



Faith, Arts, Culture,
Hotels, Entertainment
and Sports Committee
Additional Recommendations for
the ReOpen DC Advisory Group



May 21, 2020

For more information, and to see the ReOpen DC Advisory Group Steering Committee's full recommendations, please visit <https://coronavirus.dc.gov/>.

FAITH, ARTS, CULTURE, ENTERTAINMENT, SPORTS, AND HOTELS COMMITTEE

COMMITTEE MISSION & FOCUS

Large gatherings were among the first activities closed during the Public Health Emergency. From church gatherings, weddings, and birthday parties, to the Opening Day of the World Series Champions Washington Nationals, all were canceled or delayed in the District's response to COVID-19.

These activities are the social, cultural, and civic fabric of life in Washington, DC and drive significant economic benefit for the city. They help the District attract nearly 23 million people to visit, stay in our hotels and patronize our restaurants and bars. Visitor spending in 2019 totaled \$8.2 billion, the fifth consecutive year surpassing \$6 billion. This represented more than \$896 million in new tax dollars for the District.

The Faith, Arts, Culture, Entertainment, Sports, and Hotels (FACES-H) Committee will examine how physical spaces can be adjusted to accommodate social distancing, identify alternate formats for presenting, suggest methods to preserve these sectors during necessary periods for social distancing, and identify the tools and resources needed to eventually reopen all aspects of large gathering activities and venues.

COMMITTEE CHAIRS

Committee Community Co-Chairs: Greg O'Dell

Committee Government Co-Chair: Angie Gates

Public Health Advisor: Robin (Diggs) Perdue

Legal Counsel: Ben Moskowitz

Associate Committee Director: Julia Hudson

Committee Coordinators: Booker Roary, Jr., Keisha Mims, Karim D. Marshall & Darien Pusey

*Faith, Arts, Culture, Entertainment, Sports, and Hotels Committee submission
to the Steering Committee for its recommendations to the Mayor*

COMMITTEE MEMBERS

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OVERVIEW & STATUS

CURRENT STATUS

The institutions that comprise FACES-H can be described as both the soul and economic driver of the city. It is not business as usual for these sectors; in fact, business as we know it has changed dramatically. The Stay-at-Home Order has halted these operations in these sectors as much of these sectors rely heavily on in-person interaction. The current status of each sector follows.

Faith

Communities of faith have long served as pillars in the community and been considered a source of inspiration and hope for countless residents throughout the city. Houses of worship have faced tremendous strain during COVID-19 and have been left to broadcast inspirational messages in vacant facilities and to distribute food and clothing from parking lots while social distancing. Donations have been severely impacted and houses of worship have had to adapt and modify in order to stay afloat to still provide services.

Houses of worship are not considered essential businesses and therefore may only conduct “minimum business operations.” Traditional services must adhere to the 10-person-or-less mandate to comply with social distancing practices and as a result, most houses of worship have moved to virtual and online platforms to conduct services. However, they must still follow the 10-person-or-less social distancing guidelines set forth even while live streaming the broadcast.

In addition to virtual services, houses of worship have also used creative means through social media and the dissemination of sermons via email to reach congregations and parishioners. They have modified traditional outreach such as in-home visits and provided drive-by shared services such as communion, confession and prayer from a safe distance with no physical contact. These creative options have allowed faith-based institutions to continue to serve others, particularly vulnerable populations.

Arts and Culture

One of the hallmarks of DC’s culture economy is the quality and number of theatres, galleries, artists, and museums that support the critical tourism industry. The impact of COVID-19 and the resulting Stay-at-Home Orders has been devastating to the creative industry. While the impact has been universal, the District’s cultural institutions vary greatly in physical size, visitor experience, staffing and funding mechanisms. Sources of revenue vary from government

funding to donations as well as revenue generated from ticket sales and retail (food, beverage and merchandise). Operating expense structures are similarly diverse; therefore, financial performance is not uniform.

As a result of the Stay-at-Home Order, most venues and related activities have been closed or halted: All museums are closed to the public with only essential staff on site to protect facilities and museum collections. Galleries are closed and artists have experienced a loss in revenue from viewing and performance ticket sales. All theatres are presently closed with some providing streaming content; theatrical and live performances have been cancelled, and artists along with union vocational workers are without any source of performance income.

Every day these cultural institutions remain dark incurs a financial cost. It is critically important to determine the viability of reopening these institutions while ensuring adherence to proper safety measures.

Entertainment and Sports

The Entertainment and Sports Sector has essentially been closed since mid-March. As event activity is the primary driver, there are very few alternative income opportunities for this sector. Food and beverage offerings (concessions) are closely tied to the venues and performances, severely limiting delivery or takeout options; virtual content or broadcast productions are primarily limited to sports venues; however, the sports leagues will determine whether those options are available. Social distancing is severely hampering the viability of these businesses; as such a phased approach is possible, but extremely difficult for these businesses to operate in a sustainable manner.

Hotels

Occupancy rates in the hotels that remain open today are very low, in most cases in the single digits. By comparison, Washington, DC hotel occupancy was 86.7% in April of 2019 and 76.4% for all of 2019.

As of April 30, 2020, the Washington DC Rooms Inventory (a daily count of rooms available for rent was:

- Total Rooms: 33,597 (143 Hotels & B&Bs)
- Total Open: 15,822 (77 Hotels)
- Total Closed: 17,775 (66 Hotels)

All aspects of the hotel and hospitality industry report they have been devastated by the shutdown order and the global cessation of most travel. Nearly all revenues abruptly stopped. Most employees have been laid off or furloughed. Many properties will struggle to cover

operational costs and make debt-service payments, and there is great concern about the proper reopening criteria and associated expenses.

ASSESSING RISK BY SECTOR

As mentioned above, the FACES-H Committee focused on the following sectors: faith-based institutions, arts and culture (which comprised museums, exhibit space, and non-performance arts and culture activities), entertainment and sports (which included live events, sports, and theatrical performances), convention and large meeting spaces, and hotels. The matrix below (Figure 1) provides a risk assessment for each sector by assessing contact intensity, number of contacts, and the degree to which activities can be modified.¹

Figure 1. Risk Matrix by Sector

Sectors	Contact Intensity	# of Contacts	Modification Potential
Faith-based Institutions	High	High	Medium
Museums, exhibit space, and non-performance arts & culture	Medium	High	Medium
Live events, sports & entertainment performances	High	High	Low
Convention and large meeting spaces	High	High	High
Hotels	Low	Low	High

Faith

Houses of worship and faith-based institutions tend to have a high intensity of contacts; however, they can modify operations to reduce both intensity and number of contacts. For example, hosting outdoor services in parks or parking lots will allow services to proceed while ensuring adequate safe social distancing. Houses of worship should also gauge the comfort level of congregations prior to reopening and continue to offer virtual platforms as a safe alternative.

¹ Adapted from: John Hopkins University, Bloomberg School of Public Health Center for Health Security, “Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors”. April 17, 2020.

It will be imperative for these organizations to take safety protocols and adhere to social distancing guidelines to minimize risks, particularly as many faith-based organizations and houses of worship also provide services to vulnerable communities. Risks are also highly contingent on the actual size of the place of worship and the size of the congregation.

Arts and Culture (Museums, Exhibit Spaces, Theatre, and Non-Performance)

Arts and cultural spaces tend to have a medium contact intensity and a high number of contacts. The ability of this sector to modify operations varies based on the size of the venue and the nature of the offering.

Many museums can scale down by limiting on the number of visitors through traffic flow monitoring; timed/scheduled tickets; and suspending guided tours or large tour groups. As museums vary significantly in size and capacity, each facility will need to develop a plan consistent with guidance on event size restrictions. Galleries and their exhibiting artists have the ability to open and ensure social distancing. They can open by appointment if necessary and can limit any openings of new work in line with guidance on event size restrictions. Theatres may not be able to practically operate until full operations are allowed as operating at one-third capacity of an audience to allow social distancing may not provide a corresponding cost reduction in staff and facility costs. Further, performers and staff may not be able to implement social distancing.

Entertainment and Sports

Given the close proximity of patrons (seating) as well as performers and athletes during events, the Entertainment and Sports Sector scores “high” for contact intensity and frequency of contacts. By its nature, these events typically draw attendance to maximize the capacity of venues. Typically, efforts to mitigate this concern will severely reduce the number of patrons attending these events, thus rendering the majority of these events infeasible.

However, there are some examples of certain events that could be sustainable while limiting its capacity. Several District-based theatres have provided seating plans that achieve the required distancing as well as proper queuing for guest flow. Additionally, as another approach, several sports organizations have proposed plans for “production-only” events where only athletes, production personnel and essential venue staff would be present during an event. In some instances, the professional sports leagues are proposing detailed guidelines for this approach.

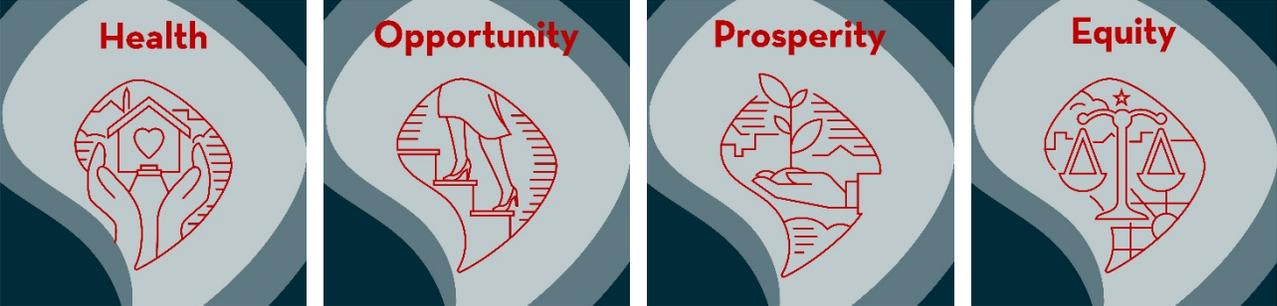
Hotels

As it relates to overnight stays, hotels tend to have a low contact intensity and low number of contacts. Their ability to modify operations and the guest experience to further minimize contacts is high. Hotels can implement measures such as contactless check-in, minimizing the number of people in common areas, restaurants and gyms, enhanced cleaning protocols and

the use of PPE by staff, guests, and visitors. Additionally, ongoing health screenings and temperature checks of guests and employees can help ensure sustained safe operations. Lastly, continuous monitoring of doors and public areas, training for staff and managers on protocols, elevator control, public areas control and more. In order to prepare, train, and ensure all elements are in place, hotels will need about two weeks lead-time to implement new standards.

Most of these modifications have low implementation intensity — they are fairly easy to do, and hoteliers are accustomed to providing service at high standards. However, given the dire financial circumstances of many hotels, the expense of these measures may cause significant financial burden.

MOVING TOWARD OUR VALUES



COMMITTEE APPROACH AND ENGAGEMENT

The FACES-H Committee consisted of a powerhouse group of subject matter experts from each sector. The Committee conducted four full committee meetings via WebEx on April 30, May 4, May 5, and May 7. During its initial meeting, the committee created an organizational structure that consisted of four sector working groups: Faith, Arts and Culture, Entertainment and Sports, and Hotels (Hospitality). Please see Appendix 1 for the collected meeting agendas and presentations.

Sector Groupings			
Faith	Arts & Culture	Entertainment & Sports	Hotels (and Hospitality)
Committee Members:			
Rev. Thomas Bowen	Doug Hall	Monica Dixon	Elliott Ferguson
Rev. Dexter U. Nutall	Marvin Bowser	Vinoda Basnayake	John Boardman
	Natalie Hopkinson	C. Brian Williams	Jay Haddock Ortiz
	Molly Smith	Andy Bush, DC United	Peter Rosenstein
	Abbe Lowell	Kelly Flanigan, Live Nation	Thomas Penny
	Deborah Rutter, Kennedy Ctr	Donna Westmoreland, IMP	Senator Paul Strauss
	Amy Austin, Theater Wash.	David Touhey	
	Tamara Christian, Spy		
	Perry Pigeon Hooks		

Each Sector Working Group was chaired by a committee member and employed a consistent methodology that used various tools including but not limited to:

1. Public (resident) surveys,
2. Sector-designed questionnaires and
3. Stakeholder focus groups.

This methodology was used to gather pertinent data, determine findings, and ultimately, articulate recommendations on the aspects and phasing of the reopening of their respective sectors. After conducting numerous meetings, each sector group worked together diligently to recommend the best way to move forward in concert with identified stakeholders.

Additionally, the FACES-H Committee was privileged to seek guidance from steering committee member CFO Jeffrey DeWitt. Mr. DeWitt shared keen insight from the steering committee as well as shared perspectives from other committees. The FACES-H Committee also benefitted from the active engagement of the Ward 5 Councilmember Kenyan McDuffie and the Ward 4 Councilmember Brandon Todd – both of whom presented at two separate full committee meetings. They highlighted the important work of the committee during this public health emergency and the impact the decisions will have on the city for years to come.

Further, with respect to the committee’s approach and engagement, this section of the report captures the general approach at the committee level. Where applicable, specific tactics used by each sector are described in the following narrative.

