

North Carolina



Center *for* Nonprofits

Many missions | 100 counties | One voice



Going Forward



**Best Practices and Considerations
for Nonprofit Re-Engagement**

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Continuing to Do Good

Dear Friends and Colleagues,

Like you, the North Carolina Center *for* Nonprofits has had to pivot quickly to face new challenges with COVID-19. This pandemic has called on us to innovate and adapt to achieve our mission: to educate, connect, and advocate for North Carolina nonprofits. We appreciate all who have stepped forward to provide support, especially the public sector, private philanthropy, and our community partners across the state. In many ways, this virus is bringing us closer together, sharing information and resources.

In the midst of this crisis, the nonprofit sector is being appreciated for the vital role it plays in caring for so many. We know that all of us, called to serve our communities, are finding new ways, working with new partners, making a way when it felt impossible to keep going. We are in the early innings of a very long game but know that sustaining and strengthening our sector is part of the long game we must play.

Whether we operate a shelter, museum, concert hall, animal rescue, place of worship, counseling center, social enterprise, or one of hundreds of types of nonprofits, we wake up each day ready to “do good,” everywhere and every way we can. While we recreate ourselves in a virtual world, our work has never stopped.

Now, we begin a slow and methodical process of reopening our offices and facilities. It will not be like turning on a light switch. There are new procedures to follow. We will be doing business differently, perhaps never going back to our previous practices.

This guide was developed by our sister state association, the Oklahoma Center for Nonprofits, who generously shared it to meet the needs of other state associations; they model the act and practice of collaboration. As we emerge back into open operations, these guidelines are recommendations – not edicts – for nonprofits. It will be up to leadership teams and boards of directors to decide on how quickly to resume general operations.

It is through the North Carolina Center *for* Nonprofits’ membership in the National Council of Nonprofits that we have access to this resource and partnership. Through this national network, we have been able to share resources and experiences, and understand how the pandemic is impacting other states. We have joined forces and our voices to influence and advocate for policies that support nonprofits at both the state and federal levels. We are not in this alone. We are very much a part of a national voice to assure that the needs of nonprofits are heard at every level and benefit our North Carolina communities.

Thank you to each and every one of you for continuing the hard work of missions and ministries. North Carolinians can count on the charitable nonprofit sector night and day. Let us all strive to continue “doing good.”

Jeanne Canina Tedrow
President and CEO

Important Disclaimer

These guidelines are intended simply as recommendations for organizations as those organizations put their own plans in place. Should nonprofits or congregations have specific questions regarding legal or financial issues, they should consult their own counsel and financial professionals.

Special thanks to Oklahoma Center for Nonprofits for developing and sharing its statewide guide.

North Carolina Center for Nonprofits
5800 Faringdon Place, Suite 200
Raleigh, NC 27609
919-790-1555
www.ncnonprofits.org

The Vision and Values of this Guidebook

VISION

The recommendations and guidelines in this document were compiled from a number of sources by nonprofit, philanthropic, and faith leaders from across the state of Oklahoma. We used the following ideals to give guidance and clarity.

- **Follow all guidelines as directed by federal, state, and local health departments** as you begin this process.
- **This is a process and not an event.** Your organization may take a phased approach as you begin to reopen.
- **Consider the health of your staff, volunteers, clientele, and constituents** (donors, friends, and allies) in all of your decision-making, especially as it relates to gatherings.
- **Practice the “We love our neighbors” mantra**, assessing potential risk for the people we work with and serve in all decisions.

SAMPLE Oath of Personal Responsibility [NONPROFIT NAME]

I, _____, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my nonprofit to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify my nonprofit.

Signed,

VALUES

The following values were also expressed in the creation of these guidelines.

- **Put your mission, vision, and values front and center** in your approach to reopening. Consider the impacts on staff, volunteers, clientele, and constituents.
- **Approach decision-making with an eye for cultural competency, diversity, equity, and inclusion.**
Consider repercussions for the most vulnerable of populations and do not put them at undue risk. These include populations such as minorities, persons living in poverty, persons with disabilities, immigrant communities, etc.
- **Ask staff, volunteers and others to adhere to an Oath of Personal Responsibility.** That would include language about social distancing outside of work, the wearing of masks, personal hygiene and handwashing, volunteer quarantining if necessary, and other behaviors to continue flattening the curve and preventing the spread of COVID-19.
- **Communicate any new procedures, policies, and practices with all staff, volunteers, board members, clientele, and constituents** to ensure all individuals involved with your mission know what it is expected.
- **Follow directions from health officials, experts, and departments of health.**

GUIDING PRINCIPLES

Over the next several weeks and months, as areas stabilize from the COVID-19 pandemic and stay-at-home restrictions are lifted, organizations will begin to bring workers back into the physical workplace. It's already begun in some parts of the world. The migration of a furloughed and Work from Home (WFH) workforce back to places of business will look different for every organization. The mix of returning employees will vary, and in some cases, a segment of the workforce may continue working remotely. One thing is clear, however – the management of the process is without precedent. How can employers ensure they are prepared to receive their workforce – and that their employees are prepared for the return – so that the transition is safe, efficient, effective, and aligned to the needs of the organization and the needs of our people?

Readiness Essentials

1. Prepare for Re-engagement – Office considerations, your staff, and your clientele
2. Work with and Inform Your Board – Keep your board apprised
3. Communicate with Transparency – Let your constituents and the public know your plans
4. Engage with Donors – Tell the story

Faced with common challenges, nonprofits have a unique opportunity to come together in the true spirit of collaboration. We are already seeing it play out, and we believe there is no better path to successfully manage the complexity of the road that lies ahead.

FINAL THOUGHTS

First, the World Health Organization (WHO) and Centers for Disease Control (CDC), as well as the respective health departments, should be your primary sources for guidance on COVID-19 and other health-related issues.

Second, while the practices and recommendations in this guide at times reference office environments, they are largely applicable to other types of workforce environments and properties as well as many diverse missions and types of nonprofits.

Finally, the intention of this resource is to establish the foundation of ideas and recommendations upon which we can build – in collaboration with clients and partners – an increasingly useful guide.

Operations and Workplace Readiness

The first task of any nonprofit as we re-engage is to establish a task force and task force leader that will be responsible for all decisions moving forward. In a small nonprofit, this will obviously be the job of the executive director. In much larger organizations, she/he will put together a staff-led task force. This should include an HR manager, finance director, and four to five other senior staff members to help guide decision-making.

Before returning to the office, do communicate new protocols and procedures BEFORE staff returns to the office. This not only establishes those best practices, but it also shows to your staff the seriousness and care we have in protecting their health and well-being. Additionally, keep the office as sanitized as possible. Consider assigning staff to a task force dedicated to keeping offices clean along with keeping staff up-to-date on protocols.

In the appendix, you will find a comprehensive document from the CDC about spread of coronavirus and ways to mitigate that spread.

Preparing the Workspace for Return

- **Thoroughly clean and sanitize the workspace**, particularly common areas, bathrooms, and other congregating facilities (lunch rooms or break areas, kitchens, conference rooms).
- **Ensure you have cleaning supplies on hand for more active, daily cleaning for the foreseeable future.** These include sanitizing wipes, bleach, disinfectant sprays, etc. Order online for best availability of supplies.
- **Before staff arrival, assess the space for social distancing** (desks six feet apart, use of cubicles, offices). Also look for areas where staff, volunteers, or clientele could congregate (waiting rooms, conference rooms, etc.) and assess those spaces for social distancing (while a room may have a capacity of 30, to ensure social distancing is possible, consider changing the capacity to a third or 10 persons).
- Once arrived, enforce a **clean desk policy**.
- Make cleaning supplies and sanitizers available in all parts of the office.
- You may find that because of spacing issues, your organization might consider only bringing a portion of staff back to the office while others will continue working remotely.
- Follow any and all guidelines for sanitation and social distancing from your local health department.

