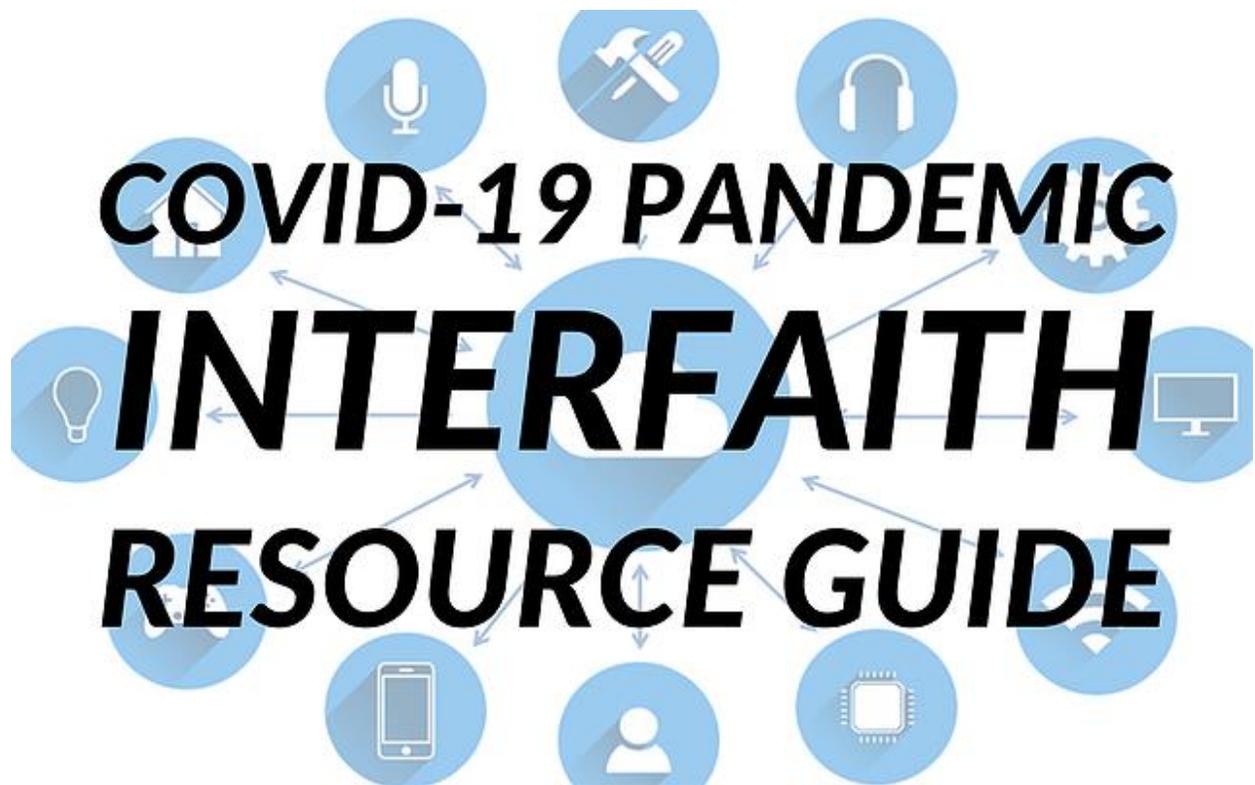


**FAITH COMMUNITY  
COVID-19 & PUBLIC HEALTH  
INFORMATION PACKET**



**Genesee County  
Health Department**  
Your Health. Our Work.

Developed by the Faith Action Communications Team as part of the Flint Communications Workgroup and in partnership with the Genesee County Health Department.

*Last updated: 06/04/2020*

# LOVE YOUR NEIGHBOR!

## Protect Others. Protect Yourself.



In Genesee County, Black/African-Americans and Latino/Hispanics are roughly 25% of the population but are 47% of the deaths related to COVID-19.

Men are also dying at much higher rates than women as men account for 57% of COVID-19 deaths in Genesee County. More women test positive for COVID 19, but men are more likely to die. *We want those who are ill to seek care.*

Having a medical home provides an individual a comfortable place to seek that care. We don't want people to wait too long to seek care.

***Preventing the spread of COVID-19 will save lives!***



Genesee County  
Health Department  
Your Health. Our Work.

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# HELPING OUR COMMUNITY ACCESS HEALTHCARE



It is critically important for people to have a regular source of care – whether for sick visits, well visits, testing, or prevention services. A Primary care physician is ideal, but if someone does not have a doctor they see regularly, there are several excellent community resources available:

- **Hamilton Community Health Network**
- **Genesee Community Health Center**
- **Genesee Health System**
- The **Genesee Community Health Access Program (CHAP)** of the Greater Flint Health Coalition has community health workers that can assist with connecting people to more than 50 different medical homes throughout Flint and Genesee County
- **Genesee Health Plan** can also provide support with health insurance coverage.



**Hamilton  
Community  
Health  
Network**



**Welcome to your**

**Primary Care  
Medical Home**



## **Hamilton Community Health Network**

A Primary Care Medical Home is a trusting partnership between a physician-led healthcare team and an informed patient. As the patient, you are encouraged to self-manage your health, condition, or disease, through complete access to your primary care clinician and an interdisciplinary healthcare team. Your care is tracked and coordinated; and health information technology supports your care.

Your Hamilton Community Health Network team focuses on you and your health. You are at liberty to choose your primary care provider and team, obtain a second opinion, and seek specialty care on your own accord. If you need a service or a specialty that Hamilton does not provide, your team will make arrangements with an appropriate provider to get you the care you need.

Thank you for choosing Hamilton Community Health Care Network as your Primary Care Medical Home.

## **Hamilton's Mission**

To be the leader in providing comprehensive, quality, community-oriented healthcare for the insured and uninsured of Genesee, Lapeer, and surrounding areas.

# Quality Care Patient & Family Centered Community Focused



“

At Hamilton, we recognize that patients serviced by community health centers have complex medical and socio-economic needs that can make access to prevention and medical treatment more difficult. Through a Primary Care Medical Home model, Hamilton is proud to offer medical, vision, dental, and specialty services such as urology, podiatry, and substance use disorder, creating a single medical home for healthcare services for the adult, the child, and the expecting mother.

We have a team of comprehensive and caring medical providers and staff who will give you the best of care. Whether you are insured or uninsured, we are here to care for you and your family. Your wellbeing and health is our primary concern.

**Clarence Pierce, MS**  
Chief Executive Officer

# Your Source for Complete Care

## Adult Primary Care

- » General medicine
- » Preventative medicine
- » Obstetrics / prenatal care
- » Health screenings

## Pediatric Primary Care

- » Well baby care / child visits
- » Physical examinations
- » Health screenings and immunizations
- » WIC breastfeeding support

## General Dentistry

- » Adult and pediatric teeth cleaning
- » Extractions
- » Dentures
- » Fillings
- » Implants

## Vision Services / Ophthalmology

- » Vision screenings
- » Vision disturbances caused by glaucoma, diabetic, high blood pressure, and other health-related influences
- » Emergency eye care
- » Prescriptions for eyewear

## Additional Services

- » On-site pharmacies
- » Radiology
- » Laboratory services and testing
- » Minor office surgeries

## Specialty Services / Clinics

- » Behavioral health
- » Substance use disorder / medication-assisted treatment
- » Podiatry
- » Urology
- » Breast care
- » Women's health and gynecology

## Your Primary Care Medical Team

Your medical team isn't limited to just physicians:

- » Primary care physicians
- » Physician assistants (PA)
- » Nurse practitioners and staff nurses
- » Behavioral health specialists
- » Dentists
- » Dental hygienists
- » Pharmacists
- » Patient assistant workers
- » Medical / dental residents
- » Health educators
- » Community health workers

Your primary care medical team will help you:

- » Make choices for your healthcare based on the best available evidence and expert opinion
- » Provide answers to your questions and help you navigate your way through the healthcare system
- » Get access to prescriptions
- » Work with other medical experts to coordinate your care for additional services
- » Connect you with available community resources

What you can do to help:

- » Select a primary care provider at Hamilton Community Health Network, and pursue medical care with this clinician.
- » Keep all of your appointments and follow up with tests and treatments as directed.
- » Tell your Hamilton team about other healthcare providers who care for you.
- » Work together with your medical team to set your health goals.
- » Take your prescribed medications as directed, or notify us if you cannot. Request prescription refills during your clinic visit to avoid running out.

## Other Services

### Michigan Medicine Specialty Clinics

At Hamilton, you will receive a full range of medical, dental, and vision services, as well as specialty services and Michigan Medicine clinics.

We partner with Michigan Medicine clinicians to provide urological, breast care, and women's health and gynecological services. Michigan Medicine doctors hold monthly clinics at our main clinic location; therefore, there is no need to travel to the University of Michigan in Ann Arbor for these specialized needs. Call Hamilton for more information on our Michigan Medicine specialty clinics.



### Insurance, Prescription, and Fee Payment Assistance

Hamilton provides assistance for patients with or without insurance; no patient is turned away. We have Insurance Enrollment Specialists on site to provide assistance in navigating the enrollment process. There is also a MDHHS office located at the Main clinic to provide easy access to state services assistance.

We provide prescription assistance, and offer sliding-fee scales for services based on income. Hamilton will also educate and assist with enrollment in Medicaid and Marketplace insurance programs.

### Homeless Services

We provide services for our most vulnerable population. The following services are provided at a reduced rate or no charge to the patient:

- » Blood pressure and health screenings
- » Age-appropriate immunizations
- » Tuberculosis screening
- » Prescription assistance
- » Substance abuse and mental health counseling services

**Language Assistance  
Available Upon Request**

## Walk-ins and Urgent Care

We strive to accommodate you when you need acute care (rapid onset of symptoms) during normal clinic hours. In the event that you would need care outside of our clinic hours, the providers below offer after-hours urgent care.

### Urgent Care Locations

#### Genesee Urgent Care

2265 S. Linden Rd.  
Flint, MI 48532  
810.720.8700

#### Hurley Urgent Care

1 Main Campus  
Trauma Care  
Flint, MI 48503  
810.262.9000

#### Hurley Urgent Care - Lapeer

1794 N. Lapeer Road  
Lapeer, MI 48446  
810.245.1800

#### Clio Urgent Care

4247 W. Vienna Rd.  
Clio, MI 48420  
810.687.2850

#### Convenient Urgent Care

G-6020 W. Pierson Rd.  
Flushing, MI 48433  
810.720.1200

## Patient Portal

Keep track of your medical information through our Patient Portal. Upon enrollment, you can:

- » Access your medical record
- » Review your lab results
- » Send non-urgent messages to your clinical team
- » Receive messages from your clinical team

## Test Results

Test results will be available and communicated to you in a timely manner by telephone, mail, or via Hamilton's patient portal.

## Prescriptions

Your Hamilton team uses an electronic prescribing program to improve safety, reduce errors, and save time in filling your prescriptions. On-site pharmacy services are also available at Hamilton's Main and Burton clinic locations.



# Hamilton Community Health Network

## Burton Site

G-3375 S. Saginaw St.

Burton, MI 48529

M–Th: 8:00a–8:00p

F: 8:00a–5:30p

## Burton Dental

Additional Hours:

Sat: 8:00a–12:00p

## Clio Site

4154 W. Vienna Rd.

Clio, MI 48420

M–F: 8:30a–5:30p

## Dental North Site

5399 N. Saginaw St.

Flint, MI 48505

M–F: 8:30a–5:30p

## Hamilton – Flint

812 Root St., 2nd Floor

Flint, MI 48503

M–F: 8:00a–5:00p

## Lapeer Site

1570 Suncrest Dr.

Lapeer, MI 48446

M–F: 8:00a–5:00p

## Main Site

2900 N. Saginaw St.

Flint, MI 48505

M/T/Th/F: 8:30a–5:30p

W: 8:30a–8:00p

## North Pointe Site

5710 Clio Rd.

Flint, MI 48504

M/W/F: 8:30a–5:30p

T/Th: 8:30a–8:00p

## Administrative Offices

225 E. Fifth St., Suite 300

Flint, MI 48502

Fax: 810.424.6029

M–F: 8:30a–5:30p

**810.406.4246**

**Call for an appointment at any of our locations.**

**For 24/7 after-hours assistance,  
call 810.230.3840.**



Hamilton Community Health Network has earned the Joint Commission's Gold Seal of Approval. This recognition indicates that we are committed to providing an exemplary level of patient care and safety. The Gold Seal of Approval is awarded only to those organizations that have met the highest and most rigorous performance standards set forth by the Joint Commission.



### ***Personalized Care:***

- **Medical Care for Adults and Children**
- **Dental Services**
- **Mental Health and Substance Abuse Counseling**
- **Medication Assistance**
- **Lead Testing**

**The Genesee Community Health Center is centered around you and your family's health. We provide health services and a medical home for adults and children.**

**We offer general healthcare services, dental services, mental health care and substance abuse counseling. With our mobile medical office, we bring healthcare into the community.**

**We're here to support you, offering medical and emotional support along the way.**

### **2 LOCATIONS TO SERVE YOU**

- **725 MASON ST, FLINT—810.496.5777**
- **3109 KLEINPELL ST. FLINT—810.422.5834**



*Schedule an appointment. Call us today. [www.genchc.org](http://www.genchc.org)*

**Genesee Health System** promotes Hope and Health by recognizing the interconnectedness of the body, the mind, and the community.

Services include primary health care and a medical home through the Genesee Community Health Center, mental health services, substance use disorder treatment, assessment and referral for the Genesee County community for all ages.

Call 810.257.3705 to learn more, or go to [www.genhs.org](http://www.genhs.org)

### **Crisis Services**

For any crisis, call us 24 hours a day, 7 days a week at the following numbers:

- **810-257-3740**
- **Toll-free 877-346-3648**

People sometimes need a little extra assistance. Genesee Health System has trained, professional staff available to assist individuals and families with understanding their treatment options, and to help during a mental health, substance abuse, or family crisis. These services are easily accessed by calling the above numbers 24 hours a day, 7 days a week. Staff can also help by making referrals to other community agencies and resources, and by arranging emergency services such as hospitalization.

GHS also works with the *Crisis Texting Line*. Text **FLINT** to **741741** 24-hours a day.

### **Access Services**

The Genesee Health System Access Center welcomes you to call us for professional, compassionate and confidential help with questions, referrals for community resources, and routine screenings for adults with mental illness, children with serious emotional disturbance, individuals with developmental disabilities, and individuals with substance abuse treatment needs.