Public Survey Input

On April 28, Mayor Bowser launched an online survey for ReOpen DC to ask residents to share their feedback regarding reopening, in addition to sharing any big ideas concerns or feedback about reopening. Survey results shared with the committee were based upon feedback from residents. Please see Appendix 2 for the survey and a collection of responses relevant to this committee.

The sectors covered by the FACES-H Committee were broadly diverse in opinions and subject. However, the following input was consistent across sectors in survey responses:

- **Sector Importance** – respondents who addressed the relative importance of a single sector made convincing statements regarding each sector’s critical contribution to the fabric of the District.
- **Reopening** – respondents shared varying opinions on the best timing and prioritization of reopening. The majority of respondents were in favor of a deliberate reopening that prioritized minimizing any additional spread.
- **Clear Guidance** – generally respondents requested that specific and clear guidance was provided on how to best reopen with protective restrictions and social distance/cleaning guidelines.
- **Clear Expectations** – respondents wanted a clear timeline and easily understandable rules on when and how reopening could happen so they can start planning and making decisions.

- **Financial and other supports** – respondents across sectors requested financial and other forms of support for both current financial difficulties and future assistance in affording/acquiring personal protective equipment (PPE) and cleaning at new standards.

Additionally, the following insights were gathered from responses that were specific to sectors:

- **Faith** – respondents indicated that houses of worship are frequently used by outside groups and the feasibility of regular deep cleaning between uses may have additional impacts. Additionally, several respondents suggested organizing faith leaders to work together to share models on how they are thinking about reopening and supporting their communities. Furthermore, many respondents mentioned that social distancing guidelines are needed to reopen safely.
- **Arts and Culture** – respondents spoke about the importance of the various forms included under the category of arts and culture but provided specific thoughts around reopening museums. Respondents suggested that reservations and one-way paths through museums would help with distancing and later contact tracing. One respondent specifically took issue with the JHU guide classification of museums noting that large museums should be considered indoor large venues with high contact intensity.
- **Entertainment and Sports** – respondents expressed doubt about the ability to implement social distancing at large event venues.
- **Hotels** – respondents noted the importance of increased consumer confidence in safety will be critical to successfully restarting operations. Responses also provided a suggested prioritization for rebuilding a visitor base of focusing first on domestic travelers within a six- to eight-hour drive of DC, and then expanding outward as confidence increases in more methods of transportation. A respondent suggested that hotels could be repurposed while occupancy rates are low.

Sector-Designed Questionnaires

Each sector group designed a questionnaire specific to their industry and disseminated it to their colleagues and stakeholders to gather data and critical insights. The questionnaires provided several useful feedback points from residents and concerned stakeholders. While specific opinions varied, two common themes appeared: a desire for clear guidance and the need for extended financial support.

The following summarizes the efforts of each sector. Please see Appendix 3 for the questionnaires and a compilation of responses.

The committee gathered additional stakeholders which included the owners or operators of major venues and individuals with subject matter expertise. These additional stakeholders were asked to lend their knowledge and resources to generating this report. The committee is grateful for their time and participation. Please see Appendix 4 for a listing of additional stakeholders.

- **Faith Sector:** Houses of worship and faith-based organizations used stakeholder outreach to identify best practices for regular operations such as worship services, funerals, weddings, and how to best proceed under social distancing restrictions. Stakeholders also provided a useful list of best practices on continued operations at houses of worship and congregations. Please see the Lessons Learned section below for those best practices. Members of the faith sector administered an additional public survey to gauge congregation members' comfort level with respect to returning in-person services and other viable options for services (e.g., outdoors) which would be used for additional phases of reopening.
- **Arts and Culture Sector:** reached out to a wide variety of additional stakeholders and the broader arts and culture community in the District and encouraged them to complete the survey. In response the sector group received 104 survey responses covering a representative swath of the District's arts and culture community including a consolidated response from the Smithsonian Institution.
- **Sports and Entertainment Sector:** further organized its work into three subgroups: live events, sporting events, and nightclubs. Each subgroup surveyed additional stakeholders and conducted conference calls to solicit feedback and gain critical insight. The subgroups then meet as a sector group to determine key findings and develop recommendations.
- **Hotel Sector:** met regularly to discuss and populate the sector-designed questionnaire and distributed it to several hoteliers on May 5, 2020. Additionally, the hotel sector repurposed existing industry advisory groups and consortiums to contribute to this report. Through Destination DC, the sector working group relied on groups such as the existing Convention Committee, a group of hoteliers and staff from Destination DC and Events DC that regularly meet to strategize on the convention market for Washington DC. Similarly, the sector group consulted with the Washington, DC Hospitality Alliance a group of leaders from the labor community, hotel and restaurant associations, Destination DC, and Events DC, to develop recommendations.

Stakeholder Focus Groups

Two of the sectors under the FACES-H Committee held sector-specific focus groups:

- Faith - The faith sector conducted a focus group on May 12 with several interfaith leaders to discuss specific issues that shouldn't be overlooked as the city prepares for the new normal and how have their organizations have prepared to keep their communities and stakeholders safe. Additionally, questions centered around suggestions for inclusion of vulnerable communities to ensure they aren't impacted negatively and what resources, equipment, guidance and other support may be needed for the reopening of the city. Please see Appendix 5 for the feedback received from this focus group.
- Arts and Culture - The DC Office of Cable Television, Film, Music, and Entertainment (OCTFME) and the Creative Affairs Office held a focus group specific to artists in the creative industries. These artists included filmmakers, musicians, visual artists, fashion designers, photographers, culinary artists, and spoken word artists. Although these individuals are not venue operators, it is important that their voices were heard as we prepare to ReOpen DC. When the doors of our cultural institutions open, it is the artists who grace the stage. Therefore, this focus group provided valuable insight in the ReOpen DC discussion. Please see Appendix 5 for the feedback received from this focus group.

OPPORTUNITIES

The unprecedented impact of COVID-19 also presents several opportunities to reimagine and grow instead of returning to the status quo. The following represent opportunities that can leverage the unique strengths of each sector.

Faith

Societal Role: Through stakeholder outreach, it remains clear that houses of worship fill a critical void during the impact of COVID-19. These faith-based locations have been impacted and traditional outreach has expanded exponentially to support and provide services to residents across all eight wards in the District. As a staple of the community, these faith-based institutions provide food distribution, cleaning supplies, financial and medical supply access to residents and essential health workers.

Virtual Outreach: Virtual platforms have allowed houses of worship to broadcast and stream services live, enabling congregations to feel connected and receive much-needed inspiration and encouragement to help soothe souls during COVID-19. These virtual platforms have allowed trained clergy and other leaders with the necessary tools to provide mental health support services to those individuals in need and experiencing a time of grief.

Arts and Culture

Live Streaming and the Digital Platform: This sector expressed their commitment to the digital platform, yet none have identified ways to generate and replace revenue from online activities. The financial barriers for effective online content include the costs of equipment and training regarding content creation. Arts education and other sectors expressed an interest in partnering with OCTFME to potentially access broadcast equipment and affordable spaces for live streaming. This seems to be an area of opportunity for targeted government assistance and support.

Other opportunities include potential ideas or innovations on how to address some of the safety:

- Clear face coverings (for accessibility issues)
- Artistic PPE as a way of embracing this new way of life
- Calling face coverings “community protective equipment” so staff and visitors believe they are protecting each other
- Personal styluses and anti-microbial film for digital interactives
- New technologies for cleaning or protecting interactive exhibits

Other opportunities include innovations or initiatives that may transform business or operations:

- Virtual experiences and virtual events
- New exhibit designs
- Outdoor programming

Entertainment and Sports

Testing and Contact Tracing: Given the likelihood that many venues in the entertainment and sports sector may not be active in the early stages of reopening, it may be possible to explore repurposing those venues and staff for public health uses. Dormant venues could be used as test centers and some of the unemployed employees could be trained and deployed as contact tracers.

Hotels

Unique value proposition of Washington, DC: Washington, DC is a bucket-list trip for many people. Important and iconic, DC’s national prestige and “Real DC” neighborhoods, culture and people are a natural draw.

Washington, DC boasts soaring wide open spaces that will appeal to visitors wary of crowds. The abundance of free and affordable things to do are always appealing, especially in a time of financial constraint for many people.

Destination Marketing: This is an opportunity to launch a comprehensive marketing campaign to aid in the District's economic recovery. Targeted marketing efforts will prioritize audiences to attract back to the District:

Local > Regional > Drive Market > National > International

Until there is restored airline services and people are comfortable flying, the drive market will be a critical audience. There are 50 million people who live within 4.5 hours of DC.

Collaborative Industry: The Hospitality Alliance is the unified voice of the District's hospitality industry, including Destination DC, Events DC, the Hotel Association of Washington, DC and the Restaurant Association of Metropolitan Washington. Collectively, this group can be leveraged to coordinate the activities of the hospitality industry – assisting in the creation of a recovery strategy, developing or promoting guidelines, and disseminating appropriate messaging as appropriate.

LESSONS LEARNED FROM THE STAY AT HOME ORDER

Faith

Use of Technology in Fulfillment of Mission: Since the stay-at-home order and social distancing guidelines were put into place, many houses of worship have implemented new means of conducting worship services. This includes worship services via live streams, conference calls and videoconferencing. Congregations have expressed that some if not all these means can continue upon reopening. For example, house of worship meetings can be held over the phone through conference calls or through videoconferencing as opposed to in person.

Improved Social Distancing Guidelines and Cleaning Protocols: The faith sector also stated that existing spaces in houses of worship can be better leveraged to adhere to social distancing and safety guidelines. As a result of this pandemic more routine deep cleaning schedules will be put into place to ensure worship facilities are safe for all using the space. Installation of hand sanitizing stations and changing existing seating arrangements that are six feet or more apart allows for better compliance to safety and social distancing guidelines. The faith sector also expressed the need of house of worship leadership to require use of gloves and potentially masks by church leadership and staff.

House of Worship Collaboration: The faith sector has also expressed the need for continued interfaith collaboration between houses of worship to ensure that if another pandemic or medical emergency occurs, information sharing systems for exchange of best practices and resources will already be in place.

Arts and Culture

From a programming perspective, many in the sector pivoted to streaming and digital platforms in response to the pandemic. This move exposed issues regarding the digital divide and access to low-cost, high-speed internet. How can all citizens have affordable access to critical online resources as we move forward? Is internet access an “essential right” in these times?

The arts and culture sector believes there is an extraordinary demand for content during the Stay-at-Home Order but the virtual experience makes it more difficult to share emotions and to connect.

From a workforce perspective, the sector also learned that their businesses and institutions could function remotely and in a virtual setting – not only from a programmatic perspective but administratively as well; this may continue after the pandemic crisis.

Hotels

Fear, economic loss: The hotel industry relies heavily on the travel industry; the lack of travel has had a significant impact on hotel occupancy. The hotels are severely impacted financially. Consumer confidence will be critical in the recovery of the hotels as people will need to feel comfortable traveling to warrant overnight stays at hotels.

Financial Challenges: The majority of hotels are highly leveraged. Not only do hotels have substantial operating costs but most have significant debt; they could potentially run afoul of their debt obligations if they are unable to generate significant revenue. The federal and District governments have swiftly risen to the challenge to try to provide support to impacted workers and businesses; the support has been substantial and helpful but unfortunately is not sustainable.

CHALLENGES

Faith

Contact Tracing: Faith-based groups are not always required to register, so not every faith-based organization or house of worship has been identified in databases. Some congregations also expressed concern from members with providing specific information for public use. They also expressed the need for greater staff capacity and support to manage and utilize databases.

Digital Divide: Many congregations have been able to continue worship services through technological means such as conference calls and livestreaming. However not all congregations, groups and residents were able to utilize online tools with ease due to a variety of concerns, including access to Wi-Fi, limited videoconferencing capabilities, etc. This has placed a limit on some congregations from reaching all members of their congregation effectively. Switching to remote services and virtual communications as well as uncertainty around future reopening has also limited some house of worship programs and activities formerly done in person (e.g., youth retreats, community events, vacation bible school, etc.).

Contributions/Funding: Houses of worship have been severely impacted financially. Many were not set up with online platforms to receive contributions and have hastily created virtual accounts in order to establish online giving. However, online means may not be easily accessible or utilized by all demographics within a house of worship. In addition, many members of congregations weren't familiar with these options or lacked the means to contribute because of the financial impact COVID-19 has had on their households.

Regional Barriers: Houses of worship throughout the city have members that reside in different jurisdictions within the region, affecting access to services provided due to differing stay-at-home orders.

Funeral and Wedding Services: Houses of worship are experiencing a backlog of conducting funeral and wedding services due to social distancing restrictions. Although some of these services have moved to online platforms, future uncertainties present challenges for previously scheduled weddings, funerals and other events faith-based institutions usually facilitate.

Social Distancing: The ability of many houses of worship to comply with social distancing guidelines is dependent on the size of their worship facilities. For example, a smaller house of worship would have a more difficult time implementing social distancing than a larger house of worship. This also will raise equity concerns based on health risk in later phases of reopening as

only a portion of congregations will be able to attend services in person, while others would have to view services remotely.

