should develop a thorough plan before resuming operations. Each organization should clearly communicate that plan using press releases, internal and external memo's, facility-wide use of signage, and verbally during team meetings.

Recommended date to safely resume operations: Already Open.

AGRICULTURE

OVERVIEW

By virtue of being deemed critical infrastructure by the United States Department of Homeland Security and an essential business by the Alabama Department of Public Health, the agriculture industry across the board is operating business as usual other than utilizing CDC recommended social-distancing guidelines in their retail establishments (agriculture cooperatives, Agri-AFC, private businesses participating in the sale of agriculture inputs, etc).

Although their flow of daily operations has seen minimal disruptions due to state health orders, their customers are being affected greatly. For example, fast food restaurants are purchasing far less chicken than before the state health orders were instituted. Due to this fact, supply chains with poultry integrators have been severely disrupted. This disruption trickles down to the individual poultry farmers and their ability to turn over flocks. Farmers in the poultry industry are compensated on a flock by flock basis. The reduction in the amount of flocks they can produce greatly affects their ability to turn a profit or even make payments on their agriculture loans.

In addition to the poultry industry, our cattle farmers are seeing a great deal of disruption from a market standpoint. Although there has been a much higher volume of beef being purchased in grocery stores, it is primarily hamburger meat. Specialty cuts of beef are where beef packers make the bulk of their profit. Most specialty cuts of beef are prepared by restaurants, and due to state health orders they have been limited to curbside pick-up only. By totally removing all walk-in traffic, restaurants have seen a tremendous reduction in business. This reduction in business has forced them to purchase far less beef product, and this trickles down all the way to the producer.

In conclusion, the state health orders have not placed a daily operational burden on our farmers and producers, but they have caused a disruption in their primary markets of sale. In essence, by easing the regulations placed on their customers, much of the market concerns the agriculture industry is facing will be removed.

Recommended date to safely reopen: Already Open.

APPENDICES



THE GOAT HILL INTELLIGENCER

A Research Publication of the
Alabama Policy Institute

COVID-19 in Alabama

A Primer on the Impacts of the Coronavirus on the State

Justin Bogie, Senior Director of Fiscal Policy

Parker Snider, Director of Policy Analysis

Executive Summary

The impacts of the coronavirus on the health, social wellbeing, economy, and state government of Alabama are unprecedented.

To this date, millions of Alabamians have upended their lives to stop the spread of COVID-19. Over 1,000 have contracted the virus and some have succumbed to it.

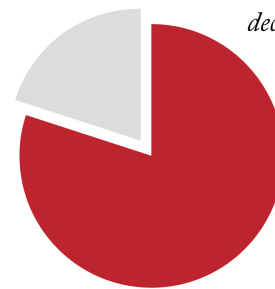
The effects of social distancing on the economy of Alabama and, as a result, the state's financial well-being are likely to be dramatic as well.

Budget-wise, Alabama could see a decrease of \$1.3 billion in the Education Trust Fund budget if income and sales tax drop by 20%. The General Fund could also see its funding stream decrease by \$400 million, assuming a 20% decrease in its revenue sources as well.

The teetering economy also increases pressure on the already-underfunded Retirement Systems of Alabama, which supposes as generous 8% annual return.

Additionally, legislative priorities for the year that had gained significant traction, including the approval of medical marijuana, a ban on transgender surgeries and therapies for minors, a statewide lottery, and more have been sidelined.