For a screening, please call us Monday through Friday, 8 a.m. to 5 p.m., at the following numbers:

- **810-257-3740**
- **Toll-Free 877-346-3648**

To speed up the process of helping you, please have the following information available when calling:

- Medical insurance card or numbers, including Medicaid (if applicable)
- Social Security number
- Names of current medicines and doctors
- Guardianship or court papers (if applicable)
- Special education or other school records (if applicable)

Fees for services are based on a person's ability to pay; therefore, our staff will need to know the household income and the number of dependents of the person seeking help. A coverage determination will be made at the time of the screening. Staff will let you know if you can expect to have any cost for your services. No one will be denied services based on their inability to pay.

We believe recovery is possible and look forward to assisting individuals in meeting their needs and creating a new beginning in their lives.



GREATER  
*Flint*  
HEALTH  
COALITION



GENESEE **CHAP**  
COMMUNITY HEALTH  
ACCESS PROGRAM

A Program of the Greater Flint Health Coalition



# FREE SUPPORT CONNECTING TO A MEDICAL HOME

for Flint & Genesee County Residents

Genesee CHAP (Community Health Access Program) has a team of community health workers that are available to support children and adults in Flint and Genesee County in connecting to a medical home (primary care doctor).

A medical home can provide & coordinate **SICK CARE, TESTING, WELL VISITS, SPECIALTY CARE, & PREVENTIVE SERVICES.**

CHILDREN AND  
ADULTS WHO ARE  
COVERED BY  
MEDICAID OR ARE  
UNINSURED AND  
LIVE IN FLINT OR  
GENESEE COUNTY  
ARE ELIGIBLE.

CONTACT GENESEE CHAP TO  
GET STARTED TODAY!



call (810) 953-2427



text (810) 853-6808



email [CHAP@flint.org](mailto:CHAP@flint.org)



GREATER  
*Flint*  
HEALTH  
COALITION



# FREE HEALTH CARE COVERAGE ENROLLMENT ASSISTANCE

for Flint & Genesee County Residents

You and your family may be eligible for free or low-cost health care coverage.

- Need help signing up for Medicaid for you or your child?
- Have questions about your current health care plan?
- Have you recently lost coverage?
- Need help with your yearly health care coverage renewal?

Let us know how we can help you.

**CONNECT**

with an **OUTREACH & ENROLLMENT**

coordinator to get your questions

**ANSWERED**

and get you and your family

**COVERED.**

DOCTOR VISITS,  
DENTAL, VISION,  
PRESCRIPTIONS,  
MENTAL HEALTH  
SERVICES &  
MORE

**CONTACT THE GREATER FLINT HEALTH COALITION TO GET STARTED TODAY!**



call (810) 853-6458



text (810) 853-6458



email [coverage@flint.org](mailto:coverage@flint.org)

**The Genesee Health Plan office  
is closed to the public until further notice.  
We are available to help you by phone with:**

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**1. HEALTH CARE, SENIOR AND VETERAN'S DENTAL ENROLLMENT:**

- **If you are a current GHP Member, including senior and veteran's dental,**  
All March, April, May and June GHP member coverage is automatically extended until July 31, 2020.
- **If you need to apply for GHP as a new member, including senior and veteran's dental,** Applications are being completed by phone. GHP staff will explain the documentation needed for the application to be brought into the office once we are open again to the public.
  - **GHP DENTAL HEALTH COORDINATOR** continues to be available at 810-339-6392 to complete dental enrollments, answer questions and assist individuals who have dental emergencies.
- **If you are currently receiving health care coverage through Healthy Michigan or Medicaid,** you will be referred to Medicaid Healthcare Application Assistance at 855-276-4627 or MiBridges.
  - The assigned GHP Michigan Department of Health and Human Services worker is off site but is available to contact recipients or troubleshoot for recipients.

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**2. GHP HEALTH NAVIGATION** services continue to be available by phone. Our nurses can answer health-related questions, concerns and medication questions.

- **IF LANGUAGE AND CULTURE ARE A BARRIER FOR YOU TO ACCESS CARE,** our staff can provide medical translation by phone with Latino and Arab community members.
- **GHP VETERAN HEALTH NAVIGATOR** continues to be available to assist veteran's with health care navigation and other resources by phone.
- **WOMEN'S HEALTH PROGRAM** applications can be completed over the phone by calling 810-339-6371.

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**3. GHP COMMUNITY HEALTH WORKERS (CHWS)** are available to assist individuals with identifying available community resources by phone.

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**4. GHP PRESCRIPTION ASSISTANCE PROGRAM** continues to be available at over the phone to assist members and Medicare recipients in receiving unaffordable medications for free or a reduced cost through FamilyWize, GoodRx and NeedyMeds.

**Please call: 810-232-7740 or Toll Free: 844-232-7740**

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**INTRODUCTION TO COVID-19 TESTING:** Access to testing has been a challenge during the COVID 19 pandemic. There are three forms COVID-19 tests currently offered in Genesee County. The nasal tests are diagnostic tests. Antibody tests look for antibodies.

1. **Nasal Swab Test for COVID-19 (DIAGNOSTIC)**- This involved a self-administered swabbing of the nasal cavity under supervision of a pharmacist or medical staff.
2. **Nasopharyngeal Test for COVID-19 (DIAGNOSTIC)** -This is a more invasive nasal swab of the cavity between the nose and mouth. These tests must be administered by a trained medical professional.
3. **COVID-19 Anti-body Test (also known as Serology Testing)** – This involves an appointment and blood draw. Antibodies most commonly become detectable 1-3 weeks after symptom onset, at which time evidence suggests that infectiousness likely is greatly decreased and that some degree of immunity from future infection has developed. However, additional data are needed before modifying public health recommendations based on serologic test results, including decisions on discontinuing physical distancing and using personal protective equipment.

**Test results are showing that people can test positive for COVID-19 and never experience any symptoms. Just because symptoms are not present does not mean the virus is contained. Asymptomatic individuals can spread the virus to others who may contract symptoms which can be life threatening.**

COVID 19 will not go away any time soon. We need to find ways to live with this virus until a vaccine or treatments are available.

We must continue to wear face masks, practice social distancing, promote handwashing and the use of hand sanitizers (60% alcohol based), promote cleaning off frequently touched surfaces and remind others of how they can protect themselves and their neighbor.

# Coronavirus Testing Basics

You've probably heard a lot about coronavirus testing recently. If you think you have coronavirus disease 2019 (COVID-19) and need a test, contact your health care provider immediately. The FDA has been working around the clock to increase the availability of critical medical products, including tests for the coronavirus, to fight the COVID-19 pandemic. Learn more about the different types of tests and the steps involved.

**There are two different types of tests – diagnostic tests and antibody tests.**

 A **diagnostic test** can show if you have an active coronavirus infection and should take steps to quarantine or isolate yourself from others. Currently there are two types of diagnostic tests – **molecular (RT-PCR) tests** that detect the virus's genetic material, and **antigen tests** that detect specific proteins on the surface of the virus.

 An **antibody test** looks for antibodies that are made by the immune system in response to a threat, such as a specific virus. Antibodies can help fight infections. Antibodies can take several days or weeks to develop after you have an infection and may stay in your blood for several weeks after recovery. Because of this, antibody tests should not be used to diagnose an active coronavirus infection. At this time researchers do not know if the presence of antibodies means that you are immune to the coronavirus in the future.

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
<b>Also known as...</b>	Diagnostic test, viral test, molecular test, nucleic acid amplification tests (NAAT), RT-PCR tests	Rapid diagnostic test*	Serological test, serology, blood test, serology test
<b>How the sample is taken...</b>	Nasal or throat swab (most tests) Saliva (a few tests)	Nasal or throat swab	Finger stick or blood draw
<b>How long it takes to get results...</b>	Same day (some locations) or up to a week	One hour or less	Same day (many locations) or 1-3 days
<b>Is another test needed...</b>	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate but negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
<b>What it shows...</b>	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
<b>What it can't do...</b>	Show if you ever had COVID-19 or were infected with the coronavirus in the past	Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19

\*Some molecular tests are also rapid tests.

## There are some new diagnostic tests available with alternative methods and benefits.



- **Rapid, point-of-care diagnostic tests** use a mucus sample from the nose or throat but can be analyzed at the doctor's office or clinic where the sample is collected and results may be available in minutes. These may be molecular or antigen tests.



- **At-home collection tests** are prescribed by a doctor but allow the patient to collect the sample at home and send it directly to the lab for analysis.



- **Saliva tests** allow a patient to spit into a tube rather than get their nose or throat swabbed. Saliva tests may be more comfortable for some people and may be safer for health care workers who can be farther away during the sample collection.

## Steps in Molecular Testing

Many companies and labs have developed tests to diagnose COVID-19 based on detection of the virus's genetic material in a sample from the patient's nose or throat. The typical steps in this type of molecular testing for the coronavirus are:

1. A health care professional orders a COVID-19 test. All COVID-19 tests, including those used with a home collection kit, require a prescription.
2. You or a health care professional use a specialized, sterile swab to collect mucus from your nose or throat.
3. You or a health care professional put the swab in a sterile container and seal it for transport to a lab.
4. During the shipping process, the swab must be kept within a certain temperature range to keep the virus alive so that the test will be accurate. The sample must arrive at the lab within 72 hours.
5. A lab technician mixes chemicals with the swab to extract the genetic material of any virus that may be on the swab.
6. The lab technician uses special chemicals, called primers and probes, and a high-tech machine to conduct several controlled heating and cooling cycles to convert the virus's RNA into DNA, and then make millions of copies of the DNA.
7. When DNA binds to specific probes, a special type of light is produced that can be seen by the machine and the test shows a "positive" result for infection with SARS-CoV-2, the virus that causes COVID-19.

## The FDA continues to work with test developers to streamline the testing process, making more coronavirus tests available to more people in the future.

Molecular diagnostic tests that detect the genetic material of the virus itself are commonly used for diagnosing COVID-19 or active coronavirus infection. But no test is 100% accurate all of the time. Some things that may affect the test's accuracy include:

- You may have the virus, but the swab might not collect it from your nose or throat.
- The swab or mucus sample may be accidentally contaminated by the virus during collection or analysis.
- The nasal or throat swab may not be kept at the correct temperature before it can be analyzed.
- The chemicals used to extract the virus genetic material and make copies of the virus DNA may not work correctly.



**Antigen tests** usually provide results diagnosing an active coronavirus infection faster than molecular tests, but antigen tests have a higher chance of missing an active infection. If an antigen test shows a negative result indicating that you do not have an active coronavirus infection, your health care provider may order a molecular test to confirm the result.



**Antibody tests** may provide quick results, but should not be used to diagnose an active infection. Antibody tests only detect antibodies the immune system develops in response to the virus, not the virus itself, therefore the antibodies may not have developed yet. It can take days to several weeks to develop enough antibodies to be detected in a test.

Americans rely on the FDA to provide an independent review of medical products, such as drugs, diagnostic tests and other medical devices. During a public health emergency like the COVID-19 pandemic, there is an urgent need for products to diagnose, treat or prevent a medical threat. There are three ways a coronavirus test might be used for this emergency:

### 1. Emergency Use Authorization (EUA)

In certain types of emergencies, the FDA can issue an Emergency Use Authorization, or EUA, to provide more timely access to critical medical products that may help during the emergency when there are no adequate, approved, and available options. The EUA process is different than full approval or clearance because in some emergency situations we cannot wait for all of the evidence needed for full FDA approval or clearance. Instead, the FDA evaluates the options very quickly using the evidence that is available, carefully balancing the risks and benefits of the product as we know them, in addition to evaluating other criteria.

### 2. Lab Developed Test (LDT)

A laboratory developed test (LDT) is an *in vitro* (or laboratory) diagnostic test that is manufactured by and used within a single laboratory. The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory

Improvement Amendments (CLIA). The FDA is providing flexibility to certain labs certified under CLIA to run high-complexity tests during the COVID-19 emergency. The FDA is providing flexibility for labs that develop and perform their own coronavirus testing where the lab validates the test, notifies FDA, and submits the validation data to the FDA within a certain timeframe as part of an EUA request. While many labs purchased commercial tests under an existing EUA, other labs developed and validated their own tests under this temporary policy.

### 3. State Authorization

The FDA is providing flexibility to states who want to authorize labs certified to conduct high-complexity tests in that state to develop and perform coronavirus testing. Under this policy, the state or territory takes responsibility for the safety and accuracy of COVID-19 testing by laboratories in its state/territory and the lab does not submit an EUA request to the FDA.

**The best way to get a coronavirus test is to contact your health care provider. You may also visit your [state](#) or [local](#) health department's website to look for the latest local information on testing.**

**The FDA encourages health care professionals and patients to report adverse events or side effects related to the use of coronavirus tests to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:**

- Complete and submit the [report online](#) through the FDA's MedWatch website.
- [Download the form](#) or call 1-800-332-1088 to request a form, then complete and return to the address on the form or submit by fax to 1-800-FDA-0178.

# GENESEE COUNTY COVID-19 DRIVE-THRU TESTING

## RITE-AID

Visit [www.riteaid.com](http://www.riteaid.com) and click on the red COVID-19 banner to **complete the screening and make an appointment**. Screening is being conducted through the drive-thru pharmacy.

**Swartz Creek**  
9090 Miller Rd.  
Swartz Creek, MI 48473

Testing appointments are available:  
**Sunday - Saturday: 9 am to 5 pm \***  
\*By appointment only

**Flint \***  
5018 Clio Rd.  
Flint, MI 48504

Testing appointments are available  
**Monday - Friday: 10 am to 8 pm \***  
**Saturdays & Sundays: 10 am to 5 pm. \***  
\*By appointment only

\* Starting Monday, May 11th  
\* Appointments can be scheduled starting Sunday, May 10th

## GRAND BLANC HIGH SCHOOL

Provided by Kroger Health, testing will be conducted in the school parking lot.

Visit <https://www.thelittleclinic.com/drivethru-testing> to **complete the screening process and schedule your testing appointment**.

**Grand Blanc High School**  
12500 Holly Road  
Grand Blanc, MI 48439

Testing appointments are available:  
**Monday - Thursday: 10 am to 4 pm \***  
\*By appointment only

## HAMILTON COMMUNITY HEALTH NETWORK\*\*

Call (810) 406-4019 to set up an appointment for drive-thru testing. No insurance required.