Lack of PPE and Medical Supplies: Another challenge is the limited availability of PPE and medical supplies. Once reopening is underway, houses of worship have expressed the need to have PPE, particularly masks and gloves, available for congregation members, visitors and house of worship staff. This will also pose challenges in additional rounds of reopening phases, as employees, leadership and eventually residents will need to be provided with these supplies and facilities will need additional staff or third-party support for routine deep cleaning of facilities.

Arts and Culture

Digital Programming: While many of the cultural institutions have converted some of their programming to digital and virtual, this platform is not financially feasible. It is both time consuming and difficult to provide a return on investment that equates to revenue derived from live or in-person experiences. It has also limited the cultural institutions' ability to provide free and meaningful educational experiences given the lack of face-to-face interaction.

Social Distancing: Much of the programming in the arts and culture sector depends on paid audiences to offset cost of production or sustain their organizations. Adherence to social distancing requirements will severely impact their ability to effectively provide programming and meet their business objectives.

Lack of PPE and Medical Supplies: Once reopening is underway, cultural institutions have expressed the need to have PPE, particularly masks and gloves available for the patrons and staff. They also must ensure that venues are properly cleaned to protect staff and the public.

Entertainment and Sports

Social Distancing: The primary challenge to reopening entertainment and sports businesses is the social distancing requirement. While social distancing is in effect, these businesses cannot viably open to the public. When modeling capacity while maintaining six feet of separation, venues can only achieve a range of 15 to 25% capacity. Opening with capacity so severely reduced is financially untenable. In addition, maintaining social distancing at entry, exit, restroom access and food and beverage stations is prohibitive.

Scheduling/Runway: Live entertainment and sports venues need sufficient lead time to book and plan events, as they are dependent on national leagues and tours for business and all require significant collaboration on bookings/schedules.

Technology/Materials: Depending on health guidelines, venues may need to create new technology screenings and provide PPE to employees and customers. Supply chain limitations will pose a challenge in acquiring these materials. Developing a local business supply chain for various aspects of PPE and cleaning and sanitizing materials could boost our local economy.

Expenses with No Revenue: While entertainment and sports are in a state of suspension there are no or limited revenues coming into the businesses. However, there is very little reduction in expenses as the business must pay rent, taxes, payroll and other necessary expenses.

Hotels

Availability and expense of personal protective equipment (PPE): Hotel properties have hustled to purchase PPE. In a time of low-to-no revenues, this is an additional expense critical to operations, but taxing already strained businesses. Erratic availability of PPE will ease as the supply chains stabilize and more products are available, but currently it cannot be dependably sourced.

Childcare: The biggest reported barrier for workers is childcare. In order to enlist hotel staff, open schools and care for their children is essential.

Transportation: Reliable, safe, secure transportation to get both workers and guests into hotels is a challenge. It will be important that people feel safe getting to work and that employers can count on their teams commuting safely.

Resurgence: A resurgence of cases, especially if there is an outbreak within one hotel, will be damaging to image and recovery efforts.

Destination marketing funding: Destination DC is largely funded by a share of the hotel occupancy tax. The abrupt decline in those revenues has crippled the organization. Approximately 15% of Destination DC's revenue comes from membership and sponsorship fees, which are projected to be reduced by at least half for 2020 and 2021. Destination DC's marketing investments have been proven to provide a return on investment of more than \$3 in taxes generated for each \$1 in advertising expenses. Emergency destination marketing funding to restore these sales and marketing efforts will be essential to help restore visitation and ensure Washington, DC's position as a destination for both business and leisure travel.

Repurposing of the Walter E. Washington Convention Center: As the highest priority, the convention center has been converted to an alternative care facility. When no longer needed as a temporary hospital, the WEWCC will be critical to the economic recovery of the District. Specifically for the hotel sector, it will help drive visitors to the city and generate room nights in the District's hotels.

Food and Beverage: Food and beverage, inclusive of restaurant outlets, room service, and banquet/catering poses a significant risk for spreading of the virus through shared experiences. Safety measures need to be strictly enforced to stop any potential spread. This will require an establishment of new models for serving and consuming food and beverage. Individually wrapped meals may cost more and create more waste. There may be higher costs for consumers with attended coffee stations instead of self-serve and related services.

Social Distancing Standards: Creating standards for hotel guests, both leisure and business, will be imperative to reopening. Investing resources to create new standards for room setups, audio-visual needs, revised programming, and enforcement will be paramount to consumer confidence. There will be planning expenses to reconfigure spaces. The public will have to learn to reset social norms.

REOPENING GUIDANCE AND PREPARATION

PRIORITIZATION AND PHASING OF SECTORS

The Faith, Arts, Culture, Entertainment, Sports, and Hotel (FACES-H) sectors are some of the hardest hit economic industries in this pandemic, with nearly every sector mentioned (excepting hotels) considered non-essential. The committee is keenly aware that the progress of our public health response will be the key factor in determining our reopening status. As indicated below, each sector performed an analysis of its business operations and programming against proposed guidelines for each of the stages. Consistent with each of the sectors, proper safety protocols were prioritized as specified in each of the proposed stages.

As the FACES-H Committee includes several sectors, there is significant variation in size of institutions, diversity in programming or service offerings, and capacity of venues. As a result, the proposed prioritization and phasing differed amongst sectors. Further, in most cases, the sectors also proposed alternative criteria as part of the staging – most notably, certain sectors recommended the use of percentage of square footage or occupancy as the limiting criteria as opposed to numerical capacities to determine whether business operations or event activities of these sectors qualified for each of the proposed stages. As such, the following represents sector-specific guidelines for each of the proposed stages. Consistent with the draft stages as prescribed proposed in the template, Stages 2 and 3 represent the gradual progressions prior to Stage 4 which represents a fullcapacity return.

*Faith, Arts, Culture, Entertainment, Sports, and Hotels Committee submission
to the Steering Committee for its recommendations to the Mayor*

**Figure 2. Proposed Prioritization and Staging
Faith**

Faith, Arts, Culture, Entertainment, Sports, and Hotels Committee submission to the Steering Committee for its recommendations to the Mayor

	Today	Stage 1	Stage 2	Stage 3	Stage 4
Core features	Widespread transmission Stay-at-home order in place and all non-essential businesses closed	Declining transmission, stable hospital system capacity, increased testing and contact tracing, and available protective equipment Allowance for key low-risk activities with strong safeguards in place	Localized transmission, stable hospital system capacity, robust testing and contact tracing, and available protective equipment Allowance for more activities with strong safeguards in place	Sporadic transmission, stable hospital system capacity and robust testing and contact tracing Further allowance for more activities with strong safeguards in place	New normal: Effective vaccine, significant technological advancements, therapeutics and/or widespread testing and contact tracing. Allowance likely for all activities
Gatherings	<10-person gatherings	<10-person gatherings	< 50-person gatherings	> 50-Person gatherings (Not full capacity)	Full Capacity
Houses of Worship	Houses of worship are not considered essential businesses and therefore may only conduct minimum business operations. Live stream services will continue instead (through Facebook Live, Zoom, WebEx, and other video conferencing platforms.)	Houses of worship will continue to abstain from in-person worship services and continue to use virtual/online platform. Establish routine deep cleaning schedule for house of worship facilities.	Worship services and meetings will continue to be provided remotely. Houses of worship will begin planning for how they can resume in-person worship with necessary safeguards in place. Creation and postage of signage to better inform future congregants of effective hand washing, symptoms of COVID-19, coughing and sneezing methods that reduce transmission, etc.	Small group (50 or less) bible studies, church office staff, or church leadership could consider meeting in person during this round if strict measures can be taken place to minimize risk of infection. Virtual meeting platforms still preferable High-risk individuals should continue to shelter in place	In-person services will resume, with high-risk individuals still being encouraged continue to participate through virtual platforms at home. Seating arrangements positioned to better comply with social distancing guidelines. Gloves still utilized by house of worship staff and leadership to reduce risk of transmission.
Faith-Based Organizations	While many faith-based organizations are closed, these organizations still provide essential services to vulnerable community in need through programs such as food drives, clothing drives, online fundraising, etc.	Organization staff will continue to follow social distancing guidelines when providing needs to vulnerable communities and residents in need.	Continue resident outreach and provide essential services to residents following CDC guidelines	Continue resident outreach and provide essential services to residents following essential guidelines	Faith-based organizations have resumed full operations.
Universal safeguards across stages	For individuals: <ul style="list-style-type: none"> Physical distancing of at least 6 ft. when in public Use of masks in public spaces 		For House of Worship Staff and Leadership: <ul style="list-style-type: none"> Physical distancing of at least 6 ft. for employees and patrons (other safeguard measures where not possible) 		

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	<ul style="list-style-type: none"> ● Regular hand washing and good hygiene (e.g., avoid touching face) ● Requirement to stay home if sick ● Regular disinfecting of surfaces and objects Additional safeguards for vulnerable populations 	<ul style="list-style-type: none"> ● Regular cleaning and strict sanitation standards in the workplace ● Use of health screenings and protective equipment (e.g., temperature checks, PPE) for employees and patrons ● Protections for vulnerable workers and their families (e.g., ensuring workers that fall ill have their jobs protected; able to self-isolate at home when possible), education of employees about COVID-19 ● Other employer strategies identified for addressing ill employees 	
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Arts and Culture

The arts and culture sector wants to get back to work, understanding that a phased approach is necessary and that there is no one-size-fits-all solution to a phasing plan. For example, when asked if a phased approach is viable, 69% of museums answered very likely, another 22% answered likely, 9% responded “neither likely nor unlikely.” Of the arts education sector, 40% feel that a viable phased approach is “likely,” while 9% feel that a phased approach is “highly unlikely” to be viable. Many of the respondents who are less enthusiastic about a phased approach are concerned about profitability while operating at less than optimal capacity. These venues will likely remain closed until they determine they can attract the audience/visitors needed to meet financial goals or find other funding sources.

Theatre guidance must address three different populations: performers/artists, staff and audience. What can work for one theatre does not necessarily work for the others. In addition, those theatres that need to operate at near full capacity for economic reasons will likely be the last institutions to open – this may directly correlate with the timeframe for an available vaccination to ensure public safety and consumer confidence.

As it relates to the different constituencies, the following are some considerations for each:

Artists: As there is considerable concern about the vulnerability of and high unemployment rate amongst artists, there is a concerted effort to develop strategies to thoughtfully include artists in the initial phases of reopening. In theatres, best practices may include early “rehearsal” conducted virtually; then in-person rehearsals with PPE and without contact (no kissing or stage combat); green rooms and dressing rooms reconfigured for social distancing; testing (e.g., antibody tests) for the artists; keeping stage crews to a minimum; consideration for all aspects of keeping social distance to do costumes, lights, set building and other work required to be ready for an audience. Temperature screenings of artists may also be considered during the rehearsal and performance process. It is clear, especially for arts educators and those described as “other” that the rehearsal process is critical for the creation of effective online content, the creation of new work during this down time, and future performances, once allowed.

Staff: Best practices include reconfiguring areas for social distancing; temperature checks; testing (especially front-of-house staff); face masks; cleaning areas daily and between each performance; fewer doors to enter and leave the building; and telework protocols to keep the number of staff in the building at a minimum.

Audience: In theatres, best practices may include wearing of face masks; reconfiguring theatres and lobbies for social distancing; sitting in family groups; cleaning theatres after each performance; bathroom attendants to wipe down stall doors after each use; giving audience

members antiseptic wipes for arms of theatre seats; contactless ticketing so no one needs to touch the ticket to get in; disposable drinkware; eliminating intermissions to reduce more gathering; advertising the steps taken to keep audiences safe referencing common sense community-wide safety and cleaning practices, and temperature checks at the door (if feasible, for example, if body scanners are made available). Small galleries can open in the initial round and can safely handle social distancing — they can open by appointment, use proper PPE for staff and require it for visitors.

Subsequent rounds would follow health guidelines to loosen the provisions described above.

For museums, the first stage could include a limited opening (reduced capacity for staffing and guests to ensure adherence to social distancing) to the public with no receptions or private events. This phase will include all initial safety protocols that could include PPE, physical modifications (e.g., Plexiglas barriers) and operational procedures (e.g., contactless tickets, controlled guest movement/queuing)

The second stage would increase the capacity and perhaps allow small groups.

The third stage would increase capacity even more and possibly allow for private events. Food and retail services may not be available until this third phase.

The fourth stage is the new normal when a vaccine/treatment is widely available.