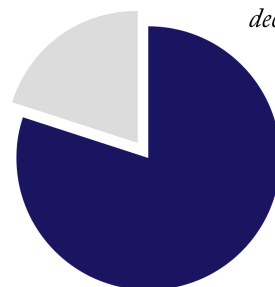
\$1.3 billion potential decrease



Education Trust Fund
Potential Losses assuming 20% decline in revenue

20% Potential Loss
Remaining Budget

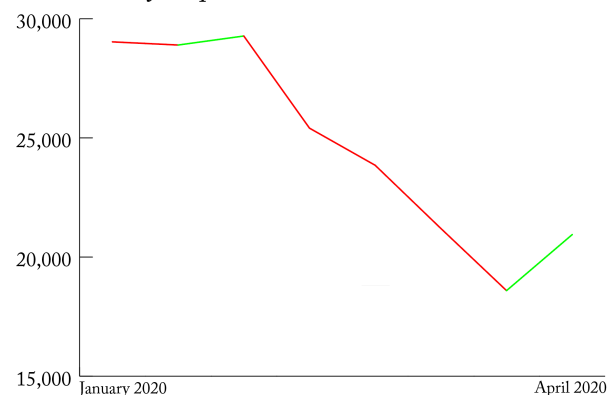
\$400 million potential decrease



General Fund
Potential Losses assuming 20% decline in revenue

20% Potential Loss
Remaining Budget

Dow Jones Industrial Average
January - April 2020



Introduction

In a matter of days, the threat of the coronavirus shifted from an abstract idea to a confirmed reality for millions of people across the United States. As initial cases in Washington and New York in those arriving home from foreign countries grew to community spread in Florida, California, and eventually Alabama, federal and state health officials faced difficult decisions concerning recommendations and orders that drastically impacted life for all Americans.

To this day, the coronavirus continues to spread across the nation and around the world, its ability to upend regular life unlike anything in recent history.

The potential detriment of COVID-19 on the health of millions of Americans is, of course, of utmost importance. It is, in fact, the sole reason we allow our lives to be upended. We care about our communities and seek to protect those most susceptible to the disease.

Even so, it is important to grasp the full impact of the coronavirus on our lives, and specifically on our home state of Alabama. This includes the health impacts, of course, but also the impacts to our social structures, our economy, and our state government. Detailing the full impact is our hope for this *Guide*.

Impact on Health

According to the World Health Organization (WHO), the coronavirus can affect people in different ways. COVID-19 is a respiratory illness, however, and most who are infected will have a fever, shortness of breath, and/or a dry cough. Other symptoms include aches and pains, sore throat, and, in some, diarrhea, nausea, or runny nose.

Most people, according to the WHO, will experience mild to moderate symptoms that do not require special treatment.

The death rate, currently thought to be around 1%, shows that COVID-19 is 10 times more deadly than the flu

according to Dr. Anthony Fauci.¹

Those who are older or have pre-existing conditions such as high-blood pressure, heart disease, lung disease, cancer, or diabetes, tend to more often develop serious illness than younger people.

Unlike with the flu, no population has a built-up immunity to COVID-19. This is why it is so infectious and why governments have made such drastic measures to contain and stop the spread of the coronavirus.²

That said, competing models of infection and an ever-changing mitigation strategy have left much about the spread of the virus in question. Data from China has proven to be unreliable, and differences in infection rates in areas such as New York City, especially compared to Alabama, make determinations of the “peak” difficult to ascertain. Nationwide, President Trump has suggested that the peak infection rate will be mid-April.³ Alabama’s peak, however, will likely be later.⁴ Overall, however, projections change regularly and the true impact of the virus is largely unknown.

Current Statistics (updated April 2nd, 2020):⁵

Total Confirmed Cases: 962,977

Total Deaths: 49,180

Total Confirmed US Cases: 216,798

Total US Deaths: 5,153

Total Confirmed Alabama Cases: 1,233⁶

Total Confirmed Alabama Deaths: 17

Social Impact

When the first health recommendations regarding social distancing were voiced from the CDC, the White House, and local governments across the state and nation, social life in America became one of the earliest casualties. The gatherings that characterize and dominate so many of our lives—family gatherings, religious services, conferences, sports, concerts, et cetera—were immediately called into question. Some, such as the 2020 NCAA Basketball Tournaments, were cancelled outright. Others, such as gatherings of the local church, were forced to adjust to

online means of community and growth. These impacts were immediately felt and, to this day, residents continue to find creative ways to adjust social patterns of life as a result of the COVID-19 pandemic.

Families

One of the most significant impacts of the coronavirus is its effect on families. For many, school closures and work-at-home policies have forced nuclear families into spending increased time together. For those families with older adults or persons with pre-existing conditions, however, COVID-19 has resulted in isolation and loneliness as older family members are restricted from seeing relatives except through a window (in some documented cases) and those with preexisting conditions are kept away from family members even in the same home.⁷

Churches and Religious Gatherings

Apart from the impact of the coronavirus on families, perhaps the most significant social impact of the coronavirus in Alabama has been its impact on churches and religious gatherings. With 86% of Alabamians identifying as Christian according to Pew Research, millions across the state face a temporary new normal in which weekly rhythms of worship, small groups, and other gatherings are dramatically changed.⁸ Many have adjusted to online services,⁹ drive-through confession,¹⁰ or drive-in church.¹¹ While human ingenuity and technology have made social distancing possible in religious communities, the long-term cost of cancelling in-person gatherings is difficult to ascertain.