You will be screened over the phone and *must have a doctor's order and appointment to receive testing*. Testing can be done in-clinic, find more information at <https://www.hamiltonchn.org/hamilton-covid-faq/>

**North Pointe Clinic**  
5710 Clio Road  
Flint, MI 48504

Appointments are available every 10 minutes on **Tuesdays & Thursdays. \***  
\*By appointment only

Corner of  
Bristol Rd. and  
S. Saginaw Rd.

**Burton Fire Station**  
2031 E. Bristol Rd.  
Burton, MI 48529

\*Starting Tuesday, June 2nd

**\*\*Hamilton is now offering SARS-CoV-2 (COVID-19) IgG antibody testing!**

This test tells who has already had the COVID-19 virus. Call the drive-thru testing line at (810) 406-4019 to be screened and make an appointment.

## MICHIGAN HEALTH SPECIALISTS

Call (810) 235-2004 to make an appointment for testing.

**Location #1**  
2065 S. Center Rd.  
Burton, MI 48519

Testing appointments are available:  
**Monday - Friday: 9 am to 5 pm. \***  
\*By appointment only

**Location #2**  
2700 Robert T. Longway  
Flint, MI 48503

## WALMART SUPERCENTER

Testing is being conducted in partnership with Quest Diagnostics. Visit [www.MyQuestCOVIDTest.com](http://www.MyQuestCOVIDTest.com) to **complete the screening and schedule an appointment**. If you have questions regarding testing or appointments, call Quest's COVID-19 line at (866) 448-7719.

**Walmart Supercenter \***  
4313 Corunna Rd.  
Flint, MI 48532  
\*In the parking lot, beginning 5/15

Testing appointments are available:  
**Monday, Wednesday, & Friday: 7 - 9 am. \***  
\*By appointment only



Genesee County  
Health Department  
Your Health. Our Work.



@GeneseeCountyHealthDepartment

# YOU WERE TESTED FOR COVID-19

## NOW WHAT?

### Isolation, Quarantine, and Safer at Home. What do they mean?



**Isolation:** When a person who is sick (someone who has symptoms or tests positive but has no symptoms) is told to stay home.



**Quarantine:** When a person who is not sick is told to stay home because they have been around someone who is sick. Quarantine lasts for 14 days. If a person develops symptoms of COVID-19 during quarantine, they will be told to isolate.



**Safer at Home:** When everyone is asked to stay home and only leave for activities like going to work, getting prescriptions or shopping for food.

### What MOST people need to know after they get tested for COVID-19\*

When waiting for your COVID-19 test results, follow the DOs and DON'Ts of isolation or quarantine:

#### DON'T:



**Don't leave home.** Only to get medical care.



**Don't share personal items.** Things like dishes, towels, and bedding should not be shared, even with family.



**Don't use public transportation,** if you have another choice.

#### DO:



**Limit interaction with those around you.** Stay in a separate room, like a bedroom, away from others in your home. Use a different bathroom if you can.



**Wear a mask or cloth face covering.** Make sure it covers your nose and mouth. Remember to stay 6 feet away from people and pets. People who are near you should also wear a mask or cloth face covering that covers their nose and mouth.



**Use meal or grocery delivery services when possible.** You can also ask family and friends for help.



**Rest and drink water** to stay hydrated.



**Clean and disinfect** things you touch (like light switches, doorknobs, tables and remotes).



**Wash your hands.** Wash your hands often with soap and water for at least 20 seconds. If you do not have soap and water, use hand sanitizer with at least 60% alcohol.



**Cover cough and sneezes.** Cough or sneeze into your elbow or tissue, then wash your hands.



**Consider those living with you.** If you live with older adults or people with health conditions, think about whether there are other places you can stay while you get well.

## If your COVID-19 test result is positive, follow the DOs and DON'Ts on the front of this handout to protect you and others PLUS:



**Answer the call.** Your health department will call to find out if other people around you might get sick. They can help answer your questions.



**Watch for severe symptoms or other health emergencies.** If you need to call 911, let them know that you have COVID-19.



**Stay in contact with the health department.** They can help figure out when to end isolation. Continue in isolation until you can check all 3 boxes:

- It has been 10 days since your positive test result or 10 days since you began showing symptoms **AND**
- You have been fever free for 72 hours (3 days) without taking fever-reducing medication **AND**
- All symptoms have improved (your cough or shortness of breath improved).

## If your COVID-19 test result is negative, but you have symptoms DO:



**Stay home and away from others.** Until 72 hours (3 days) after symptoms are gone.



**Call your doctor.** Ask if you should be tested again, or for another illness, if you continue to have symptoms of COVID-19.

## Contact Tracing: What to Expect

If you get a call from your local health department or MI COVID HELP, answering your phone is important to protect your friends, family, neighbors and coworkers.

- Your name will not be shared with anyone
- You will never be asked for personal identification like a Social Security Number, Driver's License, immigration status or credit card information.
- The contact tracer will ask how you are feeling and about people you were in contact with recently. They can also share tips to get well and protect others.

## Help is here for you!

**MI Safe Stay:** If you need a place to recover to protect others in your home, contact your doctor or local health department to ask about MI Safe Stay. The program provides a safe, private room to stay while you get well.

**MI Bridges:** Go to [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges) today to apply for benefits, such as food assistance and health care coverage, and learn about resources in your community.

**Michigan Stay Well Counseling and Crisis Text Line:** Call 1-888-535-6136 and press "8" to talk with a Michigan Stay Well counselor. Counseling is free, confidential and available 24/7.

**Michigan 2-1-1:** Visit [mi211.org](https://mi211.org) or dial 2-1-1 to connect with resources in your local community, like housing and financial assistance.

**Antibody testing (blood testing) is different than diagnostic testing for COVID-19.** It cannot be used to diagnose individuals. No matter the results of your antibody test, you should still take all steps to stay healthy and keep others safe.

For more information, visit [Michigan.gov/ContainCOVID](https://Michigan.gov/ContainCOVID).

\*This guidance does not apply to health care workers or first responders.

# TESTING & CONTACT TRACING



When someone does test positive the County Health Department will call the individual to provide education and guidance on how to protect their health. The Health Department will also ask for personal information regarding who they were in contact with during the potential exposure time.

While the Health Department does ask for personal information, the Health Department does NOT ask for any financial information. (See "*Genesee County Health Department Notice of Information Practices,*" page 28)

There has been reports of phone scams of people claiming to be the health department and requesting financial information. Again, the Health Department is not asking for financial information.

Any questions regarding testing concerns or contact tracing can reach **Suzanne Cupal**, Genesee County Public Health Division Director, at [scupal@gchd.us](mailto:scupal@gchd.us) or **810-768-7970** for further information.



**Genesee County  
Health Department**  
Your Health. Our Work.



## ANSWER THE CALL

If you get a call from the health department, keep your family and friends safe by answering the call. To break the chain of infection, we're calling anyone who has been exposed to coronavirus. The process is called contact tracing and it has been used to control diseases for decades. But you have to answer the phone for it to work.



If you need medical care, call ahead to let the doctor's office, hospital or 911 know you might have coronavirus so they can take the appropriate precautions to keep you and their staff safe. Avoid ride shares, taxis and public transport.



## IF YOU TEST POSITIVE

If you test positive for COVID-19, you'll be asked to stay home to stop the spread of the virus. The health department will provide information about how to keep you and your loved ones safe while you recover.

They'll also ask for a list of people you were within six feet of for more than 10 minutes during the two days before you had symptoms.



## REACHING OUT TO YOUR CONTACTS

Then the health department will reach out to anyone you've been in contact with to contain the spread of the virus.

Contacts are given information to understand their risk and how to keep others safe. They're asked to stay home, monitor themselves for illness, and seek help if they become ill.

## YOUR IDENTITY PROTECTED

We will not release your name to anyone we call, including your contacts. We will never ask for personal identification, like your social security number, driver's license or credit card information.



**Genesee County Health Department  
Notice of Information Practices**

**THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 03/16/2018 (updated)**

*We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information that we maintain. If we change our information practices, we will give you a new copy of the notice the next time you receive services from us.*

**Your Privacy Rights:**

You have the following rights regarding the health information that we have about you. Your requests must be made in person or in writing to the Genesee County Health Department at the address on the second page of this notice.

**You may:**

**Request an electronic or paper copy of your medical record.**

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record.**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request, but we'll tell you why in writing within 60 days.

**Request confidential communications.**

You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the reason for your request.

**Ask us to limit what we use or share.**

You can ask us not to use or share certain health information for treatment, payment, or our operations. You may also ask that we not share information with your insurance provider if you have paid for those services out-of-pocket and in full. We are not required to agree to your request, and we may say "no" if it would affect your care or if the law requires we share that information.

**Request a list of those with whom we've shared your information.**

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and

why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Choose someone to act for you.**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. For some services, minors age 13 and over are treated like an adult and can exercise their rights and make choices for themselves.

**Get a copy of this notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly. Please call or write to us to request a copy.

**How to use your rights under this notice**

If you want to use your rights under this notice, including filing a complaint about the use of your health information, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish. You can file a complaint if you feel we have violated your privacy rights by contacting us using the information on page 2.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA) upon request.

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

**THIS NOTICE IS AVAILABLE IN LARGER PRINT UPON REQUEST.**

## Genesee County Health Department Notice of Information Practices

### Your health information will not be shared and/or disclosed without your permission except as described in this notice or as required by law.

You may authorize other disclosures by completing an authorization form. You may also cancel (in writing) an authorization at any time except to the extent that we have taken action in reliance on the authorization.

### **Understanding the Type of Information We Have.**

We get information about you when you receive services from us. It may include your date of birth, gender, ID number (ex. Social Security number) and other personal information. We may submit and obtain bills, reports from your doctor and other data about your medical care.

### **Our Privacy Commitment to You.**

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for the purposes of treatment, payment, and healthcare operations or when we are required by law to do so.

- **Treatment:** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get here.
- **Billing:** We may use and disclose information so the care you get can be properly billed and paid for.
- **Healthcare Operations:** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.
- **Exceptions:** For certain kinds of records, your permission may be needed even for release for treatment, payment and business operations.
- **Research or public health purposes:** We may use and disclose information for the purpose of research and public health purposes.
- **As Required By Law:** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government

agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.
- **Notification:** We will notify you in writing following the discovery of a breach of unsecured, protected health information.

**Complaints and Communications to Us:** If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer  
Genesee County Health Department  
630 S. Saginaw St., Suite 4  
Flint, MI 48502  
Phone: 810- 257-3612  
E-mail: info@gchd.us  
Website: www.gchd.us

You will not be penalized for filing a complaint with the Health Department.

**Complaints to the Federal Government:** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government.

You may write to:

Office of Civil Rights  
U.S. Dept. of Health & Human Services  
200 Independence Avenue, SW  
Room 509F HHH Bldg  
Washington, D.C. 20201  
Phone: 877-696-6774  
Online - [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You will not be penalized for filing a complaint with the federal government.

Effective: 03/16/2018 (updated)