*Faith, Arts, Culture, Entertainment, Sports, and Hotels Committee submission
to the Steering Committee for its recommendations to the Mayor*

**Figure 2. Proposed Prioritization and Phasing
Arts and Culture**

Faith, Arts, Culture, Entertainment, Sports, and Hotels Committee submission to the Steering Committee for its recommendations to the Mayor

Stage	Today	Stage 1	Stage 2	Stage 3	Stage 4
Core features	<p>Widespread transmission</p> <p>Stay-at-home order in place and all non-essential businesses closed</p>	<p>Declining transmission, stable hospital system capacity, increased testing and contact tracing, and available protective equipment</p> <p>Allowance for key low-risk activities with strong safeguards in place</p>	<p>Localized transmission, stable hospital system capacity, robust testing and contact tracing, and available protective equipment</p> <p>Allowance for more activities with strong safeguards in place</p>	<p>Sporadic transmission, stable hospital system capacity and robust testing and contact tracing</p> <p>Further allowance for more activities with strong safeguards in place</p>	<p>New normal: Effective vaccine, significant technological advancements, therapeutics and/or widespread testing and contact tracing.</p> <p>Allowance likely for all activities</p>
Gatherings	<10 People	< 25% Capacity	< 50% Capacity	< 75% Capacity	100% Capacity
Museums & Small Galleries	<p>Museums and small galleries closed with only minimal staff present to manage the collections and artwork.</p>	<p>Limited opening (reduced capacity for staffing and guests to ensure adherence to social distancing) to the public with no receptions or private events.</p> <p>This phase will include all initial safety protocols including PPE, physical modifications (Plexiglas barriers) and operational procedures (contactless tickets, controlled guest movement/queuing)</p> <p>Small art galleries can open and can easily handle social distancing and use proper</p>	<p>Capacity for guests will be increased in museums; allowing for small groups to attend or walk through the museum at a time.</p> <p>Food and retail services will remain closed.</p> <p>Routine cleaning schedules and admission protocols will need to be established in order to comply with social distancing and sanitary guidelines.</p>	<p>The third stage would increase capacity and possibly allow for private events. Food and retail services may not be available until this third phase.</p>	<p>With treatment and vaccine readily available, Museums will be able to return to full capacity, potentially with the continued use of physical modifications (Plexiglas barriers) and operational procedures (contactless tickets, controlled guest movement/queuing)</p> <p>Small Galleries at full capacity with all operations resumed.</p>

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		PPE. Galleries would be open by appointment only to manage capacity.			
Arts Education Organizations	Arts education groups have pivoted to digital successfully in large numbers in response to the virus.	Arts education orgs and remain closed during Stage 1. Continue to utilize virtual or digital means for arts education programs and services.	Over 65% of the arts education sector are likely or highly likely to open in this stage. Most express a preferred capacity between 40-60%.	Arts education organizations will increase their capacities to 50-75%	Arts education organizations resume operations at full capacity.
Theatres	Closed with minimal staff (< 10) to ensure cleaning and maintain of theater space.	Theatres will remain closed during Stage 1 when strict stay at home polices are in place. Rehearsals may be conducted virtually.	In-person rehearsals with PPEs and without contact (no kissing or stage combat) Green rooms and dressing rooms reconfigured for social distancing. Regarding audiences, reopening may include guests wearing face masks and also involve reconfiguring theatres and lobbies for social distancing, (I.e. sitting in family groups, etc.). Advertising the steps taken to keep audiences safe referencing common sense community-wide safety and	Some theatres may open if a combination of audience distancing and safety for artists and staff can be found in economically viable models. Outdoor spaces will be explored as best venues for gathering. Audiences also continue to sit in "family groups."	Theatres can fully open if there is a vaccine, and if testing and hospitals are equipped and staffed to handle projected caseloads. When people can again gather in groups, the theatres can open their doors.

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			cleaning practices		
Universal safeguards across stages	<p>For individuals:</p> <ul style="list-style-type: none"> ● Physical distancing of at least 6 ft. when in public ● Use of masks in public spaces ● Regular hand washing and good hygiene (e.g., avoid touching face) ● Requirement to stay home if sick ● Regular disinfecting of surfaces and objects <p>Additional safeguards for vulnerable populations</p>	<p>For Staff and Leadership:</p> <ul style="list-style-type: none"> ● Physical distancing of at least 6 ft. for employees and patrons (other safeguard measures where not possible) ● Regular cleaning and strict sanitation standards in the workplace ● Use of health screenings and protective equipment (e.g., temperature checks, PPE) for employees and patrons ● Protections for vulnerable workers and their families (e.g., ensuring workers that fall ill have their jobs protected; able to self-isolate at home when possible), education of employees about COVID-19 ● Other employer strategies identified for addressing ill employees 			

Entertainment and Sports

The entertainment and sports sector includes anchor properties, venues around which neighborhoods were built. They employ close to 10,000 people, almost 50% of whom are DC residents and most of whom are currently out of work. In order for restaurants and retail around these venues to return to their previous business operations, it is imperative that these anchor properties come back to life. Entertainment and sports, with its high number and intensity of contacts, plus its low modification potential, is dependent on and vulnerable to social distancing.

- Phased opening is only possible for sports venues if national leagues decide to play games for broadcast only, without fans.
- If social distancing could be reduced from six feet with mandatory mask-wearing, phases might be possible for music venues, nightclubs and bars. In such an instance, phases should be based on percentages of capacity instead of random capacity numbers or thresholds.

Figure 2. Proposed Prioritization and Phasing

Entertainment and Sports

Stage	Today	Stage 1	Stage 2	Stage 3	Stage 4
Core features	Widespread transmission Stay-at-home order in place and all non-essential businesses closed	Declining transmission, stable hospital system capacity, increased testing and contract tracing, and available protective equipment Allowance for key low-risk activities with strong safeguards in place	Localized transmission, stable hospital system capacity, robust testing and contact tracing, and available protective equipment Allowance for more activities with strong safeguards in place	Sporadic transmission, stable hospital system capacity and robust testing and contact tracing Further allowance for more activities with strong safeguards in place	New normal: Effective vaccine, significant technological advancements, therapeutics and/or widespread testing and contact tracing. Allowance likely for all activities
Gatherings	<10-person gatherings	<10-person gatherings	Up to 25% capacity	Up to 50% capacity	All gatherings
Entertainment		Closed	Closed for business production and venue maintenance	Small scale and virtual events Booking events for Stage 4 Staffing and training for Stage 4	Concerts and events resume when content is available Ramp up to full capacity as customers become comfortable
Sports	Team practice facilities could open with limitations. Individual workouts with players and personnel	Team practice facilities could open with fewer limitations and allow multiple player workouts. Workouts would involve	Team practice facilities could open with fewer limitations and allow full-team workouts. Full-team workouts with all players and specific and	Games could be held without fans and for broadcast only. Following strict league protocols to limit interaction, disinfect surfaces, maintain	Full-team practice facilities and offices would open. Games could be played with full attendance of

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	<p>following specific league protocols.</p> <p>Following strict league protocols to limit interaction, disinfect surfaces maintain social distance, strict symptom and temperature checks and require use of PPE.</p>	<p>specific groups of players and personnel with limited other interaction.</p> <p>Following strict league protocols to limit interaction, disinfect surfaces maintain social distance, strict symptom and temperature checks and require use of PPE. Players would be regularly tested.</p>	<p>limited coaching staff.</p> <p>Other team staff would be permitted in other areas of practice facility.</p> <p>Following strict league protocols to limit interaction, disinfect surfaces maintain social distance, strict symptom and temperature checks and require use of PPE. Players would be regularly tested.</p> <p>Potential to host limited events or games for broadcast only while maintaining social distancing standards and adhering to protocols.</p> <p>Groups needed to host the game would be no larger than 50 in a specific location in the building.</p> <p>All groups would be isolated from each other within the building.</p> <p>Gathering size in this phase should take into consideration the overall size of space and number of people that can be accommodated.</p>	<p>social distance, strict symptom and temperature checks and require use of PPE. Players would be regularly tested.</p> <p>Some staff would work limited hours in offices to prepare for events, following all protocols.</p> <p>Up to 250 people would be onsite to support the broadcast of the game. Social distance and isolation of groups could be maintained.</p>	<p>fans and for broadcast.</p> <p>If necessary, a ramp up from half to full attendance could be deployed over a few weeks.</p>
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			It's possible to keep groups of less than 50 completely isolated in the same building if proper protocols are followed.		
Nightlife		Closed	Open with limited capacity Potential opening for private events or rentals	Open with less limited capacity Private events or rentals	Open at full capacity
Travel	Non-essential travel discouraged	Non-essential travel discouraged	Non-essential travel discouraged	Non-essential travel can resume	All travel can resume
Remote work	Remote work required	Remote work recommended	Remote work recommended	Remote work encouraged	Onsite work can resume
Universal safeguards across stages	For individuals: Physical distancing of at least 6 ft. when in public <ul style="list-style-type: none"> ● Use of masks in public spaces ● Regular hand washing and good hygiene (e.g., avoid touching face) ● Requirement to stay home if sick ● Regular disinfecting of surfaces and objects Additional safeguards for vulnerable populations		For employers: <ul style="list-style-type: none"> ● Physical distancing of at least 6 ft. for employees and patrons (other safeguard measures where not possible) ● Regular cleaning and strict sanitation standards in the workplace ● Use of health screenings and protective equipment (e.g., temperature checks, PPE) for employees and patrons ● Protections for vulnerable workers and their families (e.g., ensuring workers that fall ill have their jobs protected; able to self-isolate at home when possible), education of employees about COVID-19 ● Other employer strategies identified for addressing ill employees 		

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Hotels

Many District hotels did not fully close and have established procedures based on their immediate needs. The following stages will provide guidelines for hotels to incorporate through the progression of reopening. We anticipate the brand hotels to establish additional guidelines and procedures to meet their individual health and safety programs. All timelines will follow the CDC and outlined health organizations as identified by the District of Columbia.

Stage	Today	Stage 1	Stage 2	Stage 3	Stage 4
Core features	Widespread transmission Stay-at-home order in place and all non-essential businesses closed	Declining transmission, stable hospital system capacity, increased testing and contract tracing, and available protective equipment Allowance for key low-risk activities with strong safeguards in place	Localized transmission, stable hospital system capacity, robust testing and contact tracing, and available protective equipment Allowance for more activities with strong safeguards in place	Sporadic transmission, stable hospital system capacity and robust testing and contact tracing Further allowance for more activities with strong safeguards in place	New normal: Effective vaccine, significant technological advancements, therapeutics and/or widespread testing and contact tracing. Allowance likely for all activities
Hotels	<ul style="list-style-type: none"> • Occupancy rates in the hotels that remain open today are very low, in most cases in the single digits. • All aspects of the hotel and hospitality industry report they have been devastated by the shutdown order and the global cessation of most travel. • Most employees have 	<ul style="list-style-type: none"> • Limit floors/rooms open to 50% • Reduction in guest services to check-in/check-out only, no visitors other than guests in room, no valet parking • No daily housekeeping offered under 7 days' stay • Rooms to be cleaned, but not sold for 24 hours after guest departs • Limit access to public spaces to employees/hotel 	<ul style="list-style-type: none"> • Limit floors/rooms open to 75% • Continue to follow PPE measures and all sanitary/security protocol from initial round of opening • Opening of restaurants to follow guidelines established by the ReOpen DC Restaurant Sector • No room service; can offer grab/go options • Opening of 	<ul style="list-style-type: none"> • Continue to follow PPE measures and all sanitary/security protocol from initial round of opening approaching full capacity and operations. • 75% Capacity for floors/rooms and gatherings. 	Fully open and following all health and safety guidelines

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	<p>been laid off or furloughed.</p> <ul style="list-style-type: none"> • Many properties will struggle to cover operational costs and make debt-service payments. 	<p>guests</p> <ul style="list-style-type: none"> •Key card or electronic access to rooms •Staff monitoring elevators/public spaces •Establish and follow PPE guidelines for staff and guests •Follow social distancing measures • Outline guidelines of public flow with proper signage in all confined areas •Establish temperature monitoring procedures • Extensive hand sanitizer stations throughout the hotel • Install sneeze guard/protective customer barrier in all areas where there is a desk/customer transaction •Provide extensive training to all employees on all process and procedures as outlined in mitigation section <p>Develop staff deployment plan to monitor and ensure guests/staff follow all guidelines outlined by hotel</p>	<p>gyms/salons/spa/pool following guidelines established by industry guidelines</p> <ul style="list-style-type: none"> •Meetings and events with safety protocol to include suggestions outlined in mitigation section. • Size of meetings will be based on health and safety guidelines and hotel capacity 		
<p>Universal safeguards across stages</p>	<p>For individuals:</p> <ul style="list-style-type: none"> • Physical distancing of at least 6 ft. when in public 	<p>For employers:</p> <ul style="list-style-type: none"> • Physical distancing of at least 6 ft. for employees and patrons (other safeguard measures where not 			

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	<ul style="list-style-type: none"> ● Use of masks in public spaces ● Regular hand washing and good hygiene (e.g., avoid touching face) ● Requirement to stay home if sick ● Regular disinfecting of surfaces and objects <p>Additional safeguards for vulnerable populations</p>	<p>possible)</p> <ul style="list-style-type: none"> ● Regular cleaning and strict sanitation standards in the workplace ● Use of health screenings and protective equipment (e.g., temperature checks, PPE) for employees and patrons ● Protections for vulnerable workers and their families (e.g., ensuring workers that fall ill have their jobs protected; able to self-isolate at home when possible), education of employees about COVID-19 ● Other employer strategies identified for addressing ill employees 	
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Potential Metrics for Reopening

Faith

Metrics will be primarily based on recommendations from DC Health. Houses of worship also internally assessed the comfort level of members of congregation with returning in person.