Ongoing Sanitation and Social Distancing Guidelines

- **Offices should be cleaned daily, especially where people congregate** (waiting rooms, conference rooms, bathrooms). You may want to increase professional cleaning and sanitation for these reasons. Remove trash daily.
- Staff should wash hands regularly and should avoid excessive touching of communal surfaces if possible.
- **Have disinfecting wipes available in all public areas as well as hand sanitizer.**
- Ask staff to remember to also sanitize their own desks, equipment, and office areas on a regular basis (at least daily) to prevent spread of germs. Also, sanitize common equipment (copiers, projectors, monitors, etc.) daily if multiple people are using it.
- **Routinely clean and disinfect all frequently touched surfaces in the workplace**, such as workstations, keyboards, telephones, handrails, and doorknobs.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- **Discourage workers from using other co-workers' phones, desks, offices,** or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use products that meet the Environmental Protection Agency's criteria for use against COVID-19, and are appropriate for the surface.
- Use good judgement on sanitation and let all staff and volunteers know your internal procedures for cleaning to set expectations and allay concerns.
- **Nonprofits are full of huggers and hand-shakers. It will be hard, but we must avoid physical contact.**
- If you do not require masks at work, please be sure to remind people of "respiratory etiquette" that includes covering a cough or sneeze, using and throwing away tissues, etc.
- **Place signage in bathrooms to wash hands** along with signage to remind people of social distancing and etiquette.
- When in doubt, do not put groups of people into hygienically compromising situations.
- **Don't assume everyone understands hygienic concepts.** You will find yourself in situations with some clientele who will need instruction, reminding, and assistance with some basic tasks such as hand-washing, sanitizing, etc.
- **Consider the following social distancing suggestions to avoid unnecessary exposure:**
 - Implementing flexible worksites (e.g., telework)
 - Implementing flexible work hours (e.g., staggered shifts)
 - Increasing physical space between employees at the worksite
 - Increasing physical space between employees and customers
 - Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
 - Downsizing operations
 - Delivering services remotely (e.g. phone, video, or web)
 - Delivering products through virtual and/or digital platforms
 - Relying less on paper that is passed around the office.

Food Handling

- At first, you might require limited or no communal food in the office or organization. This could mean a requirement that all employees and volunteers bring their own meals or eat off site. We recommend avoiding potluck style meals or open, self-serve buffets, up to and including communal coffee service, for the time being.
- You might consider for a period of time asking all employees to eat alone to preserve social distancing.
- Your organization may also restrict how much communal food is left in refrigerators or communal cupboards.

- For any food prepared and served for clientele, all nonprofits should follow local health department guidelines. Additionally, the FDA has produced a set of guidelines for communal food preparation and service (www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19).
- If you do serve any food at your offices, facilities, houses of worship, etc., remember that appetizers, hors d'oeuvres, food, and/or all beverages, including water, tea, wine, beer, and/or adult beverages, **should not be self-served**. All food and beverages should be served from service staff that are wearing appropriate PPE to reduce any contamination. Organizations should not provide any buffets, tables with appetizers, and/or any self-serve wine and/or beverages to staff and/or attendees.

Protocols for Public Opening and Closure

- While your office may be ready to bring back employees and volunteers, your organization may not be accepting public appointments. Ensure you communicate on doors, your website, and social media when public hours may resume.
- **Inform employees about who is allowed in the building and who should not enter.** This could include family members or friends of employees, donors, volunteers, etc.
- **Let employees and volunteers know when the organization can receive visitors or the public.**
- If you do receive the public, ensure signs about hygiene and disease prevention protocols are visible and accessible. If you regularly work with clientele where English is not a first language, translate those into the appropriate languages.
- **For contact-tracing purposes, have ALL visitors sign in when they enter.** That information may be necessary for local health departments.
- **Regular visitors (including board, committee members, volunteers, clientele, etc.) should all read and/or sign the "Oath of Personal Responsibility."**
- If you have mail services forwarded or collected, be sure to contact the USPS to ensure mail is delivered when ready.

Human Resources Considerations

Human Resources and Staffing

- Once your office return is assessed and determined, organizational leadership should meet to discuss which staff should return to the office and when.
- These decisions should be very flexible, as you will not only have to consider staffing needs but also potential accommodations for some staff in certain categories.
- You might decide to give immediate accommodations to staff with known compromises to their health or those in high-risk health categories, age, or disability.
- **Be open to some staff requests for continued work remotely privileges, particularly those in higher-risk health categories.**
- **Familiarize yourself with the provisions in the Families First Coronavirus Response Act (FFCRA)** and establish a procedure for accommodating requests for leave or accommodations requested by employees. (A copy of a sample procedure is in the addendum of this guide.)
- **Ensure you have communicated any new procedures and protocols to all returning staff members.**
- Leadership and Human Resources should establish protocols for any employees requesting further work from home, accommodations, or exceptions.
- **You may continue (for the time being) work remotely plans** for those who can effectively do their jobs away from the office to lower physical capacity and increase social distancing at the office or facility.
- **Familiarize yourselves and your staff of all “paid-time-off” policies** including vacation, sick leave, work remotely, and provisions from the FFCRA.
- **Ensure that sick leave policies are flexible and consistent with public health guidance** and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies.

Your staff and volunteers are the lifeblood of your nonprofit mission. A number of issues will arise as you bring staff back into offices and facilities. We highly recommend that you follow SHRM (Society for Human Resource Management) best practices and guidelines, as well as seek counsel with HR attorneys and professionals as you go through this process.

- **Employers should not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness**, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
- **Your organization may wish to ask staff to take their temperatures. Any staff member who expresses any symptoms of COVID-19** or serious respiratory issues should leave the location immediately and go home.
- Provide access to testing or resources where employees can find testing.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor and the Equal Employment Opportunity websites).
- Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with their work with the field and/or with the death of a loved one.
- Plan for staff absences. Staff need to stay home when they are sick, or they may need to stay home to care for a sick household member or care for their children in the event of school dismissals.
- **Identify critical job functions and positions and plan for alternative coverage** by cross-training staff (similar to planning for holiday staffing). Provide instructions about how and when to safely return to work.

Anxiety, Depression and Other Mental Health Issues

- For most, the COVID-19 quarantine experience has been very concerning and some individuals will report significant anxiety, fear, and reticence about re-entering the workplace. Organizations should not be dismissive or judgmental about this anxiety.
- **It is important that staff members should have some avenue to express concerns** – either with co-workers, leadership, an established employee, an Employee Assistance Program, or other outlet.
- Leadership, management, and co-workers should be ready to work with staff members and volunteers in an **empathetic and trauma-informed behavior**.
- Remember, trauma and anxiety can manifest in a number of ways. Nonprofits should be ready to also refer employees to professional mental health services should the need arise.
- It is important for nonprofits to understand that this isn't "business as usual" and that we will need to be perceptive and attune to our staff's, volunteers', and clienteles' mental health.

Re-Engagement in Phases and Waves

- A larger nonprofit may bring employees back to the office or facility in phases and waves.
- Consider the timing and triggers for those phases back to the office.
- Also consider evaluating each phase as it happens before starting the next. This could be done through surveying or data exploration as well as using data and guidance from outside sources (health data, economic data, etc.).

Regression

At any point, there could be a resurgence of the virus, forcing organizations back into quarantine or work remotely situations. Should this occur, follow similar steps to a previous change to your operations. Ensure active and quick communication to your staff, volunteers, clientele, and constituents. Have a plan at hand in case you need to move back a step or two in your re-engagement plan.

Oath of Personal Responsibility for Staff and Constituents

We have composed a simple “Oath of Personal Responsibility” that all staff, board members, frequent visitors, and clientele should adhere to. While not legally binding, it does remind all of us of our responsibilities both inside and outside of the office to practice social distancing, good hygiene, and disease detection and management. A sample is below.