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MI SAFE START PLAN ..... 31

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# MI SAFE START

A PLAN TO RE-ENGAGE  
MICHIGAN'S ECONOMY

Governor Gretchen Whitmer

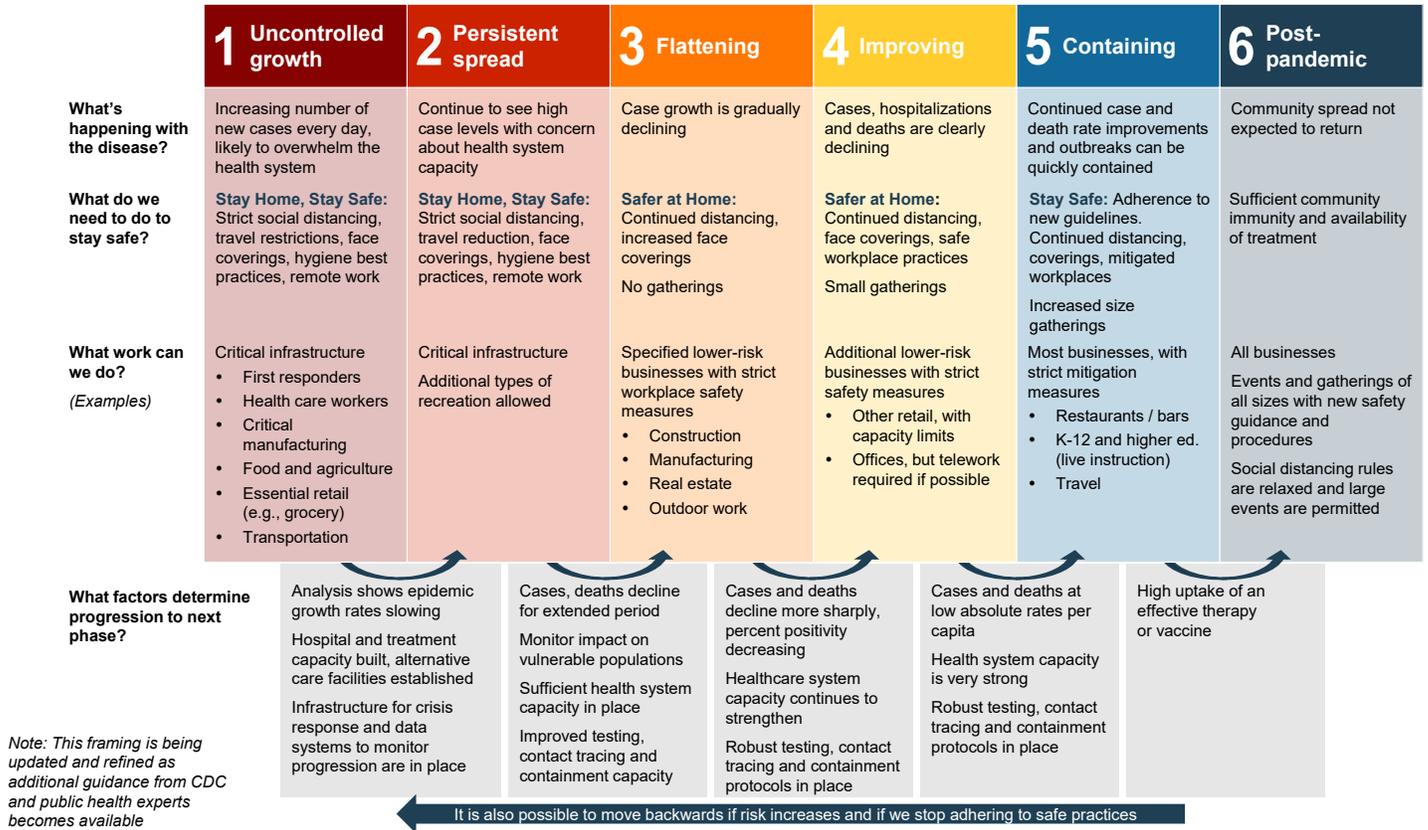
May 7, 2020

GEORGE W. ROMNEY BUILDING - 111 SOUTH CAPITOL AVENUE - LANSING, MICHIGAN 48909

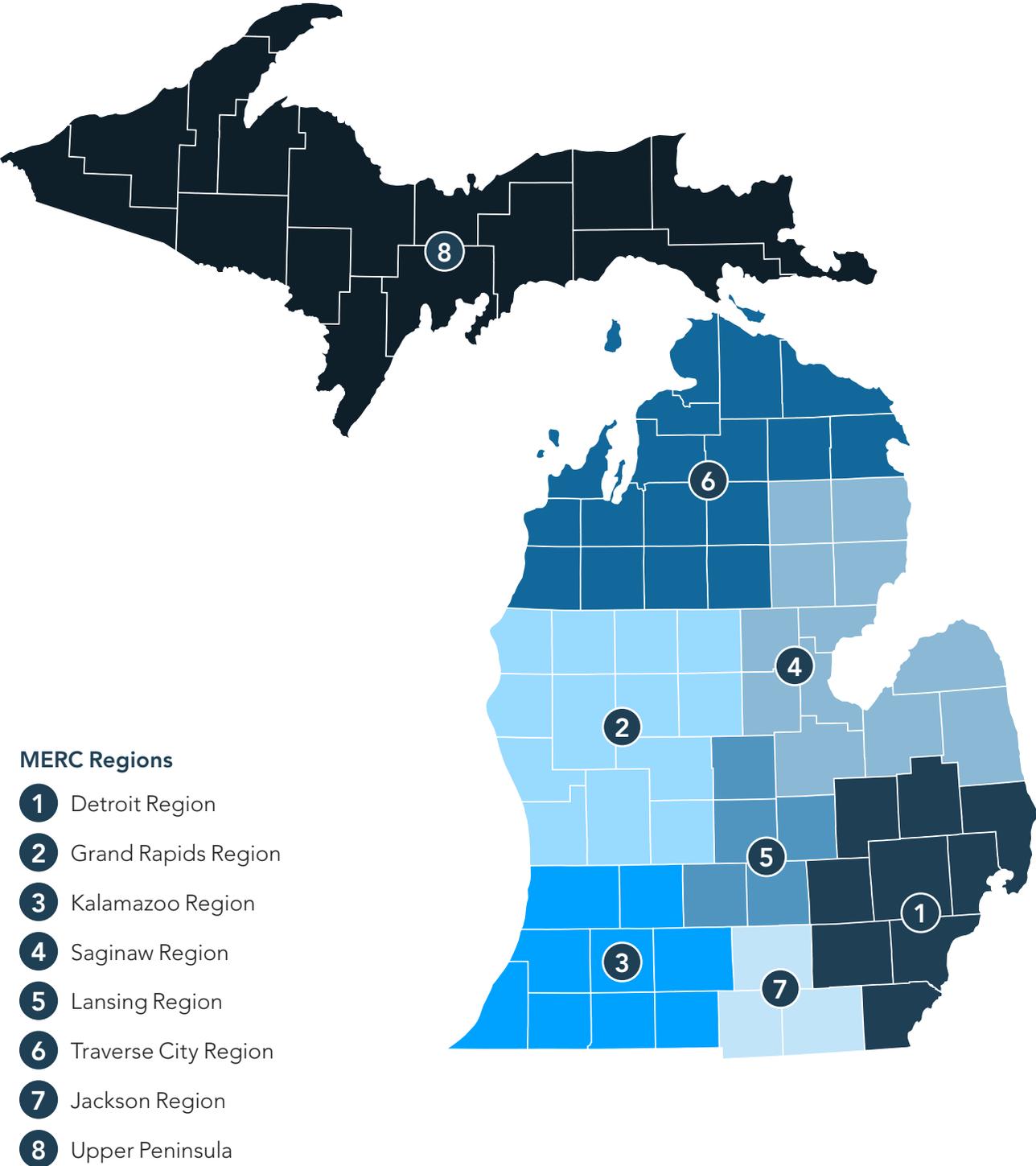
[www.michigan.gov](http://www.michigan.gov)

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# MI SAFE START PLAN



# MICHIGAN ECONOMIC RECOVERY COUNCIL REPORTING REGIONS



# INTRODUCTION

**We have made tremendous progress** in fighting COVID-19 in Michigan. Our medical workers, first responders, and other critical workers have put their lives on the line for us every day, and we owe it to them to do whatever we can to stop the spread of the virus.

**All of us know the importance of getting the economy moving again.** We have already loosened some restrictions on landscaping, construction, and manufacturing. But the worst thing we could do is open up in a way that causes a second wave of infections and death, puts health care workers at further risk, and wipes out all the progress we've made.

We will keep listening to experts and examining the data here in Michigan to reduce deaths, keep our healthcare system from collapsing, and protect those working on the front lines.

## Together, we will move forward.

**Governor Gretchen Whitmer's MI Safe Start Plan** outlines how we will begin to re-engage while continuing to keep our communities safe. Re-engagement will happen in phases. Those businesses that are necessary to protect and sustain life are already open. As we move into lower-risk phases, additional business categories will re-open and the restrictions on public gatherings and social interactions will ease.

**As always, we will be guided by the facts** in deciding whether to transition from one phase to another. We are looking at data every day to understand where we are: data that tells us where the epidemic is spreading, whether our hospitals and other health-care providers can safely cope with any surge in infections, and whether our public health system is up to the task of suppressing new outbreaks.

**We need to keep working** to expand testing and require people who test positive, or are close contacts of those who do, to self-isolate. Moving too fast without the tests we need could put Michigan at risk of a second wave of infections. The most important thing right now is to listen to the experts and follow the medical science.

**We are also looking at the best available evidence** on the risks that different business sectors present and the steps that can be taken to mitigate those risks and protect workers. Our Safe Start Plan has been guided by the state's top public health and university experts, and is based on input from a wide range of experts, including the CEOs of major Michigan companies, labor and union leaders, and small business owners around Michigan.

**We must reopen gradually and safely.** By proceeding incrementally, we can evaluate the effects of our decisions. If cases start to surge, we may need to tighten up again. If the disease is contained, we can keep relaxing. The MI Safe Start Plan will re-engage our economy carefully and deliberately to avoid a second wave of infections.

**This will be a long process.** Our ability to move forward depends on all of us and on our collective commitment to protecting ourselves and others—whether at home, at work, or anywhere else we go. We will always put the health and safety of Michiganders first.



# STAGES OF OUR RESPONSE

In Governor Whitmer's Safe Start Plan, we evaluate where the state and each of its regions are across six phases of this epidemic:

1. **Uncontrolled growth:** Increasing number of new cases every day, likely to overwhelm the health system. Only critical infrastructure remains open.
2. **Persistent spread:** Continue to see high case levels with concern about health system capacity. Only critical infrastructure remains open, with lower-risk recreational activities allowed.
3. **Flattening:** Epidemic is no longer increasing and health system capacity is sufficient for current needs. Specified lower-risk businesses can reopen given adherence to strict safety measures.
4. **Improving:** Epidemic clearly decreasing and health system capacity is strong with robust testing and contact tracing. Additional businesses can reopen given adherence to strict safety measures.
5. **Containing:** Epidemic levels are extremely low and outbreaks can be quickly contained. Health system capacity is strong with robust testing and tracing. Most businesses can reopen given adherence to strict safety measures.
6. **Post-pandemic:** Community spread is not expected to return (e.g., because of a vaccine) and the economy is fully reopened.

Assessing which phase we are in involves a comprehensive review of the facts on the ground. Guided by our experts, we are closely monitoring data that allows us to answer three questions:

- A. Is the epidemic growing, flattening, or declining?
- B. Does our health system have the capacity to address current needs? Can it cope with a potential surge of new cases?
- C. Are our testing and tracing efforts sufficient to monitor the epidemic and control its spread?

We have also worked with our best public health experts and the business community to assess the infection risks posed by workplaces across every sector of the economy. In general, those businesses that are likely to re-open sooner are those that present lower levels of infection risk and whose work cannot be performed remotely. We have also evaluated risk mitigation strategies to minimize the chance that any infection will spread at the workplace. Within each phase, businesses may reopen in a staggered manner to ensure safety. Finally, as our understanding of this disease improves, our assessments of what is appropriate in each phase could change to match the latest scientific evidence.

We are also establishing working groups to advise the state on how we can safely re-engage child care and summer camps, as well as businesses such as restaurants and bars, travel and tourism, and entertainment venues, so that when it is safe, there are best practices established for how to partially open in a low-risk manner.

The following sections outline our approach for moving between phases as well as details on each phase of the MI Safe Start Plan.



## When do we move between phases?

Guided by our public health experts, we are carefully evaluating the best available data to understand the degree of risk and readiness in Michigan. We are complementing that analysis with an understanding of the on-the-ground contextual realities. This comprehensive assessment is a critical input into whether we are prepared to move to the next phase and – just as importantly – whether the disease is surging and we need to adjust our approach.

It is crucial that we monitor the impact of each set of re-engagement activities before moving into the next phase. New transmission can take some time to become visible, and we need to understand any impact of previous re-engagement activities on new disease spread before evaluating a transition to the next stage. As we move into later phases, or if our progress stalls out, it may take longer to move from one phase to another.

Furthermore, it is important to evaluate indicators together: even though some may point to a lower level of risk, others may not. For example, if cases are declining but the health system does not have capacity to address a sudden uptick in cases, the degree of overall risk may still be high.

We will also examine whether different regions within Michigan may be at different phases. That inquiry, too, must be holistic: a region with a low rate of infection may have limited hospital capacity, for example, which puts it at relatively greater risk if an outbreak occurs. Where appropriate, however, regional tailoring makes sense for a state as large and diverse as ours.

Examples of the evidence reviewed for each of the three questions is described below:

### A. Is the epidemic growing, flattening, or declining?

Evidence analyzed includes:

- **The number of new cases per million:** low levels of new cases can suggest limited continued transmission; high levels of new cases can suggest continued transmission activity.
- **Trends in new daily cases:** sustained decreases may suggest that there has not been new takeoff of the disease; increases would provide concern that there has been new takeoff.
- **% positive tests:** if testing levels are high, a low proportion of positive tests is further evidence of declining spread, and also suggests that we have a good understanding of the state of the epidemic. If there is a high proportion of positive tests, it could suggest further disease spread, or that we have a poor understanding of the true extent of the epidemic.



## B. Does our health system have the capacity to address current needs as well as a potential increase, should new cases emerge?

Evidence analyzed includes:

- **Hospital capacity:** if hospitals are able to surge to accommodate a higher case load, it suggests that, if a small uptick in new cases occurred during additional re-engagement, our health system would not be overwhelmed. If hospitals are not able to surge in this way, any new case spread could threaten our health system.
- **PPE availability:** if hospitals have sufficient PPE to manage increased caseloads, it suggests health system capability to handle a small uptick in new cases.

## C. Are our testing and tracing efforts sufficient to monitor the epidemic and control its spread?

Evidence analyzed includes:

- **Testing capacity:** if we are able to ensure that the individuals at risk in each re-engagement phase have access to testing when needed, we will be able to give individuals the information they need to stay safe and, at the same time, allow us to closely track the impact of re-engagement activities on our case growth. If we do not have this testing capacity, it will be harder to give our people and our decision-makers the information they need.
- **Tracing and containment effectiveness:** if we are able to quickly follow up on any newly identified cases and associated contacts, and if those individuals effectively self-isolate, we can more successfully contain any new increase in disease spread. Otherwise, transmission is likely to be higher, increasing our risk.

As new guidance continues to be provided by the CDC and other public health experts, our assessment will adjust to be continually informed by the best available science.



# PHASE 1: UNCONTROLLED GROWTH

## What does it look like



The number of daily new cases increases by a constant rate every day, which leads to an increasingly accelerating case curve. If a community remains in this phase for an extended period of time, healthcare facilities could quickly be overwhelmed. Because unmitigated behavior contributes to the exponential growth, communities can slow the growth rate and exit this phase by introducing social distancing practices and wearing masks when in public.

## What work can we do

## What do we need to do to stay safe

### Businesses and organizations

Only work that is necessary to protect or sustain life will be permitted

- **Retail:** Limited to grocery stores and other critical retail (e.g., pharmacies)
- **Public Transportation:** Permitted
- **Restaurants & Bars:** Available for take-out, delivery and drive-through only
- **Manufacturing:** Critical manufacturing only
- **Construction:** Only permitted for critical infrastructure projects
- **Food & Agriculture:** Permitted
- **Offices:** Closed to all non-critical workers during this phase
- **Education & Child Care:** Remote learning in K-12 and higher education, child care for critical workers

### Personal and social

- **Social Distancing:** In place, maintain a six-foot distance from others when outdoors / in public
- **Face coverings:** Required
- **Gatherings:** Not permitted
- **Outdoor Recreation:** Walking, hiking, biking permitted
- **Quarantine/Isolation:** Individuals who have confirmed or suspected COVID-19 must isolate, and any individual with a known exposure must quarantine, according to CDC and public health guidance
- **At-risk populations:** All at-risk individuals should continue to shelter in place. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. Businesses should strongly consider special accommodations for personnel who are members of an at-risk population



# PHASE **2**: PERSISTENT SPREAD

## What does it look like



This phase occurs after the Uncontrolled Growth phase, but when the epidemic is still expanding in the community. There are still high case levels, but the growth rate might gradually decrease. Within this phase, the epidemic is widespread in a community and source of infection is more difficult to trace. Even though the growth rate of new cases is decreasing, high volumes of infected individuals mean that health systems could become overwhelmed, leading to higher mortality rates. During this phase, it is important to maintain social distancing practices in order to slow the spread to a level that health systems can handle as they are continuing to build capacity.