Entertainment and Recreation

Another social impact of the coronavirus has been the cancellation or adjustment of entertainment and recreational activities. On March 11th, the NCAA announced that the March Madness Basketball Tournaments would be held without crowds.¹² While that tournament was later cancelled completely, this

announcement was the first in a series of entertainment and sports cancellations or postponements that, for many Americans, served as the first notice that COVID-19 would greatly impact their lives.

In the days following the NCAA's announcement, almost all live events were cancelled or postponed. Most movie theaters have shut their doors as the global box office comes to a halt and shoots for television shows and films are delayed.

Personal recreation has been impacted as well. With most gyms closed, local sporting leagues games delayed, and schools closed to normal K-12 sports, residents across the state are adjusting to at-home workouts and, when they do venture outside, maintaining the recommended six-foot distance between themselves and others.

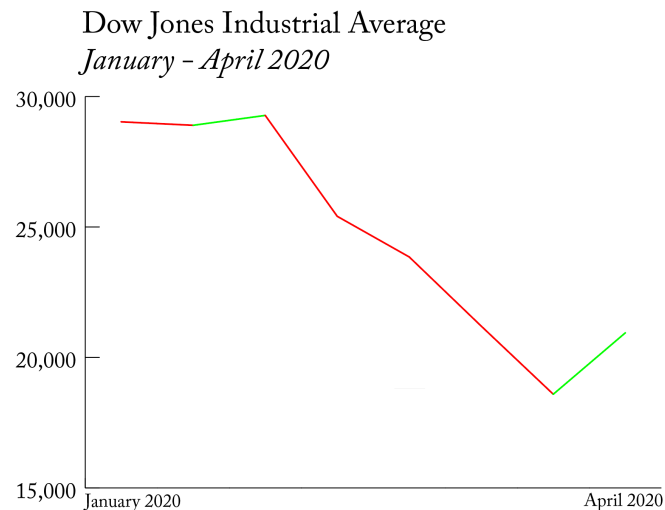
Socioeconomic Impact

Before we shift to discussing the economic impact of the coronavirus, it must be remembered that economics is not simply about dollars and cents. There are, in fact, human consequences to a faltering economy. Job losses, lack of regular income, and other economic changes can increase rates of depression, suicide, and perhaps even social unrest.¹³ Examining the economic impact is not a cold, heartless thing to do, but an important factor to consider when determining the best way forward in a global pandemic.

Economic Impact

There is much uncertainty as to what economic impacts Alabama and the nation may feel as a result of the COVID-19 pandemic. Many businesses have temporarily shut down. From March 22-23 alone, the Alabama Department of Labor reported 17,000 new unemployment claims were filed.¹⁴ Schools across the state are closed. At least 175 million Americans are being told to shelter in place, only leaving their homes for necessities such as medical appointments, food, and

exercise.¹⁵ The last week of March, in fact, saw over 6.6 million Americans file for unemployment.¹⁶ That is double the record set just the week before as the stock market and other economic indicators continue to signal a potential recession.



While the stock market shows the immediate impact on the financial markets, the short and long-term effects are hard to predict. The biggest factor in determining how much economic pain the state of Alabama and its residents feel is how long it takes for communities to get back to business as usual. If most aspects of life return to normal in a matter of weeks, the impact will be felt but there is hope that the state's economy can quickly recover. If COVID-19 shutdowns persist for months, the hardships for individuals, businesses, and state and local governments will be more severe and long-lasting.

While the effects are hard to predict, we can at least consider how major disasters have affected the economic health of areas in the past. In 2001, for example, after the attacks of 9/11, New York City lost 143,000 jobs a month in the following three months.¹⁷ Assuming the impact to Alabama is similar over the next three months (an assumption, indeed), Alabama would lose 87,000 jobs every four weeks. This direct correlation may not come to fruition, but it does highlight the real effects that a crisis can have on local economies.

For state government, however, there are a number of impacts that will have to be confronted in the coming weeks and months. In addressing these trying issues,

lawmakers must seek to ensure the health and safety of Alabamians while striving to minimize the economic impacts felt by the state.