SAMPLE Oath of Personal Responsibility [NONPROFIT NAME]

I, _____, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my nonprofit to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify my nonprofit.

Signed,

Board Governance

Remembering that boards govern, not manage, these are some guiding thoughts of working with your board as your nonprofit re-engages as well as lean on their possible resources as nonprofits move forward.

In a crisis, the balance of governing and managing can shift. These are considerations to have while your organization finds its new footing post-COVID-19. This will help your board focus on what needs to happen next.

Board Communication

- As you begin to re-engage, **inform the board of your plans, phases of re-engagement, etc.** Feel free to share this document with your board so that they understand the direction of reopening.
- Work with the board chair and chair-elect in partnership with the executive director to ask for any possible assistance or advice through the process, particularly with those board members who are engaged in this process with their own respective companies and employers.
- Through the process, have **regular updates (weekly, typically)** to the board on how things are going.
- Remember, your nonprofit has a full-time job with your mission, and COVID-19-related activities are taking a lot of your time. Keep the board up-to-date on your mission-related activities as well.

Policies and Procedures

- **Through the crisis, you may have had to alter, discontinue, or enact policies and procedures as part of a continuation of business plan.** On a regular basis, inform and work with board leadership on any other alterations you may need to make.
- Review bylaws and current policies in place before making big decisions in a time of crisis. This way, you are able to potentially give more leadership to an executive committee for emergency decisions.
- **Management decisions should continue to be made by the executive director. Governance decisions are made by the board.** Executive directors should keep board informed of those major management decisions happening at the staff level.
- Ensure that you have a crisis communications plan in place that establishes the spokesperson of the nonprofit.

Other Leadership Responsibilities

- **Ensure board and leadership have a firm understanding of any risk, liability, and who assumes it.** The board should also approve an Emergency and Disaster Plan to mitigate future crises.
- Depending on circumstances, a board may have already or may establish a crisis task force depending on the nature of the business.
- **Boards and committees SHOULD continue to meet on a regularly established schedule,** and they may consider elongating meetings or having emergency or added meetings as the nonprofit deals with the crisis.

Communications and Public Relations

To the Public

- Depending on your mission, you will want to communicate to the public your intentions about re-engagement. Let them know your general timeline and what to expect.
- This could be a press release, an email, or a simple statement on social media and your website.
- As part of that communication, **be transparent** and let them know the processes that guide your decision-making.
- If you are a very public-facing organization that regularly engages the public, be detailed in your protocols to communicate that your organization is enacting the protocols to keep the public safe.
- **Establish a “single point of contact” or spokesperson** for all media and public relations purposes.

To Staff

- We can't stress enough that communication to staff, board, and volunteers should be especially transparent and with as great as detail as necessary.
- Let them know immediately the plans to re-engage and give sufficient notice so that they can make their own accommodations as they begin to transition from working remotely.

Ongoing Communications

- You may want to devise a plan of ongoing communications for the next several months that focuses on both internal work (staff, board, clientele, etc.) and external work (donors, supporters, general public).
- This is especially important to keep individuals informed about changes in programming or program delivery, protocols or procedures, policy changes, etc.
- **Ensure your website and social media communication are up-to-date.** Hours of operation may change or you may need to communicate protocols for visitors, etc.

Communication is key in all of our relationships. Whether staff, board, volunteers, clientele, the media, or the general public, during a crisis (even one we are all managing), transparency is essential. This is an optimal time to engage our closest allies as we navigate reopening.

Events and Donor Relations

Nonprofits host a number of special events with a cadre of purposes. Guidelines for these events will depend heavily on health department regulations around gathering people together. We suggest nonprofits, performing arts organizations, congregations, and other organizations that gather groups together continue to follow guidelines from local and state health departments to preserve the health and safety of all involved.

Special Events

- **Follow local regulations about the number of people allowed to be together.**
- Ensure social distancing tactics are observed.
- Encourage those attending to wear masks and observe their own social distancing techniques.
- For food handling, use licensed caterers and allow no “self-service” type handling.
- **Inform all guests of any special protocols in place at events** before they attend (mask wearing, social distancing, food, other etiquette you will observe).
- Have contingencies in place in the event of postponement, cancellation, change of plans, etc.
- **If you have postponed an event to late summer or fall of 2020, have a cancellation contingency in place.**
- Keep donors informed of all contingencies.
- Consider online-only events.
- For performing arts events, see the “Guide to Reopening the Arts” in the appendix.
- For small events, work with a restaurant or licensed caterer to provide food. We do not recommend self-catered or “potluck” style group meals, particularly if you are working with individuals in high-risk groups.

Granting or Sponsorship Relationships

- **Communicate with your program officer or community relations director** (the person responsible for overseeing your grant or sponsorship) as soon as possible to check in. They want to hear from you.
- Let them know your plans on re-engagement and opening, any changes to program delivery, any changes on deliverables or expectations.
- Provide them information on your financial position and be completely transparent. Emergency grant programs along with various emergency funds have been established around the state.
- Work with them on unrestricting some funds if you’re in need.
- Let them know if you successfully applied for and received Paycheck Protection Program (PPP) funding from the Small Business Administration.
- **If you are postponing an event, contact donors first and then announce the postponement.** Discuss any necessary contingencies about their donation.

Places of Worship

Congregations throughout the state are also beginning the process of re-engaging congregants and parishioners for in-person worship services and meetings. In addition to the guidelines outlined in this document, here are a number of recommendations from faith leaders around the state.

Houses of worship should also consult the recommendations from denominational or congregational leadership at the local, state, and national levels.

In the Sanctuary, Synagogue, or Mosque

- **Congregations should continue social distancing measures as available.** These include continuation of service broadcasts to those who are in high-risk groups such as over 65, persons with disabilities, persons with underlying health issues, etc.
- Encourage the wearing of masks.
- **Spread the congregation around sanctuaries and synagogues** (every other pew, spacing between individuals or families, etc.).
- **Limit areas where people congregate** (instruct parishioners to move through lobbies and vestibules into the sanctuary).
- **Greeters should help to move traffic flow.** Parishioners and congregants should pick up their own bulletins and move promptly into the worship area. Attempt to be contactless.
- **Traditions such as “passing of the peace” should be contactless.**
- **Consider contactless techniques for passing of the alms basins** (have congregants meet usher at end of pew).
- For faith traditions with regular **communion offering**, follow the guidelines set forth by the denomination or church.
- Practice social distancing post-service in fellowship halls and common gathering areas.
- **For the time being, if a congregation serves coffee or water post- or pre-service, it should be handed out** (avoid self-service coffee areas).
- Maintain six feet of distance between individuals in conversations.
- **Maintain six feet of distance between choir members and musicians.**
- Consider suspension of special child worship sessions within services. Have a plan for social distancing and sanitation if you continue to offer child care.
- Maintain distancing recommendations for all other church or synagogue activities including meetings, forums, studies, etc., inside the building.
- Because of close contact and floored worship, mosques and Islamic centers may not open for a period of time and/or significantly limit the number of worshippers.
- **Consult with denominational leadership about events such as a baptism.** Based on social distancing, churches may want to put off the event. Observe the strictest of hygiene guidelines.
- Physical touch should be avoided as much as possible. This includes practices such as blessings, laying on of hands, etc. **Prior to engaging in any rite that requires physical touch, obtain verbal consent from the congregant.**

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

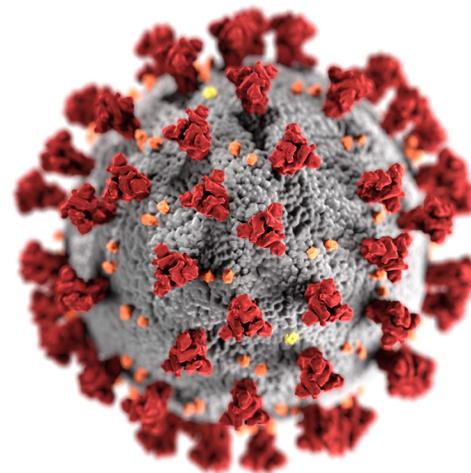
The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible



Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance from local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing



For more information: www.cdc.gov/COVID19

Table 1. Local Factors to Consider for Determining Mitigation Strategies

Factor	Characteristics
Epidemiology	<ul style="list-style-type: none"> • Level of community transmission (see Table 3) • Number and type of outbreaks (e.g., nursing homes, schools, etc.) • Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services • Epidemiology in surrounding jurisdictions
Community Characteristics	<ul style="list-style-type: none"> • Size of community and population density • Level of community engagement/support • Size and characteristics of vulnerable populations • Access to healthcare • Transportation (e.g., public, walking) • Planned large events • Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)
Healthcare capacity	<ul style="list-style-type: none"> • Healthcare workforce • Number of healthcare facilities (including ancillary healthcare facilities) • Testing capacity • Intensive care capacity • Availability of personal protective equipment (PPE)
Public health capacity	<ul style="list-style-type: none"> • Public health workforce and availability of resources to implement strategies • Available support from other state/local government agencies and partner organizations

Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Individuals and Families at Home “What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if symptomatic: <ul style="list-style-type: none"> » Stay home when you are sick » Call your health care provider’s office in advance of a visit » Limit movement in the community » Limit visitors • Know what additional measures those at high-risk and who are vulnerable should take. • Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily). • Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community. <ul style="list-style-type: none"> » Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible. » Establish ways to communicate with others (e.g., family, friends, co-workers). » Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members. 	<ul style="list-style-type: none"> • Continue to monitor local information about COVID-19 in your community. • Continue to practice personal protective measures. • Continue to put household plan into action. • Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. 	<ul style="list-style-type: none"> • Continue to monitor local information. • Continue to practice personal protective measures. • Continue to put household plan into place. • All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Schools/childcare “What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. • Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact. <ul style="list-style-type: none"> » Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread. » Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread. • Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill). • Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in buildings. 	<ul style="list-style-type: none"> • Implement social distancing measures: <ul style="list-style-type: none"> » Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering. » Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) » Limit inter-school interactions » Consider distance or e-learning in some settings • Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible). • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing. • Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning. 	<ul style="list-style-type: none"> • Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism. • Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. • Implement distance learning if feasible.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Assisted living facilities, senior living facilities and adult day programs “What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. • Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in all buildings. 	<ul style="list-style-type: none"> • Implement social distancing measures: <ul style="list-style-type: none"> » Reduce large gatherings (e.g., group socialevents) » Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) » Limit programs with external staff » Consider having residents stay in facility and limit exposure to the general community » Limit visitors, implement screening • Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing. 	<ul style="list-style-type: none"> • Longer-term closure or quarantine of facility. • Restrict or limit visitor access (e.g., maximum of 1 per day).

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Workplace “What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. • Review, update, or develop workplace plans to include: <ul style="list-style-type: none"> » Liberal leave and telework policies » Consider 7-day leave policies for people with COVID-19 symptoms » Consider alternate team approaches for work schedules. • Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill). • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building. 	<ul style="list-style-type: none"> • Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness. • Implement social distancing measures: <ul style="list-style-type: none"> » Increasing physical space between workers at the worksite » Staggering work schedules » Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.) • Limit large work-related gatherings (e.g., staff meetings, after-work functions). • Limit non-essential work travel. • Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible). 	<ul style="list-style-type: none"> • Implement extended telework arrangements (when feasible). • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals. • Cancel non-essential work travel. • Cancel work-sponsored conferences, tradeshows, etc.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Community and faith-based organizations “What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</p>	<ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). • Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building. 	<ul style="list-style-type: none"> • Implement social distancing measures: <ul style="list-style-type: none"> » Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. » Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people, though threshold is at the discretion of the community) or move to smaller groupings. • For organizations that serve high-risk populations, cancel gatherings of more than 10 people. 	<ul style="list-style-type: none"> • Cancel community and faith-based gatherings of any size.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None to Minimal	Minimal to moderate	Substantial
<p>Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) “What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19”</p>	<ul style="list-style-type: none"> • Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities). • Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits. • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies. • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions. • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival). 	<ul style="list-style-type: none"> • Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits. • Actively monitor absenteeism and respiratory illness among HCP and patients. • Actively monitor PPE supplies. • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent). • Consider allowing asymptomatic exposed HCP to work while wearing a facemask. • Begin to cross train HCP for working in other units in anticipation of staffing shortages. 	<ul style="list-style-type: none"> • Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission. • Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask). • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients. • Consider requiring all HCP to wear a facemask when in the facility depending on supply.

Table 3. Potential mitigation strategies for public health functions

Public health control activities by level of COVID-19 community transmission		
None to Minimal	Minimal to Moderate	Substantial
<p>Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.</p>	<p>Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.</p>	<p>Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.</p>
<ul style="list-style-type: none"> • Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases. • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance. • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing. • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources. • Encourage HCP to develop phone triage and telemedicine practices. • Test individuals with signs and symptoms compatible with COVID-19. • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.). 	<ul style="list-style-type: none"> • May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals. 	<ul style="list-style-type: none"> • May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

Families First Coronavirus Response Act (FFCRA) Procedure

Background: The Families First Coronavirus Response Act created two paid leave provisions for employers with fewer than 500 employees and public employers with at least one employee. The Emergency Paid Sick Leave (EPSL) provides up to two weeks of paid leave for qualifying reasons. The Emergency Family and Medical Leave Expansion Act (EFMLEA) expands the protections of the Family and Medical Leave Act (FMLA) to provide paid benefits in certain situations.

Exemptions: Employers of health care providers or emergency responders may elect not to provide this leave to those specific employees. Businesses with fewer than 50 employees are exempt from FMLA private causes of action under the Emergency Family and Medical Leave Expansion Act (EFMLEA), but not Department of Labor enforcement. Additionally, small businesses with fewer than 25 employees may be exempt from providing Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave Expansion Act (EFMLEA) if the leave request is because of the child's school or child care provider is closed due to COVID-19 related reasons and would cause an undue hardship on the organization. Also, small businesses with fewer than 25 employees may be exempt from reinstatement rights following an EFMLEA leave due to negative business or operational changes.

Statement of Procedure

This procedure is in place for Oklahoma Center for Nonprofits to comply with the requirements of the Federal Families First Coronavirus Response Act (FFCRA). The FFCRA provides employees with Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave Expansion Act (EFMLEA) for those affected by the COVID-19 pandemic, from April 1, 2020 through December 31, 2020.

Two Types of Leave Covered Under FFCRA

1) Emergency Paid Sick Leave (EPSL)

Emergency paid sick leave will be available for an employee who is unable to work or work remotely because:

1. The employee is subject to a governmental quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due of COVID-19 concerns;
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
4. The employee is caring for an individual (does not have to be a family member) subject to governmental quarantine/isolation order or health care provider recommendation;
5. The employee is caring for an eligible son or daughter under age 18 whose school or place of care is closed due to COVID-19 precautions; or
6. The employee is experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services.

Eligibility for EPSL

All employees, regardless of their tenure with the organization, with full-time or part-time status are eligible to receive this benefit.

Paid Benefits for EPSL

Eligible employees will receive up to two weeks of paid sick leave.

- Full-time employees (scheduled to work 40 or more hours per week): 80 hours at their regular rate of pay, subject to caps and reasons noted below.
- Part-time employees (scheduled to work less than 40 hours per week): the number of hours that the employee works, on average, over a two week period, subject to caps and reasons noted below.

Payments are capped at \$511 a day (\$5,110 in total) for dealing with an employee's own illness or quarantine (reasons 1, 2 and 3 above). Employees who are caring for an individual affected by COVID-19 and those whose children's schools or childcare providers have closed (reasons 4, 5 and 6 above) receive up to two-thirds of their pay, and that benefit is limited to \$200 a day (\$2,000 in total).