## What work can we do

## What do we need to do to stay safe

### Businesses and organizations

Only work that is necessary to protect or sustain life will be permitted

- **Retail:** Limited to grocery stores and other critical retail (e.g., pharmacies), plus curbside or delivery for nonessential retail
- **Public Transportation:** Permitted
- **Restaurants & Bars:** Available for take-out, delivery and drive-through only
- **Manufacturing:** Critical manufacturing only
- **Construction:** Only permitted for critical infrastructure projects
- **Food & Agriculture:** Permitted
- **Offices:** Closed to all non-critical workers during this phase
- **Education & Child Care:** Remote learning in K-12 and higher education, child care for critical workers

### Personal and social

- **Social Distancing:** In place, maintain a six-foot distance from other when outdoors / in public
- **Face coverings:** Required
- **Gatherings:** Not permitted
- **Outdoor Recreation:** Walking, hiking, biking permitted. Additional recreation allowed, including golfing and motorboating
- **Quarantine/Isolation:** Individuals who have confirmed or suspected COVID-19 must isolate, and any individual with a known exposure must quarantine, according to CDC and public health guidance
- **At-risk populations:** All at-risk individuals should continue to shelter in place. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. Businesses should strongly consider special accommodations for personnel who are members of an at-risk population



# PHASE 3: FLATTENING

## What does it look like



This phase occurs when daily new cases and deaths remain relatively constant over a time period. Often, this occurs because communities have started to use social distancing practices and transmission rates have fallen to manageable levels. Because new cases are not constantly increasing, health system capacity has time to expand to epidemic needs and is not typically overwhelmed. During this phase, testing and contact tracing efforts are ramped up statewide. To prevent each infected individual from spreading the virus unchecked, rapid case investigation, contact tracing, and containment practices are necessary within a community.

## What work can we do

## What do we need to do to stay safe



### Businesses and organizations

Non-critical businesses that pose lower risk of infection are able to open with increased safety measures during this phase:

- **Retail:** Limited to grocery stores and other critical retail (e.g., pharmacies), plus curbside or delivery for nonessential retail
- **Public Transportation:** Permitted
- **Restaurants & Bars:** Available for take-out, delivery and drive-through only
- **Manufacturing:** Permitted with additional safety measures and guidelines
- **Construction:** Permitted with additional safety measures and guidelines
- **Food & Agriculture:** Permitted
- **Offices:** Closed to all non-critical workers
- **Education & Child Care:** Remote learning in K-12 and higher education, child care for critical workers and anyone resuming work activities
- **Outdoor work:** Permitted with additional safety measures and guidelines

### Personal and social

- **Social Distancing:** In place, maintain a six-foot distance from other when outdoors / in public
- **Face coverings:** Required
- **Gatherings:** Not permitted
- **Outdoor Recreation:** Walking, hiking, biking, golfing, boating permitted
- **Quarantine/Isolation:** Individuals who have confirmed or suspected COVID-19 must isolate, and any individual with a known exposure must quarantine, according to CDC and public health guidance
- **At-risk populations:** All at-risk individuals should continue to shelter in place. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. Businesses should strongly consider special accommodations for personnel who are members of an at-risk population



# PHASE 4: IMPROVING

## What does it look like



This phase occurs when the number of new cases and deaths has fallen for a period of time, but overall case levels are still high. When in the Improving phase, most new outbreaks are quickly identified, traced, and contained due to robust testing infrastructure and rapid contact tracing. Health system capacity can typically handle these new outbreaks, and therefore case fatality rate does not rise above typical levels. Though a community might be in a declining phase, the overall number of infected individuals still indicate the need for distancing to stop transmission and move to the next phase.

## What work can we do

## What do we need to do to stay safe

### Businesses and organizations

Most business and organizations will be open throughout this phase under strict safety measures. These include:

- **Retail:** Permitted with additional safety measures and guidelines (e.g., limited capacity)
- **Public Transportation:** Permitted
- **Restaurants & Bars:** Available for take-out, delivery and drive-through only
- **Manufacturing:** Permitted with additional safety measures and guidelines
- **Construction:** Permitted with additional safety measures and guidelines
- **Food & Agriculture:** Permitted
- **Offices:** Open (remote work still required where feasible)
- **Education:** Remote learning in K-12 and higher education, summer programs in small groups
- **Outdoor work:** Permitted with additional safety measures and guidelines

### Personal and social

- **Social Distancing:** In place, maintain a six-foot distance from other when outdoors / in public
- **Face coverings:** Required
- **Gatherings:** Limited to small groups with social distancing
- **Outdoor Recreation:** Walking, hiking, biking, golfing, boating permitted. Activities permitted in small groups with social distancing
- **Quarantine/Isolation:** Individuals who have confirmed or suspected COVID-19 must isolate, and any individual with a known exposure must quarantine, according to CDC and public health guidance
- **At-risk populations:** All at-risk individuals should continue to shelter in place. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. Businesses should strongly consider special accommodations for personnel who are members of an at-risk population



# PHASE 5: CONTAINING

## What does it look like



During the Containing phase, new cases and deaths continue to decrease for an additional period of time. At this point, the number of active cases has reached a point where infection from other members of the community is less common. With widespread testing, positivity rates often fall much lower than earlier phases. Rapid case investigation, contact tracing, and containment strategies cause new cases to continue to fall. However, if distancing and other risk mitigation efforts are not continued, infections could begin to grow again because a permanent solution to the epidemic has not yet been identified.

## What work can we do

## What do we need to do to stay safe



### Businesses and organizations

Most business and organizations will be open throughout this phase under strict safety measures

- **Retail:** Permitted with additional safety measures and guidelines (e.g., limited capacity)
- **Public Transportation:** Permitted
- **Restaurants & Bars:** Available for dine-in with additional safety measures and guidelines
- **Manufacturing:** Permitted with additional safety measures and guidelines
- **Construction:** Permitted with additional safety measures and guidelines
- **Food & Agriculture:** Permitted
- **Offices:** Open with additional safety measures and guidelines
- **Education:** Live instruction in K-12 and higher education
- **Outdoor work:** Permitted with additional safety measures and guidelines

### Personal and social

- **Social Distancing:** In place, maintain a six-foot distance from other when outdoors / in public
- **Face coverings:** Required wherever possible
- **Gatherings:** Increased but still limited-sized groups with social distancing
- **Outdoor Recreation:** All outdoor recreation allowed
- **Quarantine/Isolation:** Individuals who have confirmed or suspected COVID-19 must isolate, and any individual with a known exposure must quarantine, according to CDC and public health guidance
- **At-risk populations:** All at-risk individuals should continue to shelter in place. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. Businesses should strongly consider special accommodations for personnel who are members of an at-risk population



# PHASE **6**: POST-PANDEMIC

## What does it look like



Reaching this phase would mean that community spread is not expected to return, because of sufficient community immunity and availability of treatment. Because of this, the number of infected individuals falls to nearly zero and the community does not typically experience this strain of the epidemic returning. All areas of the economy reopen, and gatherings of all sizes resume.

## What work can we do

## What do we need to do to stay safe



### **Businesses and organizations**

All businesses and organizations open with some lasting safety requirements

### **Personal and social**

Minimal to no lasting limitations on personal and/or social activities



# CONTROLLING SPREAD IN THE WORKPLACE

There are best practices workplaces should follow, with different levels of importance depending on the industry. The proper implementation of these best practices will mitigate risk in the workplace and allow for a safe and sustained return to work. If workplaces fail to follow some or all of these guidelines, it may curb the state-wide progress toward the revitalization phase and result in a re-instating of stricter social limitations.

These best practices fall into five categories:

## **A. Access control: Implementing best practices to quickly identify and catalogue potential introductions of COVID-19 into the workplace**

- Daily symptom diaries (mandatory questionnaires self-attesting to symptoms and contacts)
- On-site temperature checks
- Rapid diagnostic testing protocols
- Intake procedures for visitors
- Guidelines for delivery areas

## **B. Social distancing: Minimizing levels of close contact within the workplace to limit the spread of COVID-19 among workers**

- Remote work (standards for who can work in person, social distancing guidelines for work from home)
- Restrictions on common instances of non-essential close contact (e.g., crowded conference rooms, cafeterias)
- Restriction on in-person meeting size
- Physical barriers between workspaces

## **C. Sanitation / Hygiene: Increasing both the frequency and vigor of common cleaning practices as well as implementing new ones to reduce the amount of time COVID-19 can live on surfaces**

- Frequent disinfection / cleaning (facilities and equipment)
- Local exhaust ventilation
- HEPA filters on HVAC units
- Availability of hand-washing facilities
- Restrictions on shared tooling / machinery



**D. PPE: Ensuring all employees have access to personal protective equipment to keep them from both contracting and transmitting the COVID-19 virus**

- Masks to be worn whenever workers cannot consistently maintain six-feet of separation
- Gloves as necessary
- Face shields as necessary

**E. Contact tracing / Isolation: Designing and imparting to employees important procedures and protocols on what occurs if an employee is suspected to have and/or diagnosed with COVID-19**

- Isolation protocols
- Notification protocols (HR, first responders, government authorities)
- Investigation standards
- Facility cleaning / shutdown procedure
- Quarantine and return-to-work guidelines



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# Coronavirus Disease 2019 (COVID-19)

## Interim Guidance for Communities of Faith

CDC offers the following general considerations to help communities of faith discern how best to practice their beliefs while keeping their staff and congregations safe. Millions of Americans embrace worship as an essential part of life. For many faith traditions, gathering together for worship is at the heart of what it means to be a community of faith. But as Americans are now aware, gatherings present a risk for increasing spread of COVID-19 during this Public Health Emergency. CDC offers these suggestions for faith communities to consider and accept, reject, or modify, consistent with their own faith traditions, in the course of preparing to reconvene for in-person gatherings while still working to prevent the spread of COVID-19.

This guidance is not intended to infringe on rights protected by the First Amendment to the U.S. Constitution or any other federal law, including the Religious Freedom Restoration Act of 1993 (RFRA). The federal government may not prescribe standards for interactions of faith communities in houses of worship, and in accordance with the First Amendment, no faith community should be asked to adopt any mitigation strategies that are more stringent than the mitigation strategies asked of similarly situated entities or activities.

In addition, we note that while many types of gatherings are important for civic and economic well-being, religious worship has particularly profound significance to communities and individuals, including as a right protected by the First Amendment. State and local authorities are reminded to take this vital right into account when establishing their own re-opening plans.

## Scaling Up Operations

- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Provide protections for staff and congregants at higher risk for severe illness from COVID-19. Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk. Offer options for congregants at higher risk of severe illness that limit their exposure risk (e.g., remote participation in services).
- Consistent with applicable federal and State laws and regulations, put in place policies that protect the privacy and confidentiality of people at higher risk for severe illness regarding underlying medical conditions.
- Encourage any organizations that share or use the facilities to also follow these considerations as applicable.
- If your community provides social services in the facility as part of its mission, consult CDC's information for schools and businesses and workplaces, as relevant, for helpful information.

## Safety Actions

### Promote healthy hygiene practices

- Encourage staff and congregants to maintain good hand hygiene, washing hands with soap and water for at least 20 seconds.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for those who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Encourage staff and congregants to cover coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in the trash and hands washed.
- Whenever soap and water are not readily available, hand sanitizer with at least 60% alcohol can be used.
- Consider posting signs on how to stop the spread  of COVID-19 and how to promote everyday protective measures , such as washing hands, covering coughs and sneezes, and properly wearing a face covering .

## Cloth face coverings

- Encourage use of cloth face coverings among staff and congregants. Face coverings are most essential when social distancing is difficult. Note: Cloth face coverings should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.

## Intensify cleaning, disinfection, and ventilation

- Clean and disinfect frequently touched surfaces at least daily and shared objects in between uses.
- Develop a schedule of increased, routine cleaning and disinfection.
- Avoid use of items that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep them away from children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, etc. Do not open windows and doors if they pose a safety risk to children using the facility.
- If your faith community offers multiple services, consider scheduling services far enough apart to allow time for cleaning and disinfecting high-touch surfaces between services. Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

## Promote social distancing

- Take steps to limit the size of gatherings in accordance with the guidance and directives of state and local authorities and subject to the protections of the First Amendment and any other applicable federal law.
- Promote social distancing at services and other gatherings, ensuring that clergy, staff, choir, volunteers and attendees at the services follow social distancing, as circumstances and faith traditions allow, to lessen their risk.
- Consider holding services and gatherings in a large, well-ventilated area or outdoors, as circumstances and faith traditions allow.
- Consider appropriate mitigation measures, including taking steps to limit the size of gatherings maintaining social distancing, at other gatherings such as funerals, weddings, religious education classes, youth events, support groups and any other programming, where consistent with the faith tradition.
- Provide physical guides, such as tape on floors or walkways and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one-way routes" in hallways).

## Take steps to minimize community sharing of worship materials and other items

- Consistent with the community's faith tradition, consider temporarily limiting the sharing of frequently touched objects, such as worship aids, prayer rugs, prayer books, hymnals, religious texts and other bulletins, books, or other items passed or shared among congregants, and encouraging congregants to bring their own such items, if possible, or photocopying or projecting prayers, songs, and texts using electronic means.
- Modify the methods used to receive financial contributions. Consider a stationary collection box, the main, or electronic methods of collection regular financial contributions instead of shared collection trays or baskets.
- Consider whether physical contact (e.g., shaking hands, hugging, or kissing) can be limited among members of the faith community.
- If food is offered at any event, consider pre-packaged options, and avoid buffet or family-style meals if possible.

## Nursery/Childcare

- If a nursery or childcare will be provided during services and events, refer to CDC's information on preventing the spread of COVID-19 in childcare settings and adapt as needed for your setting.
- If holding summer day camps, refer to CDC's Information on youth and summer camps and adapt as needed.

## Staffing and Training

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

## Monitoring and Preparing

### Check for signs and symptoms

- Encourage staff or congregants who are sick or who have had close contact with a person with COVID-19 to stay home. Share CDC's criteria for staying home with staff and congregants so that they know how to care for themselves and others. Consider posting signs at entrances with this information.

### Plan for when a staff member or congregant becomes sick

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

### Maintain healthy operations

- Implement flexible sick leave and related flexible policies and practices for staff (e.g., allow work from home, if feasible), and provide requested reasonable accommodation absent undue hardship to individuals with disabilities under the Americans with Disabilities Act (ADA)  or other applicable laws and in accordance with religious practices.
- Monitor absenteeism and create a roster of trained back-up staff.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, clergy, volunteers, and congregants should know who this person is and how to contact them if they become sick or are around others diagnosed with COVID-19. This person should also be aware of state or local regulatory agency policies related to group gatherings.
- As volunteers often perform important duties (e.g., greeters, ushers, childcare), consider similar monitoring, planning, and training for them. Consider that volunteer and staffing may need to increase to implement cleaning and safety protocols and to accommodate additional services with reduced attendance.
- Communicate clearly with staff and congregants about actions being taken to protect their health.