Arts and Culture

Guidance based on circulation space instead of numbers of people may be useful. Rather than putting a hard limit on the number of people, put the limit on the number of people as a ratio with a square footage of space they can safely occupy.

Small and mid-size organizations also recommend that special consideration be given to those willing to open with much smaller audience counts. For arts education groups, smaller class sizes may allow them to move through each stage of opening much faster.

Strict adherence to the guidance provided in the CDC and Johns Hopkins guidelines for phased opening would be appropriate for museums to follow as they move from phase to phase (as identified above).

Entertainment & Sports

Evaluate the success, innovations and failures of reopening sports, entertainment and nightclubs in comparable cities.

Hotels

The sector did not identify success metrics for transitions between phases. At this point hotels predict they would follow government and industry guidelines.

MITIGATION AND GUIDELINES FOR REOPENING

As noted previously, the FACES-H Committee includes a wide range of institutions and businesses across several sectors. As such, the mitigation strategies for reopening will differ significantly. Moreover, those mitigation tactics may also vary within each stage of the reopening efforts. The following provides an overview of the mitigation guidelines for each of the sectors

Figure 3. Proposed Round 1 Mitigation and Guidelines by Sector

Faith

Sector	Stakeholder	Mitigation Guidelines
Houses of Worship	Individuals	<ul style="list-style-type: none"> • Encouraging social distancing (seating arrangements, number of services) • Screening and monitoring (upon entering buildings) • Usage of protective equipment (masks, gloves, etc.)
	Houses of Worship (Buildings)	<ul style="list-style-type: none"> • Use of physical barriers • Designated screening locations • Designated space/area for employees and visitors to meet. • Improved sanitation schedules • Sanitizing stations for visitors and employees
	Leadership	<ul style="list-style-type: none"> • Flexible workspaces/sites and work hours • Establishment of new work social distancing policies and protocols. • Train employees on telework technology • Reporting process, including HIPAA • Mitigation guideline #2 and difficulty rank/discussion • Administer worship services through teleconference videoconference (Zoom, Teams, Facebook Live, etc.)
Faith-based Organizations	Individuals	<ul style="list-style-type: none"> • Sanitation, masks and gloves for employees handling transportation of congregation members and also for providing services to residents at home that are in need.
	Houses of Worship (Buildings)	<ul style="list-style-type: none"> • Same as Houses of Worship above
	Leadership	<ul style="list-style-type: none"> • Same as Houses of Worship

Arts and Culture Theatres

For theatres, we will need to evaluate mitigation strategies as it relates to the different constituencies: performers, staff and audience.

Performers: As performers are typically in close proximity of each other, their contact intensity and frequency of contact is considered high. Further, as some performers may reside outside of the metro area, they may introduce additional risk of exposure, depending on the impact of the virus in their place of residence. Specific mitigation strategies will need to be developed to address these concerns.

Proposed mitigation guidelines would include

- Virtual rehearsals
- Develop pedestrian movement flows for all constituents inclusive of performers for accessing the venue (specifically, work and public areas, ingress and egress)
- Ensure dedicated green rooms or holding areas can accommodate performers with social distancing
- Developing daily testing or screening protocols for all constituents accessing the premises
- While it is not feasible to maintain social distancing during actual performances, specific protocols for quarantining performers prior to a performance could be established (virtual rehearsals would be required to ensure this)

Staff: The following would be some key guidelines proposed for staffing:

- Telework for staff not deemed essential to operations or production
- Required PPE and vigorous cleaning on a daily basis
- Develop pedestrian movement flows for all constituents inclusive of staff for accessing the venue (specifically, work and public areas, ingress and egress)
- Developing daily testing or screening protocols for all constituents accessing the premises
- Sharing of best practices (i.e., local theatres like the Keegan Theatre and Dance Place)

Audience: In addition to the protocols for performers and staff, the following guidelines mitigate risk for audiences:

- Conduct contactless ticketing
- Require PPE and ensure cleaning requirements are met
- Develop pedestrian movement flows for all constituents inclusive of the audience for accessing the venue (specifically, work and public areas, ingress and egress)
- Developing daily testing or screening protocols for all constituents accessing the premises
- Limit food and beverage to grab and go if permitted at all in the initial stages

For museums and galleries, the sector working group has researched guidelines from other markets like Europe and Asia regarding their reopening efforts. Specifically, guidelines such as limiting capacity to 25% as well as required temperature screening have been implemented. Further, new technologies are being tested for myriad applications, including verification of health status for traveling visitors and wearables that monitor the distance between individuals. The following is a summary of some of the proposed guidelines for museums:

- Teleworking for non-essential staff
- Required PPE and regular cleaning regiment
- Limiting capacity on a square foot basis
- Limiting number of visitors per gallery
- One-way visitor flow
- Workplace shielding
- Timed ticketing
- Elimination of group gatherings and guided tours
- Close or remove seating
- Shut down theatre experiences within museums / elimination of public programming
- Adjustments to digital screens such as with disposable stylus pen or anti-microbial film
- Safety training for staff

Arts Education: Similar to the other organizations in the arts and culture sector, arts education will follow similar mitigation guidelines; there will need to be a particular focus on delivery on education.

Figure 3. Proposed Stage 1 Mitigation and Guidelines by Arts and Culture Sub-Sector

Arts and Culture	Stakeholder	Mitigation Guidelines
Theatre	Individuals	<ul style="list-style-type: none"> • Performers need extra space for dressing rooms, green rooms, and plays that require limited contact (no stage combat or kissing). Staff needs training on how to handle crowds coming in at the same time and ow to provide safe distancing for them and the audience. • Audiences need to know what to expect in the reconfigured spaces and how cultural organizations are following standard guidelines for health and safety.
	Businesses	<ul style="list-style-type: none"> • Because space capacities are significantly reduced, the economic model is negatively impacted. Cleaning

HOTELS	<p>supplies, PPE supplies, and staff training for best practices are additional costs.</p> <ul style="list-style-type: none"> • Small galleries can easily reopen and will need PPE supplies and guidance on acceptable social distancing.
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Entertainment and Sports

Venues will follow the guidance of the CDC and DC Health. Organizations in this sector have expressed their desire to collaborate with health officials to create the most effective and workable proposals for fans and customers to build a path forward to reopening. In addition, sports organizations will be required to follow national league guidelines and rules.

Entertainment and sports businesses were the first to go offline and will be among the last businesses to come back online. Mitigation will require up-front investment and ongoing additional expense, for which we will request relief. Because other sectors will open before they can, they will adopt best practices and develop the optimal mitigation strategies with the benefit of that knowledge as it relates to engineering and administrative controls as well as PPE. These strategies will evolve as the larger community moves. To open in this new environment, these organizations will require liability indemnification for those who follow the established health guidelines.

Hotels

Unlike the other sectors in the FACES-H Committee, hotels have been deemed “essential business and already open in many cases. Given the complexity of operations (overnight accommodations, food and beverage, guest services and meeting capability), detailed guidelines are required for each facet of the business. Further, the guidelines must take into consideration the different constituents involved. The following is an overview of the mitigation guidelines for hotels:

Sector	Stakeholder	Mitigation Guidelines
HOTELS	Individuals	<p>For travelers occupying a room:</p> <ul style="list-style-type: none"> • Considerations for enhanced room cleaning standards require: <ul style="list-style-type: none"> ○ Advanced communication on hotel policy ○ Availability of products ○ Cost of product ○ Training of staff to ensure quality control • Promotion of check in/out on app to reduce human contact and keyless entry <ul style="list-style-type: none"> ○ Harder for independent hotels

		<ul style="list-style-type: none"> ○ Many hotels already have technology in place ○ Cost prohibitive if not already established ● Reduced occupancy in rooms (24-72-hour remediation time depending on CDC guidelines or technology available with enhanced cleaning): Low <ul style="list-style-type: none"> ○ Training of front desk and room turnover schedule ● Identifying and isolating sick guest <ul style="list-style-type: none"> ○ Minimize chances for continued contact ○ Physically distance and isolate guest ○ Remove the guest from the hotel ○ Decontamination ○ Communication to staff ○ Tracing efforts for staff exposure ○ Contact local authorities ○ Process for notification of employees or other guests if required <p>For staff and operating team</p> <ul style="list-style-type: none"> ● Issues around providing PPE <ul style="list-style-type: none"> ○ Availability of products ○ Cost of product ○ Signage of proper use ○ Quality control standards ● Encouraging stay-at-home policy if staff feels ill <ul style="list-style-type: none"> ○ Sick employees should not come to work. ○ If they do, sick employees sent home if they exhibit any symptoms ○ Advise employees steps for safe travel to and from work. ○ Complimentary parking available for limited time to staff ○ Support 2-week quarantine recommendation
Businesses		<p>For meeting/convention/tradeshows/social event</p> <ul style="list-style-type: none"> ● Ensure proper social distancing: <ul style="list-style-type: none"> ○ Purchase of software for room setups ○ Enforcement ○ Availability of PPE ○ Sticking within guidelines of ‘mass gatherings’ ○ Fewer occupants in a room – more space needed ○ Evaluation of business needs relaxing – less revenue management ○ Elevator etiquette and capacities ● Food & Beverage regulation <ul style="list-style-type: none"> ○ No buffet meals ○ Individually wrapped meals <ul style="list-style-type: none"> ▪ Increased cost

		<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Increased waste <ul style="list-style-type: none"> ○ More staff to serve instead of self-service • Reinventing meeting space allocation <ul style="list-style-type: none"> ○ Cost of hybrid (in-person and virtual) meetings ○ Cost of increased bandwidth for live streaming ○ Rooms to space ratio to be evaluated ○ Creating new spaces to ensure adequate social distancing • Attendance: Medium <ul style="list-style-type: none"> ○ Limit attendance based on revised capacities ○ Reduced revenue for organizers ○ Reduced revenue for hotels
	Other Stakeholders	<p>For delivery and vendor providers</p> <ul style="list-style-type: none"> • Mandate PPE <ul style="list-style-type: none"> ○ Advanced communication on hotel policy ○ Availability of products ○ Cost of product • Create vendor check in/out policies <ul style="list-style-type: none"> ○ Creation of one point of entry for all vendors ○ Advanced communication on hotel policy ○ Ensure products delivered are checked for proper packaging ○ permanent on-site vendors need to adhere to hotel policy (i.e. A/V vendors) <p>For restaurant patrons</p> <ul style="list-style-type: none"> • Ensure proper social distancing <ul style="list-style-type: none"> ○ Purchase of software for room setups ○ Enforcement ○ Availability of PPE for staff and/or patrons ○ Ensuring guidelines of ‘mass gatherings’ ○ Fewer occupants in a room – more space needed • Limited patrons: Low <ul style="list-style-type: none"> ○ Limit capacities based on revised floorplans ○ Reduced revenue for restauranteurs ○ Reduced commission for hotels • Streamline community members flow through hotel: Low <ul style="list-style-type: none"> ○ Create clear directional signage to avoid non-hotel patron roaming ○ Advanced communication on restaurant policy at time of reservation ○ Reservation only policy ○ Limit table sizes to groups under 4 patrons • Opening of restaurants to follow guidelines established by the ReOpen DC Restaurants Sector in alignment with other restaurant industry leaders such as National Restaurant Association.

		<p>Guest Services</p> <ul style="list-style-type: none">• Ensure services such as fitness center, pools and retail among others are supporting the same guidelines<ul style="list-style-type: none">○ Many are independent vendors○ Their companies could have different protocols○ Ensuring they are representative of the hotel• Mandate PPE<ul style="list-style-type: none">○ Advanced communication on hotel policy○ Availability of products○ Cost of product• Operations might be suspended (pool/fitness center) and open in phases<ul style="list-style-type: none">○ Advanced communication on hotel policy○ Ensure advance notice to hotel guests on what facilities may be closed is imperative○ Permanent on-site vendors need to adhere to hotel policy (i.e., independent retailers) <p>Non-traveler visiting hotel</p> <ul style="list-style-type: none">• Ensure proper social distancing: Medium<ul style="list-style-type: none">○ Purchase of software for room setups○ Enforcement○ Availability of PPE○ Sticking within guidelines of ‘mass gatherings’○ Fewer occupants in a room – more space needed○ Evaluation of business needs relaxing – less revenue management○ Elevator etiquette and capacities• Ensure reason for patronage<ul style="list-style-type: none">○ Create clear directional signage to avoid non-hotel patron roaming○ Advanced communication on policy at time of registration○ Registration check in available in convenient location
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Please also see Appendix 6 for sample communications.

Compliance Recommendations

Compliance and enforcement will be imperative in the reopening process. Much of the regulation will depend on self-regulation, peer to peer enforcement and messaging from management and event organizers.