Return to Work Following EPSL

Employees are required to follow guidelines established by the Centers for Disease Control and Prevention as it relates to ceasing home isolation practices.

- **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - at least 7 days have passed since your symptoms first appeared
- **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use of medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - you received two negative tests in a row, 24 hours apart.

2) Emergency Family and Medical Leave Expansion Act (EFMLEA)

Employees will be entitled to take up to 12 weeks of leave if an employee is unable to work or work remotely due to caring for the employee's minor child because the child's school or child care provider has been closed because of COVID-19.

Eligibility for EFMLEA

Under EFMLEA, full-time and part-time employees who have been on Oklahoma Center for Nonprofits payroll for 30 calendar days, prior to taking the leave, are eligible for leave.

Paid Benefits for EFMLEA

The EFMLEA provides for a combination of unpaid and paid leave.

- The first 10 days of EFMLEA may be unpaid. An employee may choose to take an existing pay benefit (i.e. PTO, vacation, sick pay) during the 10-day unpaid period, or the 10 days may be paid under Emergency Paid Sick Leave (EPSL), if taken for a qualifying reason.
- After ten days of unpaid leave, employees are entitled to 10 weeks of leave at two-thirds their usual pay. Part-time employees are entitled to be paid two-thirds of their usual pay based on the average number of hours worked for the six months prior to taking the leave.
- The cap of the paid leave entitlement for employees is \$200 per day (\$10,000 in the aggregate).

Notifying Company of the Need for FFCRA Leave

Employees should request their need for emergency paid leave as soon as possible, by notifying their immediate supervisor and human resources of the specific qualifying reason and date of requested leave. If an employee is incapacitated, the employee's representative should give verbal notice as soon as possible. Calling in "sick" does not qualify as adequate notice. An employee must provide sufficient information regarding the reason for an absence for the company to know that protection and benefits may exist under FFCRA.

Required Documentation

IRS guidance outlines the information an eligible employer must receive from an employee and maintain to substantiate eligibility for sick leave or family leave credits.

The employee must provide:

- His or her name.
- The date or dates for which leave is requested.
- A statement of the COVID-19 reason the employee is requesting leave and written support for such reason.
- A statement that the employee is unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, the statement from the employee should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine. If the person subject to quarantine is not the employee, that person's name and relation to the employee shall be provided.

If a school closes or child care provider is unavailable, the statement from the employee should include:

- The name and age of the child or children.
- The name of the school that has closed or place of care that is unavailable.
- A representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave.
- With the care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

Insurance Benefit Continuation During FFCRA Leave

Coverage under group health insurance will continue while on leave, but employees must continue to pay their portion of the premium. Other employment benefits will also be continued during the leave, as long as the employee continues to pay any required contribution. Payment arrangements will be discussed with individuals as needed.

Certification for FFCRA Leave

Generally, the company will require certification to verify the qualifying reason for the leave. Employees should be prepared to provide documentation such as a copy of the individual's quarantine or isolation order, or written note by a health care provider advising self-quarantine, or a notice of closure of school or childcare provider (i.e. email, notification on website, or news article).

We understand that requesting healthcare provider documentation may place additional burdens on our medical community during this pandemic, therefore if an employee is unable to obtain this documentation, at a minimum, the name, address, and phone number of your treating healthcare provider must be provided. Oklahoma Center for Nonprofits also reserves the right to request additional documentation completed by your healthcare provider or childcare provider (as applicable) in situations where there is reason to believe an employee has fraudulently obtained leave or paid benefits.

Intermittent Leave

Intermittent leave will be permitted if the employee is unable to work his or her normal schedule of hours. The employee and employer will come to an agreement on a schedule that provides for the least amount of disruption to an employee's job. For EFLMEA purposes, the total amount of leave taken should not exceed the 12 weeks defined earlier in this procedure.

Rights Upon Return from FFCRA Leave

An employee who takes leave under FFCRA may be reinstated to the same job or an equivalent position upon completion of the leave*. If an individual has exhausted all leave under this FFCRA and is still unable to return to work, the situation will be reviewed on a case-by-case basis to determine what rights and protections might exist.

The law provides that an employee has no greater rights upon a return from leave than the individual would have had if s/he had continued to work. Therefore, an employee may be affected by a layoff, reorganization, furlough,

change in job duties or other change in employment if the action would have occurred had the employee remained actively at work.

**Under the EFMLEA portion of FFCRA, employers with less than 25 employees may be excluded from restoring the employee to his or her previous position if all four of the following hardship conditions exist:*

- *The position no longer exists due to economic or operating conditions that affect employment and due to COVID-19 related reasons during the period of the leave;*
- *The company made reasonable efforts to restore the employee to the same or an equivalent position;*
- *The company makes reasonable efforts to contact the employee if an equivalent position becomes available; and*
- *The company continues to make reasonable efforts to contact the employee for one year beginning either on the date the leave related to COVID-19 reasons concludes or the date 12 weeks after the leave began, whichever is earlier.*



Interim General Guidance for Businesses and Organizations (May 22, 2020)

On April 23, 2020, Governor Cooper announced a [three-phased approach](#) to slowly lift restrictions while combatting COVID-19, protecting North Carolinians and working together to recover the economy.

Starting at 5pm on Friday May 22, 2020, North Carolina will begin Phase 2 which allows certain businesses and organizations to open or remain open. Those businesses and organizations should follow the guidelines below to prevent the spread of COVID-19.

Guidelines for Conducting Business: Any scenario in which many people gather together poses a risk for COVID-19 transmission. All businesses and organizations where groups of people gather in an enclosed space should create and implement a plan to minimize the opportunity for COVID-19 transmission at their facility. The general guidance below will help businesses and organizations reduce the spread of COVID-19 in their communities. Specific [guidance for retail and other public facing businesses](#) can be found on the NC DHHS COVID-19 response site.

This guidance covers the following topics:

- Social Distancing and Minimizing Exposure
- Cloth Face Coverings
- Cleaning and Hygiene
- Monitoring for Symptoms
- Protecting Vulnerable Populations
- Combatting Misinformation
- Water and Ventilation Systems
- Additional Resources

Social Distancing and Minimizing Exposure

[Social distancing](#) is one of the only tools we have to decrease the spread of COVID-19. Social distancing (“physical distancing”) means keeping space between yourself and other people outside of your home. Stay at least 6 feet (about 2 arms’ length) from other people; do not gather in groups; stay out of crowded places and avoid mass gatherings. Phase 2 includes several requirements and recommendations to support social distancing in spaces where the public may gather.

It is recommended that businesses and organizations:

- Limit in-person meetings to no more than 10 people.
- Allow staff to work remotely as much as possible.
- Stagger shifts when remote working is not possible.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Post signage around the office reminding staff about social distancing (staying at least 6 feet away from others). [Know Your Ws](#) sign templates are available in English and Spanish on the NC DHHS COVID-19 response site.
 - Consider posting signs around frequently touched objects like shared printers or bathroom sinks.
- Move desks and workstations at least six (6) feet apart.
- Mark six (6) feet of spacing on the floor in higher traffic areas, such as reception areas.
- Consider closing off areas where people are more likely to gather, like breakrooms.
- Clearly mark designated entry and exit points; if a building has only one entry/exit point, try to stagger entry and exit times if possible.
- Develop and use systems that allow for online, email, or telephone transactions.
- Provide or encourage staff to bring their own water or individual meals, to reduce possible exposure.

Cloth Face Coverings

It is strongly recommended that all individuals wear a cloth face covering when they may be near (less than 6 feet from) other people. An FAQ about face coverings is available in [English](#) and [Spanish](#).

- It is encouraged that businesses and organizations provide cloth face coverings for employees and customers. If provided, they must be single use or properly laundered using hot water and a high heat dryer between uses.
- Please share guidance to employees on use, wearing, and removal of cloth face coverings, such as [CDC's guidance on wearing and removing cloth face masks](#), [CDC's use of cloth face coverings](#), and [CDC's cloth face coverings FAQ's](#).