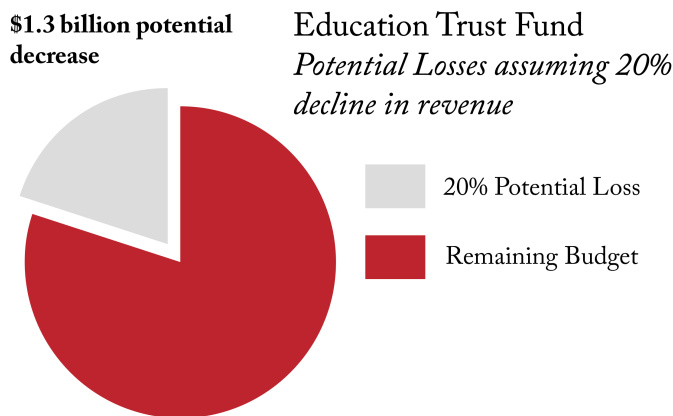
Impact on Alabama Government

From short-term delays of the Legislative Session to the long-term impact of an underperforming economy on the state budgets, Alabama's state government is not immune to the impact of the coronavirus. While these effects may not receive much attention in light of the more immediate impacts Alabamians are feeling, they are nonetheless significant.

Education Trust Fund

The main sources of revenue for the Education Trust Fund (ETF) are sales and income tax receipts. In 2019, an estimated \$6.3 billion of \$7.0 billion in ETF receipts came from these sources.¹⁸ State revenues for FY 2020 and beyond will almost certainly be impacted by the business closures associated with COVID-19. Depending on how much 2020 revenues fall below projections, both the ETF and General Fund budgets could be forced in proration, meaning cuts will be necessary to balance the budgets.

It is difficult to project with accuracy what the impact to the 2020 ETF budget may be. However, looking at a couple of scenarios may give the state an idea of the potential revenue shortfall. Considering income and sales tax receipts, if only those sources fall by 10%, revenues to the ETF would decrease by approximately \$633 million for the current fiscal year (2020). If sales and income tax revenues fall by 20%, that would leave a gap of nearly \$1.3 billion this year.



One caveat is that the 2020 impact on income tax receipts may be somewhat minimized since they are based on 2019 income. However, the state has already delayed the filing deadline until July 15, 2020.¹⁹ Despite the delay, those citizens with tax bills due may have a hard time paying them if the disruptions caused by COVID-19 persist.

Depending on the size of the FY 2020 shortfall, all or some of it could be filled through the ETF's Rainy Day Account and/or rolling reserve fund. Exhausting those funds this year could make budgeting for FY 2021 even more difficult though.

Even greater uncertainty persists in terms of the FY 2021 ETF budget. Alabama law requires that the state legislature pass the ETF and General Fund budgets each year, but doing so under the current cloud of uncertainty is unlikely, meaning that a special session focused on the two state budgets will be forced to convene sometime prior to September 30.²⁰

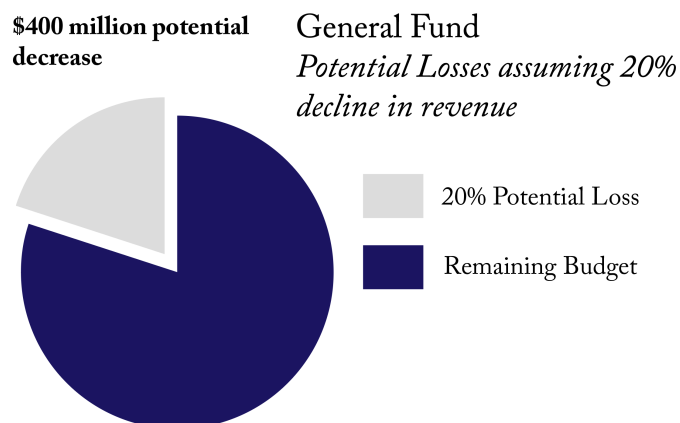
Under a best-case scenario, Alabamians can hope that life will be back to normal by then and budget impacts will be minimal. Regardless, it is more important now than ever for lawmakers to be prudent and carefully prioritize taxpayer resources.

General Fund Budget

As with the ETF, the future of this and the FY 2021 General Fund Budget are unpredictable. The General

Fund gets the majority of its revenue from various tax receipts and investments, including: ABC Board receipts, ad valorem taxes, corporation taxes, insurance company taxes, sales and use taxes, and interest on the Alabama Trust Fund, among others.