Hotels

- Rooms set to ensure social distancing
- Provide PPE for staff, guests and attendees

- Signage for recommended behaviors
- Hotel recommended policies clearly posted
- In all public spaces
- In all sleeping rooms
- In all event spaces
- Place cards and/or pamphlets to communicate these policies
 - Self-Regulation:
- All locations
- System to submit complaint to avoid guest to guest conflicts
 - Private Security Company Policing:
- Hired by event organizers to manage event spaces
 - Quality Control Manager Policing:
- Manage the lobby and public spaces
- Manage event spaces
 - Manager on Duty Policing:
- Manage the lobby and public spaces
 - Show Organizer Standards for Attendance:
- Advanced communication necessary
- Provide additional information upon check in
 - F&B Management Policing:
- Food and beverage provider to play integral role
- Convention Services to act as secondary line of management
 - Convention Services Policing
- Communication line with show organizer to support policies

Innovations

Faith

- Use of video conferencing software and livestreaming of services.
- Distribution of services (such as communion)
 - Will need to find new ways to administer services that were regularly practiced during in-person worship services.
 - New ways to collect offerings instead of passing around of collection plates (e.g., only payment services such as Cash App, PayPal, Venmo, etc.)
- Outreach (receiving and administering service requests)

- Reaching out to church attendees through remote means such as video conferencing software and conference call software.

Hotels

- Vaccinations, immunity testing
- Special hotel 'fee' per hotel room night to assist in covering increased costs
- Social Tables Software or another design/CAD software
- Quick response temperature check points
- Audio/Visual meeting platforms
- Upgraded bandwidth to support hybrid meetings
 - Contactless bathroom amenities
 - Automatic doors
 - Sanitation cleanliness kits
- Restaurants

Arts and Culture

Some innovations or initiatives that may transform business or operations for Arts and Culture include:

- Virtual experiences and virtual events
- New exhibit designs
- Outdoor programming

Entertainment and Sports

- Sport and entertainment facilities can potentially serve as testing and contact tracing sites
- These facilities can also be utilized as essential worker trainings and meetings.
- Facilities can be utilized to serve as PPE Warehouse and distribution locations

EQUITY CONSIDERATIONS FOR REOPENING

As we prepare to reopen DC, we must continue to promote our values as a city. We must continue to prioritize equity and inclusivity as a critical part of the ReOpenDC efforts. The FACES-H Committee is aligned and committed to supporting the Mayor’s vision and objectives – all residents should be fairly represented, and opportunities should be afforded to everyone as each stage of reopening is contemplated.

Listed below, you will find a breakdown of the equity considerations for each sector:

Faith

Vulnerable Population	Equity Considerations
Healthcare workers, first responders, and other essential workers in contact with the public	<ul style="list-style-type: none"> • Houses of worship and faith-based organizations have donated food and PPE to healthcare workers. This task is predicted to be medium difficulty at least to sustain, as some congregations have limited access to PPE • Congregations have also offered and have been utilized as COVID-19 testing sites. This is also expected to be of medium difficulty, potentially high, as it is contingent on available facility space and availability of PPE and medical supplies on site.
Individuals Impacted directly by COVID-19	<ul style="list-style-type: none"> • Faith-based organizations have started implementing grief and loss counseling for congregants affected adversely by COVID-19. This will be fairly easy to implement, therefore having a low difficulty, since this can be implemented remotely via phone or video conferencing. • Many congregations have also increased their food and clothing drives to reduce the financial burdens that have been place on congregation and community members. This is expected to be implemented with low to medium difficulty because while many congregations already had a food and clothing drive in place, COVID-19 has led to an increase in the number of residents in need.
Older adults living in nursing homes and other seniors	<ul style="list-style-type: none"> • Faith-based organizations and houses of worship have engaged with nursing homes and other seniors to provide resources such as food, clothes and medical supplies. The difficulty of this initiative is expected to be low to medium as well depending on available organizational staff and resources.

<p>Racial and ethnic minorities (including the Black LGBTQ community)</p>	<ul style="list-style-type: none"> • Congregations have increased their food and clothing drives for disadvantaged communities, that have included racial and ethnic minorities throughout the District. • Some congregations have also utilized their facilities to distribute these services, while adhering to social distancing guidelines. This can be implemented with a low to medium difficulty due to a growing number of individuals that need support and limited staff capacity.
<p>Justice-involved populations</p>	<ul style="list-style-type: none"> • Houses of worship have worked with the Mayor’s Office of Returning Citizen Affairs to help identify sites and necessary resources. This can be implemented with low to medium difficulty, as a congregation’s ability to support depends on their current staff and resource capacity.
<p>People experiencing homelessness</p>	<ul style="list-style-type: none"> • Congregations have continued the distribution of their food and clothing drives for persons experiencing homelessness.
<p>Residents with a multitude of chronic medical conditions</p>	<ul style="list-style-type: none"> • Houses of worship and faith-based organizations have and are continuing to participate in National Donor Sabbath and other medical donations for residents with chronic medical conditions and other medical ailments. This would be low to medium difficulty, as houses of worship and faith-based organizations would also need buy-in and support from individuals in their congregation and communities.
<p>Low-income households</p>	<ul style="list-style-type: none"> • Many houses of worship and faith-based organizations have also increased their fundraising efforts and also food and clothing drives to reduce the financial burdens that have been place on low-income households throughout the District. This is expected to be implemented with low to medium difficulty because while many congregations already had a food and clothing drive in place, COVID-19 has led to an increase in the number of residents in need.
<p>Other Communities (Digital Divide Barriers)</p>	<ul style="list-style-type: none"> • To address the digital divide amongst individuals, houses of worship and faith-based organizations are ensuring that all means of communication, and engagement are made available to those individuals, to ensure that they are able to continue to receive worship services and participate in house of worship programs. This includes utilizing emails, phone calls, videoconferencing and other technological means. The difficulty of this implementation is low-medium as not all individuals have access or know-how to utilize these means due to barriers such as lack of Wi-Fi, no available computers/laptops and poor phone connection, etc.

Arts and Culture

1. As to funding, the crisis provides an opportunity for the District to coordinate better its support for the arts with an eye to providing greater equity and access to performing arts of more of its residents.
2. Some institutions already export their programs and education into DC schools and have free performances. Within the guidelines above and those institutions adopt, this should be encouraged and financially supported.
3. In challenging economic times, the capacity to pay for artistic events and services becomes a major concern. How can the artistic community afford to offer its services to all parts of the community? We need to ensure continued access to arts programming in these difficult times, especially to our most economically vulnerable populations.
4. Individual artists are the most vulnerable and have been laid off from their “gig economy” work. Artists who are people of color are at the greatest risk.

REOPENING THE ARTS SECTORS EQUITABLY POST-COVID

As our city shelters in place, the arts—music, theatre, books, film, dance, etc. have been key to our survival, both mentally and spiritually. This makes it particularly tragic that 95% of artists lost income and 62% have become unemployed since the pandemic, according to a [national survey](#). Artists are among the most vulnerable groups of workers, and yet they have few protections.

There are some potential solutions to combat these challenges – in Germany, a \$500 million emergency fund was created to support artists and freelancers. The District could consider a similar program to support and prioritize the Arts as essential to our city’s recovery; Further these investments must ensure equity – as part of the reopening, it must be intentional in bringing relief to underrepresented and undervalued communities of artists who are the hardest hit by COVID-19.

The Arts and Culture Sector developed the following Arts Equity Recommendations:

- 1) Conduct an equity audit of District of Columbia Arts and Humanities Commission (DCAHC) processes to reduce red tape and streamline the grants and paneling processes to give greater access for all artists but especially underrepresented artists and arts organizations. This would be of immediate benefit to artists struggling to access emergency funds, as well as for ensuring wider access to arts and cultural funding long term.

2) Our city’s indigenous art form, Go-Go music, is newly imperiled, and has a long way toward reaching parity in terms of public investments compared to other sectors of the arts. The city should consider two recommendations in the [Stephenson/Lea report](#) “Making Go-Go ‘Official’ Post-COVID:” Creating a “Go-Go Cohort” within DCAHC, as well as establishing an endowment for the Go-Go Performing Arts.

3) Prioritize public investments in locally owned, small/emerging, and independent cultural organizations and businesses that comprise the arts, culture and tourism industries, particularly those in undervalued and underrepresented communities including legacy black cultural organizations and businesses.

4) Create an Arts Equity Task Force that includes artists and legacy cultural businesses to make funding recommendations for the current budget cycle by May 11. Issues regarding capacity-building for arts organizations and structural inequities that may prevent the development and sustainability of these organizations should be considered as well. Another recommendation is to work with the Creative Affairs Office (CA) to evaluate and deal directly with these equity issues expressed herein. The Creative Affairs Office can play a critical role to assist in this area.

Entertainment and Sports

Figure 4. Equity Considerations for the Proposed Stage 1 Mitigation and Guidelines

Vulnerable Population	Equity Considerations
<p>Healthcare workers, first responders, and other essential workers in contact with the public</p>	<ul style="list-style-type: none"> ● MSE created “Feeding The Frontlines” fund to purchase and supply meals to emergency and medical front-line workers. To date, raised \$150,000 and delivered 6,000 meals. to staff at Howard University Hospital United Medical Center, as well as UDC-CC Bertie Backus, George Washington University (both locations), United Medical Center and Children’s National drive-thru and walk-up COVID-19 testing sites. When games with fans resume, MSE will provide free tickets and honor frontline heroes in-game. ● Capitals player Garnet Hathaway has invited nearly a dozen first responders to each game, meeting with them either before or after, greeting nearly 350 personally year-after-year. Has provided nearly

	<p>1,000 meals to first responders and health care workers during the COVID-19 pandemic.</p> <ul style="list-style-type: none"> • If a fan chooses the credit option instead of a refund on a cancelled show in a Live Nation Venue, tickets will be donated to front-line workers through Live Nation’s Hero Nation program.
<p>Non-essential workers in high contact jobs</p>	<ul style="list-style-type: none"> • This represents a high percentage of our collective employees. It is essential that we create and observe science-supported protocols that protect them. It is also essential that they have jobs to go to. • MSE hosts appreciation nights for nurses, teachers, law enforcement and military providing thousands of free tickets and will consider additional functions for these workers.

Hotels

Four hotels in DC have been enlisted as alternative care facilities, serving people who are sick and do not have another safe place to isolate. These equity considerations assume hotels that are in, or will return to normal operations, not ongoing alternative care status.

Vulnerable Population	Equity Considerations
<p>Healthcare workers, first responders, and other essential workers in contact with the public</p>	<ul style="list-style-type: none"> • This category may include both hotel workers and guests • This is not relevant unless the worker or guest lives with or is in regular close contact with a person in this role. In that case, the worker/guest’s health must be closely monitored for symptoms.
<p>Non-essential workers in high contact jobs</p>	<ul style="list-style-type: none"> • This includes most hotel workers. The health check and prevention measures discussed above and in supplemental documents would apply.
<p>Older adults living in nursing homes</p>	<ul style="list-style-type: none"> • Not applicable
<p>Racial and ethnic minorities (including the LGBTQ community)</p>	<ul style="list-style-type: none"> • This could include many hotel workers and guests. The health check and prevention measures discussed above and in supplemental documents would apply.
<p>Immigrant and refugee populations</p>	<ul style="list-style-type: none"> • This could include many hotel workers and guests. The health check and prevention measures discussed above and in supplemental documents would apply.
<p>Justice-involved</p>	<ul style="list-style-type: none"> • This could include many hotel workers and guests. The

populations	health check and prevention measures discussed above and in supplemental documents would apply.
People experiencing homelessness	<ul style="list-style-type: none"> • This could include many hotel workers and guests. The health check and prevention measures discussed above and in supplemental documents would apply.
Low-income households	<ul style="list-style-type: none"> • This could include many hotel workers and guests. The health check and prevention measures discussed above and in supplemental documents would apply.
Residents with a multitude of chronic medical conditions	<ul style="list-style-type: none"> • It is not recommended that these people return to work or staying in hotels till there is broad vaccination and immunity.
People with disabilities and living in state institutions, group homes, and other congregate settings	<ul style="list-style-type: none"> • Not applicable
Small businesses and non-profits that primarily support underserved communities	<ul style="list-style-type: none"> • Not applicable
Hotel management and workers	<ul style="list-style-type: none"> • When a partial workforce is reenlisted, ensure that employment is offered in a fair and equitable manner, such as tenure or unique skill set.
Other: Children	<ul style="list-style-type: none"> • Dependable childcare and the schools must reopen in order to re-enlist workers.

PREPARATION AND RESOURCES NEEDED FOR REOPENING

As stated previously, the science and progress of the public health response will determine when the District reopens. However, as a result of the work of the collective committees, this report will inform and aid the Mayor in her determination of how that will be phased. As part of that, there are key resources required to achieve the reopening.

Testing, PPE, and Other Supply Recommendations

Faith

Houses of worship and faith-based organizations will need to ensure sufficient access to Personal Protective Equipment (PPE) including adequate masks and gloves for leadership and staff. Hand-sanitizer stations should be placed in designated areas throughout locations. Facilities should adhere to proscribed routine deep cleanings. Appropriate cleanings could be conducted by organization staff once properly trained and/or by a third-party, but the priority would be to ensure sanitary guidelines are followed.