Cleaning and Hygiene

Washing hands with soap for 20 seconds or using hand sanitizer reduces the spread of transmission.

It is recommended that businesses and organizations:

- Perform ongoing and routine environmental cleaning and disinfection of high-touch areas (e.g., doors, doorknobs, rails, tables, chairs) with an [EPA approved disinfectant for SARS-CoV-2](#) (the virus that causes COVID-19), and increase disinfection during times when the business may have more visitors.
- Promote frequent use of hand washing and hand sanitizer for staff and individuals. Require handwashing of staff immediately upon reporting to work, after contact with individuals, after performing cleaning and disinfecting activities, and frequently throughout the day.
- Provide, whenever available, hand sanitizer (with at least 60% alcohol) at the entrance and other areas. Systematically and frequently check and refill hand sanitizers and assure soap and hand drying materials are available at all sinks.
- Provide tissues for proper cough and sneeze hygiene.
- Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety risk.

Monitoring for Symptoms

Conducting regular screening for symptoms can help reduce exposure. Staff should be encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath.

If they develop symptoms, they should notify their supervisor and return home. More information on [how to monitor for symptoms](#) is available from the CDC.

It is recommended that businesses and organizations:

- Employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.
- Conduct daily [symptom](#) screening (use this standard interview questionnaire) ([English](#) | [Spanish](#)) of employees at entrance to workplace with immediately sending symptomatic workers home to [isolate](#).
- Post signage at the main entrance requesting that people who have been symptomatic with fever and/or cough not enter, such as [Know Your Ws/Stop if You Have Symptoms](#) flyers (English - [Color, Black & White](#); Spanish - [Color, Black & White](#)).
- Have a plan in place for immediately removing employee from work if symptoms develop.
- Establish and enforce sick leave policies to prevent the spread of disease, including:
 - Enforcing employees staying home if sick.
 - Encouraging liberal use of sick leave policy.
 - Expanding paid leave policies to allow employees to stay home when sick.
- [Per CDC guidelines](#), if an employee has been diagnosed with COVID-19 or is presumed positive by a medical professional due to symptoms, the employee should be excluded from work until:
 - No fever for at least 72 hours since recovery (without the use of fever-reducing medicine) AND
 - Other symptoms have improved (e.g., coughing, shortness of breath) AND
 - At least 10 days have passed since first symptoms
- [Per CDC guidelines](#), if an employee has been diagnosed with COVID-19 but does not have symptoms, they should remain out of work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.
- Require symptomatic employees to wear masks until leaving the office. Cleaning and disinfecting procedure should be implemented by designated personnel following [CDC guidelines](#) once sick employee leaves.
- Provide employees with information on help lines to access information or other support in reference to COVID-19, e.g. 211 and Hope4NC Helpline (1-855-587-3463).

Protecting Vulnerable Populations

Information on who is at higher risk for severe disease is available from the [CDC](#) and [NCDHHS](#).

It is recommended that businesses and organizations:

- Enable employees to self-identify as high risk for severe disease and reassign work to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, or to telework if possible.
- If your office has frequent outside visitors, consider designating a specific time for those at higher risk to come into the office without the general population (such as early morning, or late afternoon).

Combatting Misinformation

Help make sure that the information your employees is getting is coming directly from reliable resources. Use resources from a trusted source like the [CDC](#) or [NCDHHS](#) to promote behaviors that prevent the spread of COVID-19.

It is recommended that businesses and organizations:

- Provide workers with education about COVID-19 strategies, using methods like videos, webinars, or FAQs. Some reliable sources include [NC DHHS COVID-19](#), [Know Your W's: Wear, Wait, Wash](#), [NC DHHS COVID-19 Latest Updates](#), [NC DHHS COVID-19 Materials & Resources](#)
- Promote informational helplines like 211 and Hope4NC and other [Wellness Resources](#).
- Put up signs and posters, such as those found [Know Your W's: Wear, Wait, Wash](#) and those found [Social Media Toolkit for COVID-19](#).

Water and Ventilation Systems

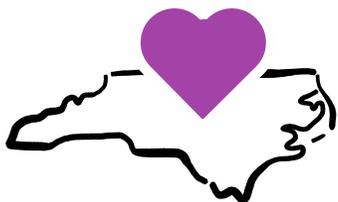
Reduced use of water and ventilation systems can pose their own health hazards. There is increased risk for Legionella and other waterborne pathogens from stagnant or standing water.

Before reopening, it is recommended that businesses and organizations:

- Follow the CDC's [Guidance](#) for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of diseases associated with water.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.

Additional Resources

- NC DHHS: [North Carolina COVID-19](#)
- CDC: [Interim Guidance for Businesses and Employers](#)
- CDC: [Cleaning and Disinfecting Your Facility](#)
- CDC: [Reopening Guidance](#)
- EPA: [Disinfectants for Use Against SARS-CoV-2](#)
- FDA: [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#)
- HHS/OSHA: [Guidance on Preparing Workplaces for COVID-19](#)
- DHS: [Guidance on the Essential Critical Infrastructure Workforce](#)



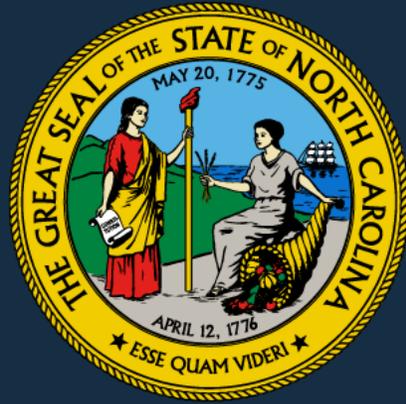
#StayStrongNC

**Staying apart brings us together.
Protect your family and neighbors.**

Learn more at nc.gov/covid19.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



North Carolina

Staying Ahead of the Curve

North Carolina has taken aggressive action to save lives.

Policies were put in place to slow the spread of COVID-19, so fewer people get sick at the same time and our hospitals can care for those who are seriously ill.



Trends - Our Metrics

We will look at a combination of metrics to inform decisions to ease restrictions.

- COVID-like syndromic cases over 14 days
- Lab-confirmed cases over 14 days
- Positive tests as a percentage of total tests over 14 days
- Hospitalizations over 14 days

Testing & Tracing - Capacity

Testing

- Increase daily testing from 2,500 – 3,000 people per day to 5,000 – 7,000 people per day

Workforce to Conduct Contact Tracing

- Increase from 250 tracers to 500 tracers
- Deploy digital tracing technology

Availability of Personal Protective Equipment

- Adequate supplies to fill requests for at least 30 days. Currently, have less than 30 days of gowns and N95 masks

Where We Are Today

Trends

Trajectory of COVID-like syndromic cases over 14 days



Trajectory of cases over 14 days



Trajectory of positive tests as a percentage of total tests over 14 days



Trajectory of hospitalizations over 14 days



Capacity

Testing



Contact Tracing



Personal Protective Equipment



Where We Need to Go

Trends

COVID-like syndromic cases

Continued Decrease

Number of cases

Decreasing or Sustained Leveling

% of Positive tests

Decreasing

Hospitalizations

Decreasing or Sustained Leveling

Capacity

Testing

5k-7k/day

Contact Tracing

~500 tracers

Personal Protective Equipment

>30 days for all

Phase 1

Stay At Home order remains in place, people can leave home for commercial activity

Those retailers and services will need to implement social distancing, cleaning and other protocols

Gatherings limited to no more than 10 people

Parks can open subject to gathering limits

Face coverings recommended in public

Restrictions remain in place for nursing homes and other congregate living settings

Encourage continued teleworking

Phase 2

At least 2-3 weeks after Phase 1

Lift Stay At Home order with strong encouragement for vulnerable populations to continue staying at home

Allow limited opening of restaurants, bars and other businesses that can follow strict safety protocols (reduced capacity)

Allow gathering at houses of worship and entertainment venues at reduced capacity

Increase in number of people allowed at gatherings

Open public playgrounds

Continue rigorous restrictions on nursing homes and congregate living settings

Phase 3

At least 4-6 weeks after Phase 2

Lessen restrictions for vulnerable populations with encouragement to continue practicing physical distancing

Allow increased capacity at restaurants, bars, other businesses, houses of worship and entertainment venues

Further increase the number of people allowed at gatherings

Continue rigorous restrictions on nursing homes and congregate care settings

GUIDE TO REOPENING THE ARTS

May 15, 2020

HOW TO USE THIS GUIDE

North Carolina's arts and cultural sector is a complex ecosystem with venues and spaces of various sizes, constructs, designs, and missions. We acknowledge that each arts organization has its unique circumstances while navigating these uncertain times. The purpose of this guide is to provide recommendations as you craft your organization's response to the COVID-19 pandemic and develop your plan for reopening to the public. We are all working toward the common goal to keep our patrons, workers, and artists as safe as possible.