A decline in some of these revenues is inevitable, though the General Fund may not be as significantly impacted as the ETF since it is not reliant on income tax receipts. If total General Fund revenues fall by 10%, that will mean a loss of over \$200 million in 2020. A 20% loss would double that figure to over \$400 million this year.²¹ Like the ETF, the General Fund also has a Rainy Day Account that could help ease some of the immediate economic impacts caused by COVID-19.



Under a more dire scenario, federal reserve officials have estimated that unemployment could reach as high as 30%.²² The impacts of such a high unemployment rate on Alabama income tax receipts could be several billion dollars in 2021.

Like the ETF, the status of the FY 2021 General Fund Budget is uncertain. The legislature will need more time to evaluate the impacts of COVID-19 before it can responsibly develop next year's budget proposal.

State Rainy Day Accounts

As referenced previously in this guide, both the ETF and general fund have rainy day accounts that can be accessed in order to prevent proration.

The ETF Rainy Day Account is part of the Alabama

Trust Fund, which was created in 1985. Both the General Fund and ETF rainy day accounts were established in 2008 and are intended to provide additional General Fund and ETF funding if there is a revenue shortfall. The source of funding for each account is derived from Alabama's oil and gas royalty revenues.

A maximum of 6.5% of the ETF's previous year appropriation can be withdrawn from the fund in a given year, less any previously withdrawn amount that has not been repaid. This leaves the legislature with an estimated \$430 million that could be available to offset proration in 2020. The state constitution requires that any funds withdrawn from the ETF Rainy Day Account must be repaid within six years.

The ETF also has a rolling reserve fund (created in 2013) that can be used to help prevent proration. An amount up to 1% of the previous fiscal year's Education Trust Fund appropriations is transferred from the ending balance of the Education Trust Fund (assuming there is a surplus) to the reserve fund annually until the Fund reaches 7.5% of the previous year's appropriation. There could be as much as \$300 million available, assuming no funds have been withdrawn since 2015.

The State General Fund also has a rainy day account that may be utilized to prevent proration. State law provides that up to 10% of the previous year's general fund appropriation (less amounts not repaid) may be withdrawn from the account if the governor orders proration. The state has 10 years to pay back money taken from the General Fund Rainy Day account.²³ Based on FY 2019 appropriations, the state could withdraw up to \$200 million in 2020 for proration prevention.

The 2020 Legislative Session

If the budgets and a few other pieces of critical legislation are the only matters of business for the rest of this year, a number of other bills (many which are controversial and promised to command much media attention) are dead. This is a significant blow to supporters of these pieces of legislation. A few select examples of impacted legislation

are listed below.

SB165 – This bill would have legalized medical marijuana for use in the state of Alabama. Before the legislature left on Spring Break (and before the coronavirus had any real impact on Alabama), SB165 had received a favorable report from the Senate Judiciary Committee and, the day before break, passed the full Senate by a vote of 22-10.

HB76 – This bill would have created a Tier III retirement program that offered state employees more benefits during retirement. Even though it would increase the state's unfunded pension liability—which is already at an unsustainable level—the legislation passed the House by a vote of 103-0 on February 18th.

SB282 and HB418 – These bills both aimed to legalize a state-sanctioned lottery within Alabama's borders. Both would have required a vote of the people, scheduled for this November. These are not bills that should be considered essential in any understanding of the word.

SB219 and HB303 – These bills would have banned transgender surgeries and hormone therapy on minors. Although an important step to end experimentation on the state's children, it is unlikely that this would be deemed essential to government function.

HB352, HB353, SB259, SB250 – These bills would lower taxes on Alabamians that were inadvertently raised as a result of the Tax Cuts and Jobs Act of 2017. These bills were never heard in committee in either legislative body, although support for them was widespread.

There are many other bills that will likely be on hold until the next legislative session, including attempts to eliminate the grocery tax, ban smoking in cars with minors, allow early voting, abolish the office of the State Auditor, and more. In fact, almost 950 bills and resolutions have been filed in the 2020 Legislative Session already. Only 84 have passed.²⁴ For reference, in the 2019 Regular Session, 653 bills and resolutions passed.²⁵

Retirement Systems of Alabama

RSA, and in turn, Alabama taxpayers, could be particularly susceptible to the economic risks associated

with the COVID-19 epidemic.