### Signs and Messages

- Post signs in highly visible locations (e.g., entrances, restrooms, gathering halls/community rooms/gyms) that promote everyday protective measures  and describe how to stop the spread  of germs (such as by properly washing

hands and properly wearing a cloth face covering  ).

- Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and congregants (such as in emails and on community websites and social media accounts).
- Find freely available CDC print and digital resources on CDC's communications resources main page.

## Closing

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

Page last reviewed: May 23, 2020

# FAQs for Administrators and Leaders at Community- and Faith-Based Organizations

## Get Prepared

### Q. What steps should my organization take to prepare?

A. To help your organization prepare for the possible spread of [COVID-19](#), ensure your emergency operations plan includes [key COVID-19 prevention strategies](#) and covers groups at [increased risk for severe illness](#). This includes, but is not limited to, older adults and people of any age with serious underlying medical conditions, such as heart or lung disease or diabetes.

Be sure all staff, volunteers, and members are familiar with your emergency operations plan. Ensure you know how to contact them with information and updates (such as through text message and websites). Alert local public health officials about large increases in staff or regular member absenteeism, particularly if absences appear due to respiratory illnesses (such as, the common cold and the flu, which have [symptoms](#) similar to COVID-19 (fever, cough, and difficulty breathing). Read [CDC's guidance](#) to learn more about how to get your community- or faith-based organization ready for COVID-19. CDC also has [guidance](#) that covers additional strategies to protect your staff.

### Q. How can my organization lower the chance that staff and members will get sick?

A. The best way to prevent COVID-19 is to avoid being exposed to the virus. Start by encouraging your staff and members to use [everyday preventive actions](#) (such as washing hands often, avoiding close contact with people, and covering coughs and sneezes with a tissue or the inside of the elbow). Be sure you have supplies on hand (such as soap, hand sanitizer that contains at least 60% alcohol, tissues, trash baskets) for your staff, volunteers, and those you serve. CDC has posters with messages you can post in your facility for staff about:

- [Staying home when sick](#); and
- How to [avoid spreading germs at work](#).

CDC also has information for members, including:

- [Health promotion materials](#);
- Information on [proper handwashing technique](#); and
- [Tips for families to help children develop good handwashing habits](#).

To help limit the spread of the virus, you should also develop [flexible sick-leave and telework policies](#) so that staff (and volunteers) can stay home when they are sick, when they need to care for a sick household member, or to care for their children in the event of [temporary school dismissals](#). You may also consider replacing in-person meetings with conference calls, video conferencing, or web-based seminars and postponing non-essential meetings and travel.



**Q. How should my organization clean the facility to limit spread of the virus?**

**A.** At least once per day, clean and then disinfect surfaces and objects that are touched often. Read [CDC guidance on cleaning and disinfecting](#) to learn more. This guidance includes cleaning objects and surfaces not ordinarily cleaned daily, for example, doorknobs, light switches, and countertops. Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection, most common household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).

**Q. Where can my organization find out if the virus has spread to the local community?**

**A.** You can get up-to-date information about local COVID-19 activity by keeping in touch with your local and state [public health officials](#), and keeping up-to-date with the [CDC website](#).

**Q. What are things to consider when determining if a group event or gathering needs to be postponed or canceled?**

**A.** Consult with local public health officials and continually assess current conditions. Be sure to regularly review the latest recommendations from the [White House](#) and [CDC](#) for all types of gatherings. When determining if you should postpone or cancel a gathering or event, consider the:

- Overall number of attendees or crowd size.
- Number of people attending who are at higher risk for serious illness.
- How close together attendees will be.
- Potential economic impact to attendees, staff, and the local community.
- Amount of spread in local community and the communities from where your attendees are likely to travel.
- Needs and capacity of the local community to host or participate in your event.

Read [CDC guidance on mass gatherings and large events](#).

**Q. How can my organization get involved to help the local community?**

**A.** Leaders should talk to staff and members about their concerns, as well as the potential [fears and anxiety](#) that may result from rumors or misinformation. Be sure to share resources that provide [reliable COVID-19 information](#) and speak out to prevent [stigma and discrimination](#).

Consider how your organization is uniquely able to assist the local community. Determine whether your organization can work with local health departments, if needed, so that your facilities can be used as temporary care facilities; quarantine facilities; or central distribution sites for food, water, supplies, or medicine. Coordinate with local health officials on ways to ensure care and services for vulnerable populations. Congregations and organizations with experience working with underserved communities (e.g., people who are incarcerated, people who are experiencing homelessness, immigrants, refugees, those with limited English proficiency, single-parent families, public housing residents, migrant-, farm-, and other low-wage workers) can work with local health officials to ensure these groups receive appropriate care and services.

**Q. Is there information my organization can share with staff and members about COVID-19?**

**A.** Share these resources to help people understand COVID-19 and steps they can take to help protect themselves:

- [How to Protect Yourself](#)
- [Groups at Higher Risk](#)

- [What to Do If You Are Sick](#)
- [FAQs: Pregnant Women and COVID-19](#)
- [FAQs: Coronavirus Disease-2019 \(COVID-19\) and Children](#)
- [Handwashing: A Family Activity](#)
- [Handwashing: Clean Hands Save Lives](#)

## Minimal or moderate spread of COVID-19 in the local community

### **Q. What steps should my organization take to protect staff and members if there is minimal or moderate spread of COVID-19 in the local community?**

**A.** If there is minimal or moderate spread of COVID-19 in your community, you should:

- Continue to encourage [everyday preventive actions](#).
- [Clean and disinfect](#) surfaces daily.
- Use multiple strategies to increase space between people, especially for those who are at high-risk for serious illness (such as putting at least 6 feet of space between desks and between people who are in line).
- Develop ways to continue essential services for clients or members, such as meal, [mental](#) and spiritual and health, and social service programs.
- Cancel large events or modify into smaller gatherings. (see [CDC guidance](#) for more information)
  - Follow the directions of your state and local authorities.
  - Encourage people who are at [high-risk for serious illness](#) not to attend in-person. Instead, offer call-in or online viewing options.
- Postpone or cancel trips that could put staff, volunteers, or members at risk for COVID-19.
- Limit access of non-essential visitors to the facility.

For more information related to group activities or events, read CDC guidance on [mass gatherings and large events](#).

### **Q. Should my organization cancel or postpone an event if there is minimal or moderate spread of COVID-19 in the local community?**

**A.** To find out if your organization should cancel or postpone a group event or activity, read [CDC guidance on mass gathering and large events](#).

## Substantial spread of COVID-19 in the local community

### **Q. What steps should my organization take to protect staff and members if there is substantial spread of COVID-19 in the local community?**

**A.** If there is substantial spread of COVID-19 in the community, you should:

- Follow the directions of your [state and local authorities](#).
- Cancel in-person community and faith-based group events or gatherings of any size.
- Continue to encourage [everyday preventive actions](#).
- [Clean and then disinfect](#) surfaces daily.
- Develop ways to continue essential services for clients or members, such as meal, mental and spiritual and health, and social service programs.

- Consider closing the facility or limiting access to the facility by non-essential visitors and limit non-essential services.
  - Offer alternative ways (e.g., phone, online) for those at high risk of severe illness to participate.
  - Encourage them not to attend in-person.

For more information related to group activities or events, read [CDC guidance on community events](#).

**Q. Should my organization cancel or postpone an event if there is substantial spread of COVID-19 in the local community?**

**A.** You should first follow the directions of your state and local authorities. If authorities do not have specific directions related to cancelling or postponing a group event or activity, read [CDC guidance on community events](#).

## Confirmed COVID-19 case within your organization or facility

**Q. What should my organization do if a member, volunteer, or a staff member might have COVID-19?**

**A.** If you think someone on your staff or one of your members who has been in your facility might be sick with COVID-19 (see [COVID-19 symptoms](#)):

- Send the sick person home right away or separate them from others (such as in a separate room just for sick people) until they can go home.
  - Give them a clean, [disposable facemask](#) to wear until they can leave, if available. If not available, provide them with a tissue or some other way to cover their coughs and sneezes.
  - Do not use of public transportation, shared rides, and taxis to transport the sick person home.
  - Contact emergency services for those who need emergency care, when needed, and let them know about the person's symptoms.
- Contact local public health officials and communicate with staff, members, and volunteers about possible exposure to the virus.
  - Read [preventing the spread of COVID-19 if someone is sick](#) to learn more.
- Local health officials can offer guidance for closing the facility or restricting access. An initial short-term closure may be recommended to allow time for the local health officials to gain a better understanding of the COVID-19 situation.
  - Implement flexible telework and sick-leave policies for staff, if possible, and provide instructions about how and when to safely return to work.
  - Consider the need to cancel in-person group activities in other locations. Instead use phone and online (live or recorded) meeting and service options.
  - Work with local public health officials to decide when it is safe to re-open the facility and your programs and services.

**Q. What is the best way to clean and disinfect rooms and other areas after a confirmed case of COVID-19?**

**A.** CDC has guidance for cleaning and disinfecting rooms and areas where a person with suspected or confirmed COVID-19 has visited. See [Environmental Cleaning and Disinfection Recommendations](#).

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## Appendix F: Setting Specific Guidance

CDC offers this interim guidance to assist establishments as they open. CDC will update this guidance as it learns more about COVID-19 and best practices to prevent its spread.

This guidance is meant to supplement the [decision tools](#) CDC released on May 14, 2020. It lists specific practices that employers may find helpful at particular stages of the COVID-19 outbreak. This guidance sets forth a menu of safety measures, from which establishments may choose those that make sense for them in the context of their operations and local community, as well as state and local regulations and directives.

### INTERIM GUIDANCE FOR CHILD CARE PROGRAMS

The gradual scale up of activities towards pre-COVID-19 operating practices at childcare programs is crucial to helping parents and guardians return to work. Many states have closed schools for the academic year and, with summer quickly approaching, an increasing number of working parents may need to rely on these programs. CDC's [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#) and supplemental [Guidance for Child Care Programs that Remain Open](#) provide recommendations for operating childcare programs in low, moderate, and significant mitigation communities. In communities that are deemed significant mitigation areas by state and local authorities, childcare programs should be closed. However, childcare programs can choose to remain open to serve children of [essential workers](#), such as [healthcare workers](#). All decisions about following these recommendations should be made locally, in collaboration with local health officials who can help determine levels of COVID-19 community transmission and the capacities of the local public health system and healthcare systems. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

#### Scaling Up Operations

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

## Safety Actions

### Promote healthy hygiene practices (Steps 1–3)

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

### Intensify cleaning, disinfection, and ventilation (Steps 1–3)

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

## Promote social distancing

### • **Steps 1 and 2**

- » Ensure that classes include the same group of children each day and that the same childcare providers remain with the same group each day, if possible.
- » Restrict mixing between groups.
- » Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
- » Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
- » Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- » Space out seating and bedding (head-to-toe positioning) to 6 feet apart if possible.
- » Close communal use spaces, such as game rooms or dining halls, if possible; if this is not possible, stagger use and [disinfect](#) in between uses.
- » If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Put each child's meal on a plate, to limit the use of shared serving utensils and ensure the safety of children with [food allergies](#).
- » Stagger arrival and drop-off times or put in place other protocols to limit direct contact with parents as much as possible.

- **Step 3**

- » Consider keeping classes together to include the same group of children each day, and consider keeping the same childcare providers with the same group each day.
- » Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- » Continue to space out seating and bedding (head-to-toe positioning) to 6 feet apart, if possible.
- » Consider keeping communal use spaces closed, such as game rooms, playgrounds, or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- » Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- » Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- » Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible.

- **Limit sharing** (Steps 1–3)

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

- **Train all staff** (Steps 1–3)

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

## Monitoring and Preparing

### Check for [signs and symptoms](#) (Steps 1–3)

- Screen children upon arrival, if possible. Establish routine, daily health checks on arrival, such as temperature screening of both staff and children. Options for daily health check screenings for children are provided in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) and in [CDC's General Business FAQs](#) for screening staff.
- Implement health checks (e.g. [temperature checks and symptom screening](#)) screenings safely and respectfully, and with measures in place to ensure confidentiality as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.

- Employers and childcare directors may use examples of screening methods in CDC’s supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

#### **Plan for when a staff member, child, or visitor becomes sick (Steps 1–3)**

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

#### **Maintain healthy operations (Steps 1–3)**

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

#### **Steps 1–3**

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

## INTERIM GUIDANCE FOR SCHOOLS AND DAY CAMPS

As communities consider a gradual scale up of activities towards pre-COVID-19 operating practices in centers for learning, such as K–12 schools and summer day camps, CDC offers the following recommendations to keep communities safe while resuming peer-to-peer learning and providing crucial support for parents and guardians returning to work. These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with low levels of COVID-19 spread and those with confidence that the incidence of infection is genuinely low (e.g., communities that remain in low transmission or that have entered Step 2 or 3) may put in place the practices described below as part of a gradual scale up of operations. All decisions about following these recommendations should be made in collaboration with [local health officials](#) and other state and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

### Scaling Up Operations

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

### Safety Actions

Promote [healthy hygiene practices](#) (Steps 1–3)

- Teach and reinforce [washing hands](#) and covering coughs and sneezes among children and staff.
- Teach and reinforce use of face coverings among all staff. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and encouraged in students (particularly older students) if feasible and are most essential in times when

physical distancing is difficult. Information should be provided to staff and students on [proper use, removal, and washing of cloth face coverings](#). Face coverings are not recommended for babies or children under the age of 2, or for anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Post signs on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

### **Intensify cleaning, disinfection, and ventilation (Steps 1–3)**

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

### **Promote social distancing**

- **Step 1 and 2**
  - » Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - » Restrict mixing between groups.
  - » Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
  - » Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
  - » Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
  - » Space seating/desks to at least 6 feet apart.
  - » Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - » Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and [disinfect](#) in between use.
  - » If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms and ensure the safety of children with [food allergies](#).

- » Stagger arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.
- » Create social distance between children on school buses (for example, seating children one child per seat, every other row) where possible.