Please note that we envision this as a living document. We will all learn a great deal in the coming weeks and months, and as further information becomes available, we will offer updates to share the most current, relevant information with you.

We realize that there is no easy way to mitigate this situation and no guarantee that we can completely eliminate risks. However, we believe that we can take collective action that will allow the arts sector to reopen to the public safely and responsibly. The guidance offered here will help you protect the well-being of those who organize events, programs, and performances across the great state of North Carolina and beyond and those who support and attend arts and cultural activities.

"A Guide to Reopening the Arts in North Carolina" was compiled by cultural leaders representing the North Carolina Theatre Conference, the North Carolina Presenters Consortium, Arts North Carolina, the North Carolina Arts Council, and independent arts organizations. The team borrowed substantially from the work of the Event Safety Alliance, and much of this document is excerpted from the "**Event Safety Alliance Reopening Guide**": <https://www.eventsafetyalliance.org/esa-reopening-guide>.

Additional Reopening Resources

State of North Carolina

<https://www.nc.gov/covid-19/staying-ahead-curve>

American Alliance of Museums

<https://www.aam-us.org/programs/about-museums/preparing-to-reopen/>

Centers for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

PATRON EDUCATION ABOUT THE NEW NORMAL

“We’re all in this together” describes the essential role that patrons play in allowing live events to resume safely. Because coronavirus is highly contagious, everyone — patrons as well as workers — must behave responsibly. This section focuses on ways to educate patrons to maximize health and safety compliance and minimize disruption of an event.

Changing Expectations. Consistent and widespread messaging by arts organizations can accomplish two essential goals: (1) it will teach patrons that the new rules are for their protection, which will eventually lead to greater compliance; and (2) showing new safety practices will coax nervous patrons back to public places. Arts organizations located in the same community may want to consider coordinating messaging to reinforce the “new normal.”

What to Explain. The concept of explaining rules to patrons is hardly new. Many events or venues already have codes of conduct with lists of prohibited items and behavior. Before reopening, they must add their new health procedures and expectations, such as longer wait times. There is no exact amount of information that is best. Rather, as with all safety messaging, the goal is to be positive, practical, and proportionate.

Where to Message. In a word, everywhere. The more prominently new rules and expectations are displayed, the more serious businesses appear to be about enforcing them, which will promote compliance. Here is a list of ways to reach patrons before they arrive:

- **Website** for the venue, event, or artist(s)
- **Social media channels** for the venue, event, or artist(s)
- **Ticket purchasing sites** should link to health and safety rules.
- **Emails** reminding patrons of health rules and expectations can be sent to patrons at regular intervals between the date of purchase/registration and the date of the event.
- **Signage** leading to and at the event site can be effective as a further reminder, especially if it is visually attractive and located where patrons are likely to be standing still or moving slowly.

How to Message. With a goal as broad as normalizing and gaining buy-in for new behavior, any method that works is good. Here are a few suggestions.

- **Marketing staff** can use their creative talent to promote good hygiene and health guidance without being intimidating.
- **Photos and videos** can show patrons having a good time even while following health rules.
- **Storyboards** can depict the process and schedule by which a venue is sanitized so patrons understand the measures and put a face on the workers keeping them safe.
- **Announcements** should be both audible and visual to accommodate people with sensory challenges and different language skills.
- **Artists and performers** can pre-record messages reminding patrons that only their full compliance with these health measures allows arts programming to happen.

WORKER HEALTH AND HYGIENE

Because the novel coronavirus is highly contagious, testing is insufficient, and there is no vaccine, workers (both employees and contractors) and volunteers must address the health risks of working in the close confines of many arts facilities.

Designated Point Person. This guide recommends that a member of the arts organization's management team be designated as a point person responsible for overseeing the response to COVID-19. The point person will lead a process to develop and implement the agency's safety strategies, including appropriate training for staff and workers.

Practices for Healthy Workers and Volunteers.

- **Social distancing.** Public health guidance stresses that whenever possible, everyone should stay at least six feet from the person closest to them. Where a task cannot be accomplished by someone working alone, workers can limit their exposure by forming a "work pairing" in which two people routinely work together but keep their distance from everyone else.
- **Handwashing.** Frequent washing of hands with soap is vital to help combat the spread of any virus. When a sink is available, workers should wash their hands at least every 60 minutes for 20 seconds and dry them thoroughly with a disposable towel or dryer. As a backup, workers may use a hand sanitizer containing at least 60-percent alcohol or 70-percent isopropanol when a sink is not available. Workers should also wash their hands at the beginning and end of each shift and break and after using the restroom, sneezing, touching their face, blowing their nose, cleaning, sweeping, mopping, smoking, eating, or drinking.
- **Personal protective equipment (PPE).** Employers should ensure that their workers and volunteers have PPE appropriate for their work and that vendors and independent contractors provide and use their own.
- **Face coverings.** Physical respiratory protection such as a cloth face covering should be worn whenever people are within six feet of one another because coronavirus is spread through the air and a significant number of people infected with COVID-19 will show no outward symptoms of illness.
- **Gloves.** Gloves are not a substitute for regular handwashing. Gloves should be worn when conducting health checks on workers or patrons; when handling food, tickets, or any items on which infection can be transmitted; and when using cleaning or disinfecting products.
- **Touching your face.** Workers should avoid touching their eyes, nose, and mouth.
- **Cough and sneeze etiquette.** Workers should cover their cough or sneeze with a tissue, or an elbow or shoulder if no tissue is available, and follow up with thorough handwashing.

Practices for Sick Workers and Volunteers. The following recommended practices for sick workers presume a degree of supervisor oversight and control over employees that may be difficult with independent contractors. Where possible, companies should consider incorporating the following health and safety requirements in their independent contractor agreements.

Workers must notify their supervisor and stay home from work if they have symptoms of acute respiratory illness consistent with COVID-19 that are not explained by an underlying medical or allergic condition, such as fever, cough, chills, muscle pain, headache, sore throat, or shortness of breath. If workers exhibit symptoms of acute respiratory illness upon arrival at work or become sick during the day, their supervisor must separate them from other workers immediately. The process and location for isolating a symptomatic individual should be considered part of the overall safety plan.

Responding to Confirmed Cases Of COVID-19. If a worker is confirmed to be infected with COVID-19, their supervisor should notify the designated point person, who should immediately take the following actions:

- Determine and document the circumstances and what areas of the venue were visited, used, or impacted by the infected worker (the “impacted areas”).
- Assess whether the worker’s role put them in close contact (less than six feet/two meters) with other workers or patrons, and whether their duties created any specific transmission risks, such as handling currency or checking tickets.
- Work with the local health department to determine which other workers had close contact with the infected worker (the “impacted coworkers”).
- Notify the impacted workers that they may have had contact with an infected worker and encourage them to monitor their health and report any concerns to their healthcare provider.
- **Legal warning.** It may be illegal to provide the infected worker’s name or other identifying information that could be used to determine their identity. Consult your local health department regarding reporting protocols.
- Any worker who tests positive for COVID-19 should remain in home isolation for 10 days after symptoms begin or 72 hours after the fever is gone without fever-reducing medication, whichever is longer. These guidelines are from the CDC; local rules may vary.