Arts & Culture

Large venues may require scanners at entrances to check body temperature quickly of incoming patrons. If testing becomes a requirement to reopen, organizations may need help with acquiring equipment in terms of money and possibly supply chain; as well as help with training and salaries for additional staff required to do the testing.

Cleaning supplies including masks, gloves and wipes will be required in large quantities. Physical distancing and PPE will certainly be with us for some time to come. Supply chain coordination may mitigate Arts and Culture Sector organizations from competing with other Sector organizations as well as the Health Care System.

Additional information technology resources will be needed to support more people and longer duration teleworking.

Museums: There is concern about being able to source enough PPE. There is a general consensus that museums do not have the resources to check guest temperature. With 25 to 30% asymptomatic positive cases, is testing everyone beneficial? Screening/testing may give visitors a false sense of security. DC should make a firm, science-based, recommendation for the value of staff or public temperature testing.

Entertainment and Sports

With so many businesses looking to reopen across all sectors, there will likely be impact on the supply chain. As the opening of most entertainment and sports venues will be in or near the final phase of reopening, securing PPE and other equipment will be important as will testing.

In Stage 2, if sports are playing games with no fans or venues are somehow able to present content virtually, there will be a strong need for PPE for anyone involved in the broadcast. This will certainly include masks and hand sanitizer. Cleaning and disinfectant products will need to be available. Testing should be available for all involved, especially those that will not be able to

be socially distant. This can only be accomplished if the supply of tests is sufficient to ensure they are readily available to anyone in need

Hotels

Testing, PPE, and Other Supply Recommendations

The following section shares information as identified by the American Hotel and Lodging Association. The full report is linked in the references at the end of this document.

Personal Protective Equipment (PPE): The American Hotel & Lodging Association (AHLA) recorded that, according to CDC, employers should select appropriate PPE and provide it to employees in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I). Employees must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE:

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into hotel room and/or common areas. Change gloves if they become torn or unsanitary
- Remove and discard gloves when leaving the hotel room or common area, and immediately perform hand hygiene.
- Put on a clean gown when handling all food and beverage services. Remove and discard the gown in a dedicated container for waste or linen after use.
- Use mask protection always and in every area of the hotel. Proper handling of your mask:
 - Wash your hands before handling any mask
 - Pick up your mask by its ear loops
 - Be sure that it covers your nose and your mouth
 - Secure the mask around the bridge of your nose
 - Remove and discard the mask in a dedicated container for waste before leaving
- Temperature screening: This is not required but recommended for employees and that hotels provide the service for guests. Should you require this you will need to ensure you provide advanced communication to guests on the process and procedures.
- Some properties are also using shoe coverings and face shields for certain team members and as deemed necessary for guest interaction.

Transportation Recommendations

Faith

Public Transportation: Many members of congregations rely on public transportation to get to and from their houses to worship services. It is imperative for the public transportation system to be clean and safe to use.

Increase Parking Capacity: Despite more public transportation options reopening in future phases, there will be growing concern/fear from some member of congregations over the use of public transportation thus leading to a desire to drive to their houses of worship if possible.

House of Worship Buses/Shuttles: Some congregations also have buses and shuttles available to transfer congregants to and from their houses of worship and also to distribute resources to those individuals when necessary. These congregations will need sufficient cleaning materials to ensure that buses and other house of worship transportation meet sanitary guidelines.

Arts and Culture

All transportation modes used to transport staff and arts and culture attendees must be safe from a public health standpoint. We recommend that guidelines be written and very visibly shared with the public and transportation operators to build public confidence in using all modes of transportation.

Consider putting no-parking zones in front of arts and culture retail outlets to facilitate curbside service.

Entertainment and Sports

Entertainment and sports will have different needs in different phases. Once we are back to hosting events many of our customers and staff utilize public transportation in order to get to the events. Safe and secure public transportation is critical for fans and customers. Depending on the requirements for screening patrons as they enter venues there could be a need for increased street closures around venues hosting events. This would assist in allowing patrons to queue properly in order to get into the venue. In earlier phases of sports hosting games with no fans or any virtual event, the existing venue parking can accommodate anyone needing to drive to work at the event.

Hotels

Public transit: Procedures for employees and guests will need to be outlined by the individual property. Proper sanitation procedures should be followed immediately upon arrival into the hotel.

Guest transportation: Clear procedures to be outlined for self-park (recommended for all guests upon arrival) and valet (recommended to be suspended for phase one/phase two).

Vendor/deliveries: Hotels will need to define the procedures for all vendor/delivery services based on the individual hotel process. Proper signage and specific communication to these vendors on what to expect upon arrival.

Legislative, Regulatory, and Policy Recommendations

Faith

In future policy considerations, houses of worship and faith-based communities along with their social services should be deemed as an essential operation. This would ensure these entities will have ready access to resources and serve as potential testing sites. Houses of worship and faith-based communities should also be granted special consideration status for financial assistance afforded to non-profits such as eligibility to local and federal programs such as DC micro-grants and the Paycheck Protection Program.

Lastly, there needs to be a required periodic registration of faith-based organization status in the city to help facilitate communication and mobilization when necessary.

Arts and Culture

The arts and culture sector recommends legislation that sets guidelines to provide proper guidance needed to execute for each stage of the reopening. Additionally, additional suggestions included some legislation that provided certain protections against potential liabilities associate with the reopening for cultural institutions.

Entertainment and Sports

Clear and realistic guidelines and requirements will need to be established by the health experts. Indemnity should be established for business opening in any phase that follows the guidelines and requirements. In order that business can operationally return to business and

remain financially solvent some type of tax abatement, rebate or forgiveness will be needed, particularly real estate and sales taxes. Many if not all of these businesses that have suspended operations continue to pay rent or mortgages as well as salaries and taxes, which further puts a strain on their solvency the longer the suspension is in place.

The nightlife community also suggests that the DC government look into regulations that may reduce their financial burdens and assist in financial recovery upon reopening. Two suggestions would be extending sales hours for alcoholic beverages in DC and reducing dram shop liability. Both legislative changes could be made on a temporary basis and then reassessed based on outcomes and success.

Hotels

This section refers to information from the American Hotel & Lodging Association, full report linked in references.

EMPLOYEES: Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from potential exposures external icon to COVID-19.
- 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’s external icon and the Equal Employment Opportunity Commission’s external icon websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.

- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.

* Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.

- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.

- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.

- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.

- If there is evidence of a COVID-19 outbreak in the US, consider canceling nonessential business travel to additional countries per travel guidance on the CDC website.

- Engage state and local health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Workforce Changes and Needs

Faith

Houses of worship and communities of faith will need to ensure that their workforce has access to healthcare information and are informed regarding available resources.

Additionally, telework policies should be created for staff/employees for continuity of operations and to ensure that these policies are in place should health issues arise while at work.

Arts and Culture

A sector-specific health adviser on best practices for cleaning venues.

Health screening staff if public health tests become a requirement to re-open.

Entertainment and Sports

Depending on guidelines and requirements in place at the different phases of opening there may be a need for increased staffing to accommodate additional screening if it is required. There will be the need for increased cleaning and disinfecting staff both during and between events. There is anticipation that there will also need to be additional training for staff around any new requirements or guidelines involving crowd movement and screening for large events, and possibly a management level position to manage this screening, training and execution of mitigation protocols.

Figure 5. Necessary Preparation and Resources by Sector

Sector	Preparation and Resources
Sports, Entertainment Nightlife	<ul style="list-style-type: none"> • Preparation consideration: Clear evidence-based guidance on reopening guidelines and standards from DC Health/CDC. • Resources: PPE • Government regulation: Liability Indemnification • Workforce Changes and Needs: Training resources on new safety protocols

Hotels

Sector	Preparation and Resources
HOTELS	<ul style="list-style-type: none"> • PPE • Create a “bank” for hotels to draw upon to either purchase PPE or a centralized funded inventory that would be disturbed to hotels as needed.
HOTELS	<ul style="list-style-type: none"> • Implement a “Healthy Hospitality Fee/Fund” to provide hotels money to make these investments.
HOTELS	<ul style="list-style-type: none"> • Maximize the “Opportunity Fund” currently administered by Events DC. • Purpose: To establish an annual fund to assist in offsetting expenditures of doing business in Washington, DC for specific convention center customers. • Goal: To use the fund towards competitive positioning when booking

	<p>convention center meetings with priority to short term business (bookings within a 5-year window) and need period business.</p> <ul style="list-style-type: none">• This fund operates under the control of an evaluation committee that uses certain criteria to determine if a business opportunity qualifies for support dollars.
HOTELS	<ul style="list-style-type: none">• If schools and childcare centers cannot open, create alternative care programs for parents and children so that parents can go back to work.

Please see Appendix 9 for the Wynn Report which identifies more detailed measures.

COMMUNICATION AND SIGNAGE

It will be critical that comprehensive communications plans are developed and implemented during each stage of the reopening. The following are some key considerations by sector:

Faith

Houses of worship will provide significant signage to mark social distance appropriate spaces and seating (six feet apart) in each sanctuary and throughout each facility. Additional signage will also indicate where to enter as well as leave the sanctuary.

Signage will be located in each restroom with respect to hand washing procedures as well as a list of COVID-19 symptoms for reference throughout each facility.

Additional communication to congregants informing them of safety guidelines and procedures through email, electronic bulletins or newsletters to ensure congregants are informed and adhere to safe guidelines.

Arts and Culture

While it is expected that each institution will create its own signage, there should be uniformity in the messaging as appropriate. CDC has standard signs available that could be recommended. Other signs that have been shared are available in the appendices.

Entertainment and Sports

We will utilize clear and prolific signage both inside and outside the venues that will reflect the policies at the time of reopening.

Hotels

It is imperative that signage be available in various languages to ensure communication to all communities. This signage will help engage and inform hotel guests when human resources are at a minimum. Signage can exist in both print and digital. Usage of technologies such as App's will assist in creating a single source of information for the attendee/guest.

See Appendices 6 and 7 for examples of infographics and signage provided through DC Department of Health and the American Hotel Lodging Association.

Hotels Recommended Signage

- Sanitation signage: Bathroom handwashing, Hand sanitizer station signage, How to properly cough, and Showcasing COVID-19 symptoms
- Health/Wellness Materials: Available to guests at check-in; Provided as in-room materials; Guidance to public health resources; List of reminders for sanitation; Appropriate social spacing; Materials providing good health practices (especially important in food and beverage areas).
- Directional signage: One-way aisle signage; Entrance/exit signage (one way in, one way out); Line separators for food and beverage and entrance into meeting rooms; Discouraging congregating in certain areas; and Queuing signage and spacing indicating 6-foot markers
- Hotel TV channel with a home page pertaining to Healthy Hotels/Hospitality guidelines

ISSUES FOR FUTURE PHASES

CONSIDERATIONS FOR FUTURE ROUNDS OF REOPENING

Faith

Houses of worship and faith-based organizations may consider the following for future stages of reopening:

- Adhere to all CDC and local health guidelines to mitigate risk
- Practice social distancing guidelines and maintain a minimum of six feet between individuals
- Utilize virtual platforms for worship services and meetings, particularly for vulnerable members of the congregation.
- Invest in supplies, such as masks and hand sanitizer for staff and members of the congregation.
- Form an interfaith committee of leaders to ensure safe reopening of houses of worship and faith-based organizations in the District.
- Reconfigure the size and configuration of space parking lots, foyers, sanctuaries, bathroom, classrooms, etc. and what that means in terms of meeting health guidelines.

Arts and Culture

- Adhere to CDC and local health guidelines to mitigate risk
- Maintain a minimum of six feet between individuals
- Virtual displays and performances

Entertainment and Sports

- Adhere to CDC and local health guidelines to mitigate risk
- Maintain a minimum of six feet between individuals
- Virtual displays and performances

Hotels

Individual and group travelers will have different phased approaches. The individual traveler will be regulated by capacities and the hotels ability to service, in a safe and secure environment, the individual traveler needs. The approach for an event is prone to strict regulations and guidelines. For this exercise, hotel stakeholders have followed the CDC guidelines for mass gatherings (linked in references at end). These stakeholders provided the recommendation for a step by step process to reenter the meetings realm. Please see Appendix 10 for this phasing exercise.

CONSIDERATIONS FOR RECOVERY

Faith

- Use of gloves by staff, leadership, and clergy.
- Clergy should rethink their current practices of worship to be more open to other means of providing worship service, such as outdoor services, livestreaming and video conferencing services.
- Interfaith congregations should consider starting their own reopening committees to better ensure their specific needs are met and resources are shared.
- Some houses of worship are larger in size and therefore can better comply with social distancing guidelines than smaller houses of worship.
- Older populations and citizens with pre-existing health conditions will need to comply with stricter stay at home guidelines than other members of congregation.

Arts and Culture

- There is tremendous interest in digital platforms but some key insights were revealed:
 - a. Digital programs are good for engagement but not revenue. None of the surveys reviewed suggested any significant financial results from online activities.
 - b. In order to create digital content in the future, artists must be able to gather. How to do that safely should be considered immediately. Many want to create online content that will engage audiences, but they are limited by “essential business” and public social distancing guidelines.
 - c. Funding and training for the creation of digital content. Many want to create content but lack the equipment or technical training to do so

Entertainment and Sports

These businesses will take a long time to return to their previous peak performance, revenues and vibrancy. They will have spent months paying salaries, rent, mortgages, taxes and

insurance. They will need rent, mortgage and tax abatements to continue well into the recovery phase.