- **Step 3**

- » Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
- » Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- » Continue to space out seating and bedding (head-to-toe positioning) to 6 feet apart, if possible.
- » Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and [disinfect](#) in between uses.
- » Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with [food allergies](#).
- » Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- » Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.

#### **Limit sharing** (Steps 1–3)

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

#### **Train all staff** (Steps 1–3)

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

#### **Check for [signs and symptoms](#)** (Steps 1–3)

- If feasible, conduct daily health checks (e.g. temperature screening and/or [symptoms checking](#)) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School and camp administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and CDC's [General Business FAQs](#) for screening staff.
- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.

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

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

### Maintain healthy operations (Steps 1–3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of [symptoms and notification of exposures and closures](#).
- [Support coping and resilience](#) among employees and children.

## Closing

### Steps 1–3

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

## INTERIM GUIDANCE FOR EMPLOYERS WITH WORKERS AT HIGH RISK

As workplaces consider a gradual scale up of activities towards pre-COVID-19 operating practices, it is particularly important to keep in mind that some workers are at [higher risk for severe illness](#) from COVID-19. These workers include individuals over age 65 and those with underlying medical conditions. Such underlying conditions include, but are not limited to, chronic lung disease, moderate to severe asthma, hypertension, severe heart conditions, weakened immunity, severe obesity, diabetes, liver disease, and chronic kidney disease that requires dialysis. Workers at higher risk for severe illness should be encouraged to self-identify, and employers should avoid making unnecessary medical inquiries. Employers should take particular care to reduce workers' risk of exposure to COVID-19, while making sure to be compliant with relevant Americans with Disabilities Act (ADA) and Age Discrimination in Employment Act (ADEA) regulations. First and foremost, this means following [CDC](#) and the [Occupational Safety and Health Administration](#) (OSHA) guidance for reducing workplace exposure for all employees. All decisions about following these recommendations should be made in collaboration with [local health officials](#) and other state and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. In addition, the guidance offered below applies to workplaces generally; specific industries may require more stringent safety precautions. Finally, there may be essential workplaces in which the recommended mitigation strategies are not feasible. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of operations. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

### Scaling Up Operations

- **In all Steps:**
  - » Establish and maintain communication with local and state authorities to determine current mitigation levels in your community.
  - » Protect employees at [higher risk](#) for severe illness by supporting and encouraging options to telework.
  - » Consider offering [workers at higher risk](#) duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if agreed to by the worker.
  - » Encourage any other entities sharing the same work space also follow this guidance.
  - » Provide employees from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to workplaces in lower transmission (later Step) areas and vice versa.
- **Step 1:** Scale up only if business can ensure strict social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; workers at [higher risk](#) for severe illness are recommended to shelter in place.
- **Step 2:** Scale up only if business can ensure moderate social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers; workers at [higher risk](#) for severe illness are recommended to shelter in place.
- **Step 3:** Scale up only if business can ensure limited social distancing, proper cleaning and disinfecting requirements, and protection of their workers and customers.

## Safety Action

### Promote [healthy hygiene practices](#) (Steps 1–3)

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

### Intensify [cleaning, disinfection, and ventilation](#) (Steps 1–3)

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

### Promote [social distancing](#) (Steps 1–3)

- Limit service to drive-throughs, curbside take out, or delivery options, if possible (Step 1).
- Consider installing physical barriers, such as sneeze guards and partitions, and changing workspace layouts to ensure all individuals remain at least 6 feet apart.
- Close communal spaces, such as break rooms, if possible (Step 1) or stagger use and clean and disinfect in between uses (Steps 2 & 3).
- Encourage telework for as many employees as possible.
- Consider rotating or staggering shifts to limit the number of employees in the workplace at the same time.
- Replace in-person meetings with video- or tele-conference calls whenever possible.
- Cancel all group events, gatherings, or meetings of more than 10 people (Step 1), of more than 50 people (Step 2), and any events where social distancing of at least 6 feet cannot be maintained between participants (all Steps).
- Restrict (Step 1) or consider limiting (Step 2) any nonessential visitors, volunteers, and activities involving external groups or organizations.
- Limit any sharing of foods, tools, equipment, or supplies.

### Limit [travel and modify commuting practices](#) (Steps 1–3)

- Cancel all non-essential travel (Step 1) and consider resuming non-essential travel in accordance with state and local regulations and guidance (Steps 2 & 3).

- Ask employees who use public transportation to consider using teleworking to promote [social distancing](#).
- Train all managers and staff in the above safety actions. Consider conducting the training virtually, or if in-person, ensure that social distancing is maintained.

## Monitoring and Preparing

### Checking for [signs and symptoms](#) (Steps 1–3)

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

### Plan for when an employee becomes sick (Steps 1–3)

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

### Maintain healthy operations (Steps 1–3)

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

## Closing

### Steps 1–3

- Check [state](#) and [local](#) health department notices daily about transmission in the area and adjust operations accordingly.
- Be prepared to consider closing for a few days if there is a case of COVID-19 in the workplace or for longer if cases increase in the local area.

## INTERIM GUIDANCE FOR RESTAURANTS AND BARS

This guidance provides considerations for businesses in the food service industry (e.g., restaurants and bars) on ways to maintain healthy business operations and a safe and healthy work environment for employees, while reducing the risk of COVID-19 spread for both employees and customers. Employers should follow applicable [Occupational Safety and Health Administration](#) (OSHA) and [CDC guidance for businesses](#) to plan and respond to COVID-19. All decisions about implementing these recommendations should be made in collaboration with [local health officials](#) and other state and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of activities towards pre-COVID-19 operating practices. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

### Scaling Up Operations

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

### Safety Actions

#### Promote [healthy hygiene practices](#) (Steps 1–3)

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

#### Intensify cleaning, disinfection, and ventilation (Steps 1–3)

- [Clean and disinfect](#) frequently touched surfaces (for example, door handles, workstations, cash registers) at least daily and shared objects (for example, payment terminals, tables, countertops/bars, receipt trays, condiment holders) between use. Use [products that meet EPA's criteria for use against SARS-CoV-2](#) and that

are appropriate for the surface. Prior to wiping the surface, allow the disinfectant to sit for the necessary contact time recommended by the manufacturer. Train staff on proper cleaning procedures to ensure safe and correct application of disinfectants.

- Make available individual disinfectant wipes in bathrooms.
- Wash, rinse, and sanitize food contact surfaces, food preparation surfaces, and beverage equipment after use.
- Avoid using or sharing items such as menus, condiments, and any other food. Instead, use disposable or digital menus, single serving condiments, and no-touch trash cans and doors.
- Use touchless payment options as much as possible, when available. Ask customers and employees to exchange cash or card payments by placing on a receipt tray or on the counter rather than by hand. Clean and disinfect any pens, counters, or hard surfaces between use or customer.
- Use disposable food service items (utensils, dishes). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Employees should [wash their hands](#) after removing their gloves or after directly handling used food service items
- Use gloves when removing garbage bags or handling and disposing of trash and [wash hands afterwards](#)
- Avoid using food and beverage containers or utensils brought in by customers.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety risk to employees, children, or customers.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

## Promote social distancing

### Step 1

- Limit service to drive-through, delivery, or curbside pick-up options only.
- Provide physical guides, such as tape on floors or sidewalks to ensure that customers remain at least 6 feet apart in lines or ask customers to wait in their cars or away from the establishment while waiting to pick up food. Post signs to inform customers of food pickup protocols.
- Consider installing physical barriers, such as sneeze guards and partitions at cash registers, or other food pickup areas where maintaining physical distance of 6 feet is difficult.
- Restrict the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.
- Rotate or stagger shifts to limit the number of employees in the workplace at the same time.

### Step 2

- Provide drive-through, delivery, or curbside pick-up options and prioritize outdoor seating as much as possible.
- Reduce occupancy and limit the size of parties dining in together to sizes that ensure that all customer parties remain at least 6 feet apart (e.g., all tables and bar stools 6 feet apart, marking tables/stools that are not for use) in order to protect staff and other guests.

- Provide physical guides, such as tape on floors or sidewalks and signage on walls to ensure that customers remain at least 6 feet apart in lines or waiting for seating.
- Ask customers to wait in their cars or away from the establishment while waiting to be seated. If possible, use phone app technology to alert patrons when their table is ready to avoid touching and use of “buzzers.”
- Consider options for dine-in customers to order ahead of time to limit the amount of time spent in the establishment.
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations.
- Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of 6 feet is difficult.
- Limit the number of employees in shared spaces, including kitchens, break rooms, and offices to maintain at least a six-foot distance between people.

### Step 3

- Provide drive-through, delivery, or curbside pick-up options and prioritize outdoor seating as much as possible.
- Consider reducing occupancy and limiting the size of parties dining in together to sizes that ensure that all customer parties remain at least 6 feet apart (e.g., all tables and bar stools 6 feet apart, marking tables/stools that are not for use) in order to protect staff and other guests.
- Provide physical guides, such as tape on floors or sidewalks and signage on walls, to ensure that customers remain at least 6 feet apart in lines or waiting for seating.
- If possible, use phone app technology to alert patrons when their table is ready to avoid touching and use of “buzzers.”
- Consider options for dine-in customers to order ahead of time to limit the amount of time spent in the establishment.
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations.
- Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of 6 feet is difficult.

### Train all staff (Steps 1–3)

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

### Monitoring and Preparing

#### Checking for [signs and symptoms](#) (Steps 1–3)

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

### Plan for when an employee becomes sick (Steps 1–3)

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

### Maintain healthy operations (Steps 1–3)

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

### Closing

#### Steps 1–3

- Check [state](#) and [local](#) health department notices about transmission in the area daily and adjust operations accordingly.
- Be prepared to consider closing for a few days if there is a case of COVID-19 in the establishment and for longer if cases increase in the local area.

## INTERIM GUIDANCE FOR MASS TRANSIT ADMINISTRATORS

Mass transit is critical for many Americans to commute to and from work and to access essential goods and services. This guidance provides considerations for mass transit administrators to maintain healthy business operations and a safe and healthy work environment for employees, while reducing the risk of COVID-19 spread for both employees and passengers. Administrators should follow applicable guidance from the [CDC](#) and [Occupational Safety and Health Administration](#) (OSHA) for reducing workplace exposure. All decisions about following these recommendations should be made in collaboration with [local health officials](#) and other state and local authorities who can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems. CDC is releasing this interim guidance, laid out in a series of three steps, to inform a gradual scale up of activities towards pre-COVID-19 operating practices. The scope and nature of community mitigation suggested decreases from Step 1 to Step 3. Some amount of community mitigation is necessary across all steps until a vaccine or therapeutic drug becomes widely available.

### Resuming Full Service

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

### Safety Actions

Promote [healthy hygiene practices](#) (Steps 1–3)

- Enforce [everyday preventive actions](#) such as [hand washing](#), covering coughs and sneezes, and use of a cloth face covering by employees when around others, as safety permits. Provide employees with appropriate personal protective equipment as necessary and as available. Communicate with the public about the importance of hygiene, covering coughs and sneezes, and using cloth face coverings while using mass transportations, including posting signs in transit stations and vehicles on how to [stop the spread](#) of COVID-19, [properly wash hands](#), [promote everyday protective measures](#), and [properly wear a face covering](#).

- Ensure adequate supplies to support healthy hygiene behaviors for transit operators, employees, and passengers in stations, including soap, hand sanitizer with at least 60 percent alcohol, paper towels, tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19 properly wash hands, promote everyday protective measures, and properly wear a face covering.

### **Intensify [cleaning, disinfection, and ventilation](#)** (Steps 1–3)

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

### **Promote social distancing**

#### **Step 1 and Step 2**

- Institute measures to physically separate or create distance of at least 6 feet between all occupants to the extent possible. This may include:
  - » Asking bus passengers to enter and exit the bus through rear doors, while allowing exceptions for persons with disabilities.
  - » Closing every other row of seats.
  - » Reducing maximum occupancy of buses and individual subway and train cars and increasing service on crowded routes as appropriate.
- Provide physical guides to ensure that customers remain at least 6 feet apart while on vehicles and at transit stations and stops. For example, floor decals, colored tape, or signs to indicate where passengers should not sit or stand can be used to guide passengers.
- Install physical barriers, such as sneeze guards and partitions at staffed kiosks and on transit vehicles to the extent practicable.
- Close communal spaces, such as break rooms, if possible; otherwise, stagger use and clean and disinfect in between uses.

### Step 3

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

### Train employees (Steps 1–3)

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

### Monitoring and Preparing

#### Checking for [signs and symptoms](#) (Steps 1–3)

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

#### Plan for when an employee becomes sick (Steps 1–3)

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

#### Maintain healthy operations (Steps 1–3)

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

- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees and customers should know who this person is and how to contact them.
- Create and test communication systems for employees and customers for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees.

## **Adjusting Service**

### **Steps 1–3**

- Coordinate with state and local health department officials about transmission in the area as frequently as possible and adjust operations accordingly.
- Be prepared to consider adjusting services as appropriate if the community mitigation level increases in the local area.
- Continue communication with staff and the public about decision-making.

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**HEALTH EDUCATION MATERIALS ..... 76**

A COLLECTION OF MATERIALS ON PROTECTING YOURSELF AND OTHERS FROM COVID-19 INCLUDING INFORMATION ON SYMPTOMS, CLEANING, STOPPING THE SPREAD, DEALING WITH STRESS AND ANXIETY, TALKING TO CHILDREN ABOUT COVID-19, AND WEARING CLOTH FACE COVERINGS.

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# LOVE YOUR NEIGHBOR!

## Protect Others. Protect Yourself.



According to the Centers for Disease Control and Prevention (CDC), those who become ill with COVID-19 may develop mild to severe symptoms, while some may never symptoms. Current data suggests that *those aged 65 and older, those living in nursing homes or long-term care facilities, and people of any age with underlying medical conditions (such as chronic lung disease or moderate to severe asthma, serious heart conditions, diabetes, obesity, chronic kidney disease, liver disease, and the immunocompromised) are at risk for more severe illness with COVID-19.*

In Genesee County, Black/African-Americans and Latino/Hispanics are roughly 25% of the population but are 47% of the deaths related to COVID-19. In addition, people aged 60 or older currently make up 43% of positive COVID-19 cases, but account for 85% of deaths in the county.

Men are also dying at much higher rates than women as men account for 57% of COVID-19 deaths in Genesee County. More women test positive for COVID 19, but men are more likely to die.

*We want those who are ill to seek care.* Having a medical home provides an individual a comfortable place to seek that care. We don't want people to wait too long to seek care.