Paid Sick Leave. Employees in the United States with COVID-19 should be paid sick leave by their employers under the Families First Coronavirus Response Act (FFCRA). The U.S. Department of Labor poster regarding paid sick leave under the FFCRA should be posted for workers at the worksite. Here is a link to the poster: [dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf](https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf).

SANITIZING THE VENUE

Sanitizing “High Touch” Areas. Areas of the facility that are frequently touched should be disinfected regularly using products approved by the applicable health authority.

Public areas (lobby, hallways, galleries, auditoriums)

- ❖ Door handles, handrails, push plates
- ❖ Bike rack or other barricades
- ❖ Elevator buttons — inside and out
- ❖ Escalator railings
- ❖ Reception desks and ticket counters
- ❖ Telephones and other keypads
- ❖ Point of sale (POS) terminals
- ❖ Tables and chairs, including highchairs and booster seats
- ❖ Beverage stations and water fountains
- ❖ Vending and ice machines
- ❖ Trash receptacle touchpoints

Restrooms (front and back of house as well as portable units)

- ❖ Door handles and push plates
- ❖ Sink faucets and counters
- ❖ Toilet handles
- ❖ Soap dispensers and towel dispenser handles
- ❖ Baby changing stations
- ❖ Trash receptacle touchpoints

Back of house offices, work rooms, dressing areas, green rooms

- ❖ Individual office and other room furniture
- ❖ Door handles, push plates, doorways, railings
- ❖ Microphones, microphone stands, lecterns, cables
- ❖ Stage manager consoles, light and soundboards, spotlights
- ❖ Fly rail, instruments (piano, drum kits, etc.), crew headsets
- ❖ Light switches
- ❖ Cabinet handles
- ❖ Telephones, computers, other keypads, mouse
- ❖ Trash receptacle touchpoints

Cleaning and Disinfecting.

- **Cleaning** removes dirt and impurities from surfaces and objects and may lower germ counts by removing but not necessarily killing them. Disinfecting reduces and kills germs on surfaces and objects. Because disinfecting does not necessarily clean the surface, both are essential.

- **Cleaning technique.** Clean high-touch areas by using water and soap or cleaning solution to remove dirt and impurities from surfaces and objects and reduce germ counts.
- **Disinfecting technique.** High-touch areas should be disinfected using materials effective against COVID-19. To quickly disinfect a seating area between events, electrostatic cleaning is a means of spraying a fine mist of positively charged particles that adhere to surfaces and objects. Where there is more time between events, a space will naturally become disinfected within 72 hours — the time for the virus to become nonviable. Always follow instructions regarding the minimum contact time a disinfectant must remain on a surface to be effective.
- **Disposal.** Place gloves and other disposable items used for cleaning and disinfecting in a bag that can be tied up before disposing of them with other waste.
- **Frequency.** The frequency of cleaning high-touch areas should be evaluated based on the event space and how it is used, applying guidance from local health authorities.
- **Documentation.** Keeping the venue clean and sanitary is important for health reasons. Documenting that all required steps were followed at the correct intervals can help the business show that it behaved reasonably under its circumstances, which would be a key issue in a lawsuit. A supervisor should ensure that a cleaning log is carefully maintained and preserved for posterity.

BRINGING THE PUBLIC INTO OUR BUILDINGS

As with worker health, concerns for our patrons' safety should be addressed through hygiene and social distancing. Minimize the number of physical transactions that take place during an audience member's visit: fewer transactions mean fewer opportunities to spread contagions. It's also important to give patrons the resources and opportunities they need to promote safety.

Handwashing Stations. Stations with either soap and water or sanitizer containing at least 60-percent alcohol must be provided at all points of ingress and other well-marked and illuminated locations throughout the venue. These stations should allow no-touch activation, if possible. Supervisors must confirm regularly that supplies are adequate.

Will Call and Box Office windows are generally well-protected by glass partitions already. Social distancing can be preserved by opening fewer windows and marking appropriate queuing spaces.

Space Requirements. Additional space may be required to accommodate longer but less densely packed lines waiting to enter the venue. The line waiting to enter can be managed using common methods such as lines marked on the ground, rope and stanchions, fencing or bike rack, in combination with workers who provide information about the anticipated wait time and ingress procedure and also enforce social distancing. The area where patrons wait should have signage with the event's health rules, including social distancing guidelines and face-covering requirements.

Disability Accommodations. New health screening measures may require new accommodations for people with disabilities. For example, hearing-impaired patrons who read lips may require screening by a worker wearing a clear face covering or one with a see-through window over the wearer's mouth. An event space that reduces points of ingress or egress must ensure continued accessibility. Patrons whose disability makes them unable to wait in a long line may need a more expedited access procedure. In order to remain compliant with applicable disability laws and provide reasonably accessible events for all patrons, consult with a local advocate for people with disabilities.

Restrooms. Workers should limit occupancy of restrooms to ensure social distancing. Unless portable restroom facilities are added, this will likely result in patrons waiting outside the restroom doors. The area where they are waiting will require monitoring to preserve appropriate space between patrons and an easily discernible line marked by physical barriers to avoid confusion about where the line begins.

Food and Beverage/Concessions Service. Appetizers, hors d'oeuvres, other food, and/or all beverages, including water, tea, wine, beer, and/or adult beverages, should not be self-served (backstage or front of house). All food and beverages should be served by staff who are wearing appropriate PPE to reduce any contamination. Organizations should not provide any buffets, tables with appetizers, and/or any self-serve wine and/or beverages to staff and/or attendees. Pre-packaged foods are preferable and should only be served when concessions staff and patrons can conduct the transaction with social distancing and a minimum of touchpoints. Venues that operate a restaurant on their premises should follow reopening guidelines for restaurants.

EXAMPLES OF STRATEGIES

In a social distancing, reduced-capacity environment, organizations will have to examine their operational models to keep patrons, staff, and artists safe. Here are some ideas from the field.

Please note that these are only examples of strategies that could be employed by a venue, not a recommendation or endorsement. Each organization must determine the operational guidelines that work with its unique situation, space, and financial capacity and that meet prescribed health and safety requirements.

- ❖ Redesign seating charts to designate seating areas to accommodate patrons in family groups of two to four within a theater house, spaced according to social distancing guidelines.
- ❖ Require or highly recommend that all patrons and staff wear masks in the facility. Make disposable masks available to patrons.
- ❖ Time entry and exit to the venue and lobby to prevent crowding. Seat patrons in groups or zones.
- ❖ Limit restroom access to reduce capacity and station staff or volunteers to promote touch-free entry and safe spacing. Assign restrooms to patron zones for facilities with more than one restroom location.
- ❖ Limit performance length and provide intermission-free performances to reduce restroom traffic.
- ❖ Print labels for exhibited artwork in a larger font to allow patrons to see information from a distance rather than crowding to read.
- ❖ Limit concession sales to pre-packaged items or close concessions completely.
- ❖ Provide contact-free ticketing, playbills, and ticket scanning at the doors.
- ❖ Map paths of egress and spacing in the facility. Open entrance and exit doors and/or station a staff member or volunteer to manage each door to prevent multiple points of contamination.
- ❖ Create a one-way traffic flow in gallery spaces.
- ❖ Explore relocating programming to an outdoor or other nontraditional venue with increased spacing and airflow.
- ❖ Enforce new safety guidelines for all events in the venue, including presented and rental events. This may necessitate an increased work or volunteer force specially trained to manage the COVID-19 environment.