RSA guarantees an eight percent average investment return over time. In an era of historically low interest rates, eight percent is a lofty goal to achieve under good economic circumstances.²⁶ Given the current upheaval of the stock market, it is unlikely RSA will see positive growth this year. If COVID-19 sparks a longer-term recession, it may take longer for RSA investments to recover.

In 2018, the state contributed more than \$1.2 billion towards employee retirement benefits.²⁷ If RSA falls short of the 8% goal for an extended period, it could put taxpayers on the hook for tens of millions of additional dollars in retirement benefits.

RSA is already seeing a more immediate impact from the COVID-19 epidemic. RSA owns the 11 courses making up the Robert Trent Jones Golf Trail as well as eight associated resorts. As of March 13, 2020, RSA CEO David Bronner said that the golf and resort operations had not been impacted yet.²⁸ However, since that time greater social distancing restrictions have been placed on Alabamians. People are being encouraged to stay home if possible, meaning less tourism dollars coming into the state.

In the short-term, this will certainly impact RSA's bottom line. Over the long run though, RSA's resorts and the Robert Trent Jones Golf Trail could fair better than its private counterparts. Since these resorts and golf courses are backed by taxpayers, RSA will be better equipped to weather the storm than small business owners who may be forced to close their independent golf course or event venue.

State Employees Temporarily Sheltered

Unlike the private sector, which feels the immediate

impact of an economic downturn, any government is one step behind in terms of falling revenues and layoffs. That said, the thousands of government employees are sheltered from the economic effects of, in some cases, their own decisions regarding the economic well-being of the state. Any federal direct payments being discussed will likely not take this into account, allocating tax dollars to those who have encountered no loss in income at similar levels to those who have been temporarily furloughed or permanently laid off.

Even so, this sheltering from the economic fallout is not permanent. If the economy falters long-term as a result of the coronavirus, agencies will face proration and potential layoffs as a result of Alabama's balanced budget requirement. There is, as described earlier, a way to avoid full proration, however, through accessing the Education Trust and General Fund Rainy Day Accounts.

Conclusion

From our basic social interactions to the long-term health of our economy and the ability of the State Legislature to govern, the impact and reach of the coronavirus is massive. Living memory offers no similar occurrence. Even so, our leaders and decision makers need not dictate our collective future in a vacuum. Health officials, economists, elected officials, and others need to grasp the full impact of this national pandemic.

It is a difficult time. That is undeniable. It is in these difficult times that the ingenuity of Americans and Alabamians must be harnessed to arrive at a solution that prioritizes human life *and* the general social and economic welfare.

And there is a solution. Our job, empowered by a full picture of COVID-19's impact, is to find it.

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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.

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](#).



National Coronavirus Response

A ROAD MAP TO REOPENING

Scott Gottlieb, MD

Caitlin Rivers, PhD, MPH

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MARCH 28, 2020

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Executive Summary

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,¹ 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” measures² 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”).³ 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 advisory⁶ in a US state is when case counts are doubling every three to five days⁷ (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 care⁴; *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.⁵

Steps Required in Phase I

Maintain Physical Distancing. Each state must maintain community-level physical distancing measures⁸ 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).⁹ 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 capacity¹⁰ 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.¹¹ 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.¹² 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.¹³ 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.¹⁴ 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.¹⁵ 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 CDC¹⁶) should be quarantined and monitored daily for 14 days. Monitoring of international travelers is also recommended.¹⁷

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,¹⁸ 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.¹⁹

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.²⁰ The World Health Organization (WHO) recommended members of the public use face masks in the event of a severe influenza pandemic.²¹

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,²²
- 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.²³

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,²⁴ 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.²⁵

Special Care for Vulnerable Populations. While easing of physical distancing is taking place, highly vulnerable populations,²⁶ 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.²⁷ 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,²⁸ 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.²⁹

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,³⁰ states can move to Phase III.

Phase III: Establish Protection Then Lift All Restrictions

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),³¹ 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,³² 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-19.³³ 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

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"³⁴), 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.³⁵ 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 Program³⁶ and the Public Health Emergency Preparedness Cooperative Agreement³⁷ and emphasizing preparedness in federal health care programs (e.g., the CMS³⁸ and the Department of Veterans Affairs³⁹). 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 modeling⁴⁰ 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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