*Preventing the spread of COVID-19 will save lives!*



Genesee County  
Health Department  
Your Health. Our Work.

# How to Protect Yourself and Others

## Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

## Everyone should

### Clean your hands often

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- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

### Avoid close contact

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- **Stay home if you are sick.**
- **Avoid close contact** with people who are sick.
- **Put distance between yourself and other people.**
  - » Remember that some people without symptoms may be able to spread virus.
  - » This is especially important for **people who are at higher risk of getting very sick.** [www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## Cover your mouth and nose with a cloth face cover when around others

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- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public**, for example to the grocery store or to pick up other necessities.
  - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

## Cover coughs and sneezes

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- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

## Clean and disinfect

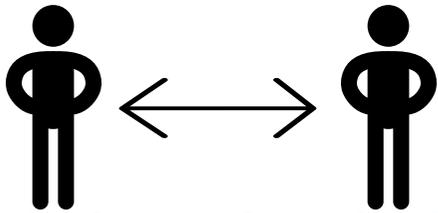
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- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** You can see a list of [EPA-registered household disinfectants here](#).

# SOCIAL DISTANCING, SELF-MONITORING, & ISOLATION

## WHAT DOES IT MEAN?



### SOCIAL DISTANCING

Staying 6 feet away from others at all times

This helps protect the most vulnerable in our communities

### What should you do?

- Keep 6 feet between you and others as possible
- Use curbside pick-up for groceries + takeout
- Use online or drive through banking services
- Avoid public places at busiest times
- Avoid large social group activities

### What should businesses & organizations do?

- Have employees work-from-home
- Limit travel and in-person meetings
- Modify daily operations to allow for online options and restrict gatherings of people

## YOU MAY BE ASKED TO DO ANY OF THE FOLLOWING:

### Who should do this?

Those without symptoms, but with low-risk exposure like being in an airport or restaurant with someone with a confirmed case of COVID-19

### SELF MONITOR



- Practice social-distancing
- Check temperature twice daily + watch for symptoms
- If you develop symptoms. CALL your doctor to explain prior to seeking care

### Who should do this?

Those without symptoms but with a higher risk of illness due to travel or having contact with someone being tested for COVID-19

### SELF QUARANTINE



- Stay home + self-monitor for 14 days
- Family or roommates should practice social-distancing
- If you become symptomatic, family + roommates should also self-quarantine

### Who should do this?

People who have symptoms of COVID-19 and are not sick enough to require hospitalization

### SELF ISOLATE

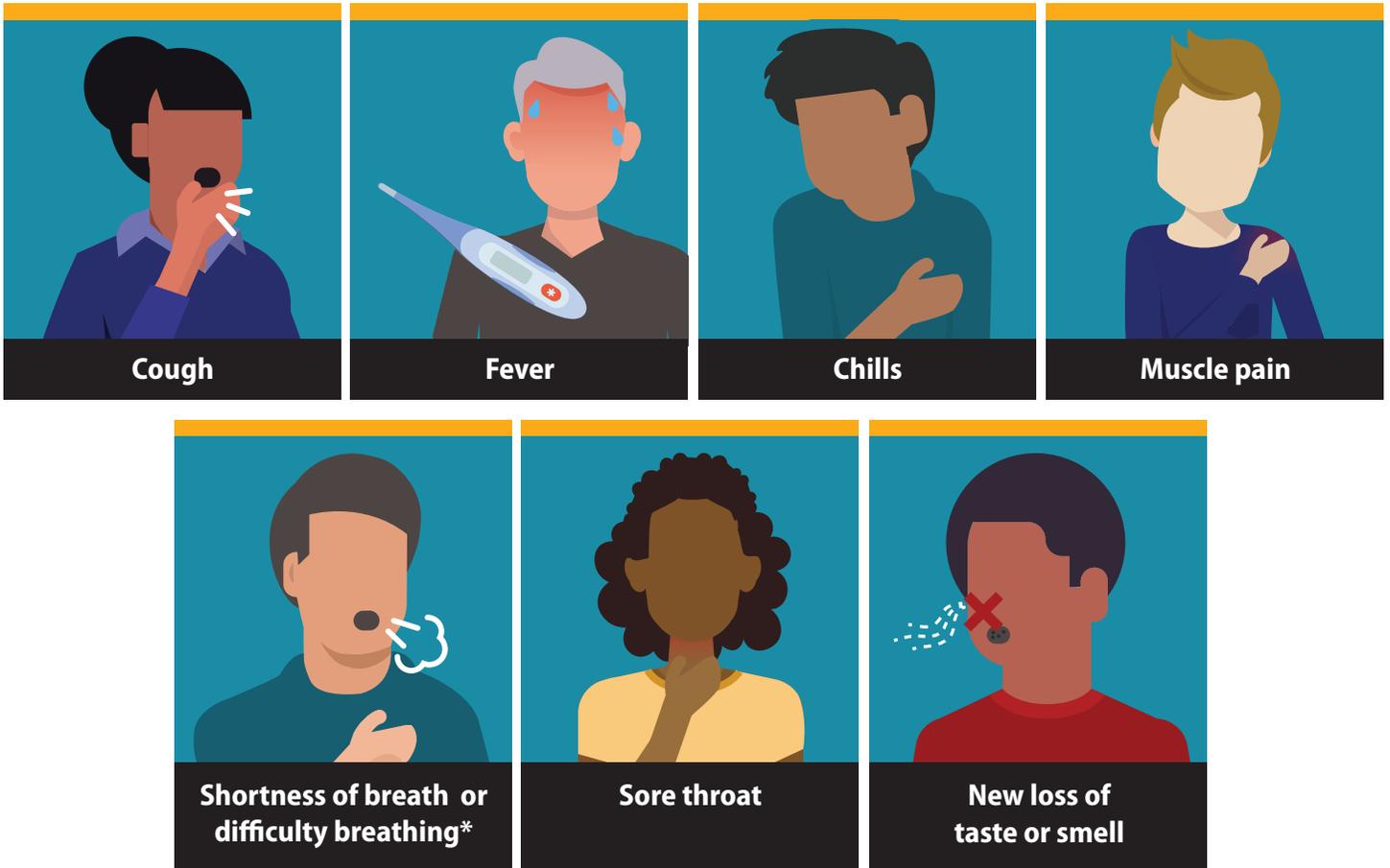


- Stay in separate room from others in your home
- Use a separate bathroom if possible
- Family/roommates should practice self-quarantine
- Wear a mask if in shared spaces



# Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

**\*Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

# COVID-19: UNDERSTAND YOUR SYMPTOMS

	<b>COVID-19*</b> [Symptoms range from mild to severe]	<b>COLD</b> [Symptom onset is gradual]	<b>FLU</b> [Symptom onset is abrupt]	<b>ALLERGIES</b> [Seasonal; symptom onset is abrupt]
 Length of Symptoms	7 - 25 Days	Less than 14 Days	7 - 14 Days	Several Weeks
 Cough	Common Usually Dry	Mild	Common Usually Dry	Rarely Usually Dry (unless it triggers asthma)
 Shortness of Breath	Sometimes	No**	No**	No**
 Sneezing	No	Common	No	Common
 Runny or Stuffy Nose	Rarely	Common	Sometimes	Common
 Sore Throat	Sometimes	Common	Sometimes	Sometimes Usually Mild
 Fever	Common	Short Fever Period	Common	No
 Feeling Tired	Sometimes	Sometimes	Common	Sometimes
 Headaches	Sometimes	Rarely	Common	Sometimes Related to Sinus Pain
 Body Aches	Sometimes	Common	Common	No
 Diarrhea	Rarely	No	Sometimes (for Children)	No
 Chills/ Repeated Shakes	Sometimes	No	Sometimes	No
 Loss of Taste or Smell	Sometimes	Rarely	Rarely	Rarely

\* Information is still evolving

\*\* Allergies, colds, and flu can all trigger asthma, which could lead to shortness of breath

Sources: Asthma & Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention

**If you have a fever of 100.4°F, cough, or trouble breathing:**

- (a) If this is a life threatening emergency, **call 911**.
- (b) If this is not an emergency, call a doctor or urgent care **BEFORE** seeking care and explain your symptoms.



**For more information**

visit our website at [www.gchd.us/coronavirus](http://www.gchd.us/coronavirus) and follow us on Facebook!

Last updated: 06/03/2020

# Stop the Spread of Germs

**Help prevent the spread of respiratory diseases like COVID-19.**



**Stay at least 6 feet (about 2 arms' length) from other people.**



**Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.**



**When in public, wear a cloth face covering over your nose and mouth.**



**Do not touch your eyes, nose, and mouth.**



**Clean and disinfect frequently touched objects and surfaces.**



**Stay home when you are sick, except to get medical care.**



**Wash your hands often with soap and water for at least 20 seconds.**



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# DEALING WITH STRESS + ANXIETY

## COVID-19

### We all react differently.

Taking care of yourself and others can help you cope with stress and make your community stronger.

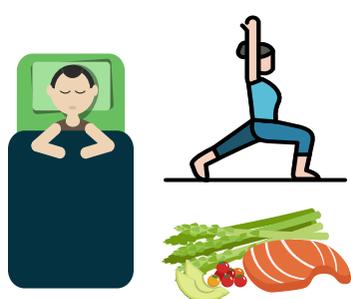
The following people may have a stronger reaction to the current pandemic situation:

- **Older people + those with chronic disease** (at higher risk for COVID-19)
- **Children + teens**
- Those who are responding to the COVID-19 pandemic: **doctors, healthcare providers, public health workers, + first responders**
- **Those who have mental health conditions**, including issues with substance use

Stress during a pandemic may include:

- **Fear/worry** about the health of your loved ones or yourself
- **Changes** to sleep or eating habits
- **Issues concentrating or sleeping**
- **Worsening of chronic health conditions**
- Increased use of alcohol, tobacco, or other drugs

## How can you support yourself?



### Take care of yourself.

Eat nutritious meals, get 8 hours of sleep, exercise, meditate, and take deep breaths.



### Take a break!

Stop watching, listening to, or reading news stories about COVID-19 -- this includes social media



### Take time to relax.

Try to add fun activities into the day.



### Stay connected!

Connect with friends and family -- call, text, or video conference.



**Need help now?**

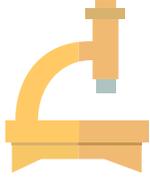
**Genesee Health System has you covered!**

**Call the 24/7 Crisis Hotline at (810) 257 - 3740 OR Text FLINT to 741741 to access the Crisis Text Line**

Find more information at [www.genhs.org/Services/Crisis-and-Access-Services](http://www.genhs.org/Services/Crisis-and-Access-Services)

# TALKING TO CHILDREN ABOUT CORONAVIRUS

## REASSURE THEM.



Remind children that researchers are learning all they can about the virus. Reassure them steps are being taken to keep everyone safe.

Let children know there are steps they can take to help keep themselves and others safe. Washing hands often and coughing into a tissue or their sleeve.

## SHOW THEM HOW TO TAKE CONTROL.



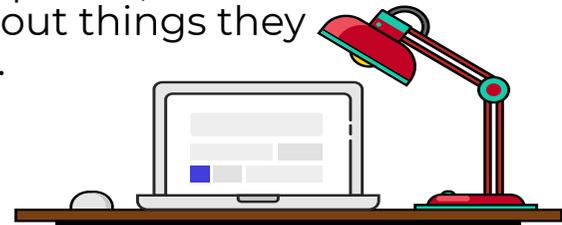
## MONITOR THEM FOR SIGNS OF ANXIETY.

Your children may not know how to express their worry, but it may be visible in other ways. They may be cranky, clingy, distracted, or have trouble sleeping.



## KEEP AN EYE ON THEIR MEDIA EXPOSURE.

Keep children away from images that may be frightening on TV, social media, computers, etc. Talk with older children about things they have heard.



# COVID-19 SPREADS THROUGH CLOSE CONTACT

### KNOW THE SYMPTOMS



FEVER



COUGH



SHORTNESS OF BREATH

### PRACTICE SIMPLE PRECAUTIONS



WASH YOUR HANDS OFTEN



DON'T TOUCH YOUR FACE



AVOID THOSE THAT ARE SICK

## LOOKING FOR MORE RESOURCES?

For information on preventing the spread of COVID-19, handwashing tips, and more, check out our website!



Genesee County Health Department  
Your Health. Our Work.



@GeneseeCountyHealthDepartment

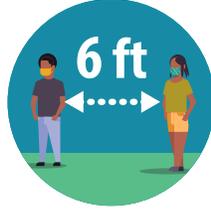
# Important Information About Your Cloth Face Coverings

Print Resources Web Page: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html>

As COVID-19 continues to spread within the United States, CDC has recommended additional measures to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. In the context of community transmission, CDC recommends that you:



**Stay at home as much as possible**



**Practice social distancing (remaining at least 6 feet away from others)**



**Clean your hands often**



**In addition, CDC also recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever or symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don't have any symptoms.** Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

## How cloth face coverings work

Cloth face coverings may prevent the person wearing the mask from spreading respiratory droplets when talking, sneezing, or coughing. If everyone wears a cloth face covering when out in public, such as going to the grocery store, the risk of exposure to SARS-CoV-2 can be reduced for the community. Since people may spread the virus before symptoms start, or even if people never have symptoms, wearing a cloth face covering may protect others around you. Face coverings worn by others may protect you from getting the virus from people carrying the virus.



## General considerations for the use of cloth face coverings

When using a cloth face covering, make sure:

- The mouth and nose are fully covered
- The covering fits snugly against the sides of the face so there are no gaps
- You do not have any difficulty breathing while wearing the cloth face covering
- The cloth face covering can be tied or otherwise secured to prevent slipping



Wash your cloth face covering after each use in the washing machine or by hand using a bleach solution. Allow it to completely dry.

For more information, go to: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-make-cloth-face-covering.html>

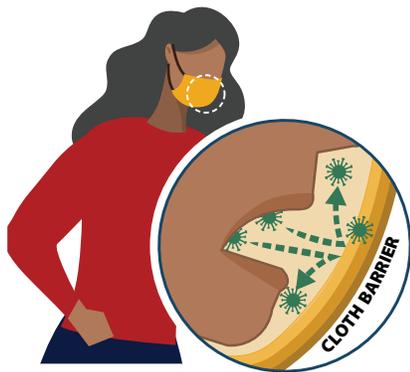


# How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

## WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



## USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

## FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



## TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



**Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.**

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)