Hotels

For hotels to fully return to business operations, and therefore employ people and contribute to Washington, DC's prosperity by contributing to the sales and property tax bases, people must be able to enjoy travelling and gathering without restriction.

- **Mass gatherings** need to take place so that DC can continue to leverage our city's unique assets including
 - proximity to the federal government decision makers and the related convention and advocacy efforts that bring people here; and
 - the celebration of culture and democracy that comes to life in festivals, the arts, culture, holidays, inaugurations and demonstrations.

Airlines and other forms of travel including train and auto need to be restored or unrestricted in order to bring people to DC.

- **Public transit** must be clean, safe and worry free.
- **Schools must be open and childcare available.** This is critical for workers, travelers and for the education of young people. At the time of this report's writing, hotel owners report that the lack of childcare is the leading barrier for employees to come to work.

RESEARCH, RESOURCES, AND REFERENCES

RESEARCH AND RESOURCES

Appendices

1. Sector Designed Questionnaires
2. Hotels - Sample Communications
3. Hotels - Sample Signage
4. A&C – Sample Signage Language
5. Wynn Health Plan
6. Hotels – Phase Exercise CDC
7. Hotels – AHA PPE Guidance
8. Hotels – Committee Research Docs
9. Hotels – Resource Orgs
10. Cintas – PPE Critical Products
11. State by State information
12. Additional Equity Considerations for Entertainment and Sports
13. BWC Reentry
14. Selected Venue Seating Maps
15. Guidelines for Reopening Churches
16. E&S Additional Resources

FAITH
QUESTIONNAIRE

Based on the guidance provided by the DC Department of Health and Johns Hopkins, we understand that mass gathering activities, in the traditional sense, will likely not be part of the initial re-opening efforts for the District. However, as health outcomes improve and the appropriate criteria set forth have been achieved, an innovative and phased approach may be implemented to achieve a “gradual” re-opening. The following are questions designed to explore the phasing of the re-opening for the Faith sector.

1. How many members in your congregation?

- a. How many physically attend your place of worship?
- b. How many services are provided every week?
- c. Have you surveyed your members/congregants to get feedback on re-opening?

(Would be good to determine the average size of congregations/faith-based organizations across the city)

2. Is a phased approach, in terms of a limited number of members or congregants being able to attend in person, practical or viable for your faith-based organization? Is it financially sustainable?

- a. What is the minimum capacity (on a percent basis) required to justify the re-opening your place of worship?
- b. Aside from minimum capacity, what other factors would be considered or necessary to justify the initial re-opening of your place of worship?
 - i. Are you able to do tele-worshiping or stream/broadcast services to your members/congregants? Are you doing so now?
 - ii. Will specific aspects of your worship services/gatherings be changed to implement social distancing and minimize physical touching?

3. Within a phased approach for re-opening your place of worship (i.e. services in person), what is the appropriate phasing after the initial re-opening (before reaching maximum capacity/returning to normal services)?**4. How difficult is it to maintain the appropriate protocols (i.e. social distancing, PPE) in your church / during your services?**

- a. Not difficult
- b. Complicated but not impossible
- c. Almost impossible

FAITH
QUESTIONNAIRE

5. Under the assumption that various/minimum protocols (PPE; social distancing contactless transactions) will be required, what are the ramifications of re-opening for each of the phases (initial re-opening and any other subsequent phasing to maximum capacity)?

Specifically, and for each phase, what are the impacts and required actions related to each of the following:

- a. Each of the type of in-person services you provide (inclusive of weddings and funerals)
 - b. Seating and guest movement within your church or place of worship
 - c. Security and guest screening
 - i. Specific COVID-19 related screening (temperature / other)
 - ii. PPE Supply
 - d. Cleaning/Disinfecting of your place of worship
6. What physical changes do you anticipate having to make to your place of worship to address the safety requirements necessary under each of the phases of re-opening?
7. Under a phased approach to re-opening your place of worship, what is the impact on your staff for each of the phases?
- a. Starting with the initial phase of the re-opening, what percentage of your workforce would be employed? How many volunteers, on a percentage basis, would be needed?
 - b. For each of the other phases?
 - c. What is the impact of implementing the required actions (Question 5) on your staff? volunteers?
 - i. Will you be able to source and fund the PPE required for your employees / volunteers
 - d. Will you have enough volunteers to assist/supplement staff to support your service offerings and ensure safety requirements needed?
8. IDEAS:
- a. What are some potential ideas or innovations on how to address some of the safety requirements related to your phased re-opening?
 - b. What are some potential innovations or initiatives that may transform your place of worship or faith-based organization?

**ART'S & CULTURE
QUESTIONNAIRE**

Based on the guidance provided by the DC Department of Health and Johns Hopkins, we understand that mass gathering activities, in the traditional sense, will likely not be part of the initial re-opening efforts for the District. However, as health outcomes improve and the appropriate criteria set forth have been achieved, an innovative and phased approach may be implemented to achieve a “gradual” re-opening. The following are questions designed to explore the phasing of the re-opening for the Arts & Culture sectors.

- 1. What kind of arts and cultural business do you have?**
 - a. Venue or Theater
 - b. Retail Business
 - c. Festival or Events
 - d. Arts Education
 - e. Presenting Organization
 - f. Other

- 2. Is a phased approach, in terms of limited patronage, a viable solution to your business or operations? Viability shall be considered in terms of (a) financial sustainability for a duration of time and (b) core offering or function of your business.**
 - a. What is the minimum capacity (on a percentage basis) required to justify the re-opening of your business/operations?
 - b. Aside from minimum capacity, what other factors would be considered or necessary to justify the initial re-opening of your business/operations (i.e. broadcast / streamed content with no live audiences)
 - c. Would part of your operations be converted to digital or virtual programming?

- 3. Within a phased approach for the re-opening of your business/operations, what is the appropriate phasing after the initial re-opening (before reaching the maximum capacity of your business/operations)?**

- 4. How difficult is it to maintain the appropriate protocols (i.e. social distancing, PPE) in your business?**
 - a. Not difficult
 - b. Complicated but not impossible
 - c. Almost impossible

ART'S & CULTURE
QUESTIONNAIRE

5. Under the assumption that various/minimum protocols (PPE; social distancing contactless transactions) will be required, what are the ramifications of re-opening for each of the phases (initial re-opening and any other subsequent phasing to matured operations)?

Specifically, for each phase, what are the impacts and required actions related to each of the following:

- a. Event or programming logistics
 - i. Inclusive of ticketing operations (contactless transactions)
 - ii. Payment considerations
 - b. Seating and guest movement
 - c. Security and guest screening
 - i. Specific COVID-19 related screening (temperature / other)
 - ii. PPE Supply
 - d. Food & Beverage Offerings
 - e. Cleaning / Disinfecting of facility
6. What incremental investment is required (on a percentage basis) for each phase to implement the required actions above in Question #5?
7. Under a phased approach to re-opening, what is the impact on your workforce for each of the phases?
- a. Starting with the initial phase of the re-opening, what percentage of your workforce would be employed
 - b. For each of the other phases?
 - c. What is the impact of implementing the required actions (Question 5) on your workforce?
 - d. What specific measures are you taking to ensure the safety of your employees?
 - i. Do you have the ability to source and fund the necessary PPE for your workforce
8. Financial/Other Support:
- a. What additional financial resources would you need to reopen your business? How would you use those financial resources? (*Short Answer*)

**ART'S & CULTURE
QUESTIONNAIRE**

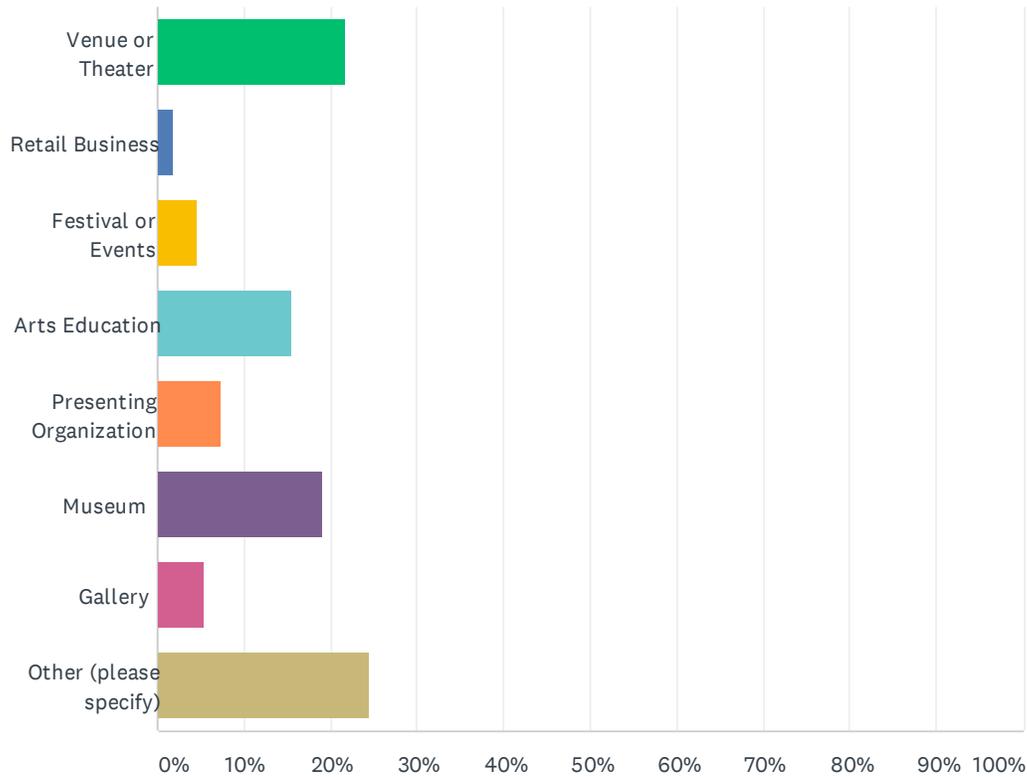
- b. What additional non-financial resources would support you in reopening your business?
- c. What kind of technical assistance or training might you need to reopen your business?

9. IDEAS:

- a. What are some potential ideas or innovations on how to address some of the safety requirements related to your phased re-opening?
- b. What are some potential innovations or initiatives that may transform your business or operations?

Q2 What kind of arts and cultural business do you have?

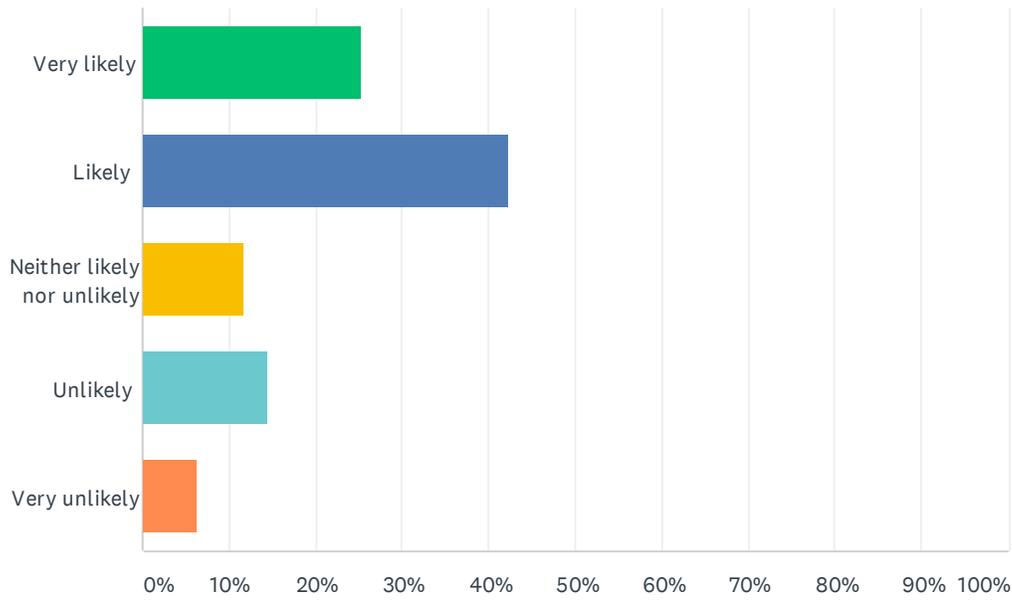
Answered: 110 Skipped: 1



ANSWER CHOICES	RESPONSES	
Venue or Theater	21.82%	24
Retail Business	1.82%	2
Festival or Events	4.55%	5
Arts Education	15.45%	17
Presenting Organization	7.27%	8
Museum	19.09%	21
Gallery	5.45%	6
Other (please specify)	24.55%	27
TOTAL		110

Q3 Is a phased approach, in terms of limited patronage, a viable solution to your business or operations? Viability shall be considered in terms of (a) financial sustainability for a duration of time and (b) core offering or function of your business.

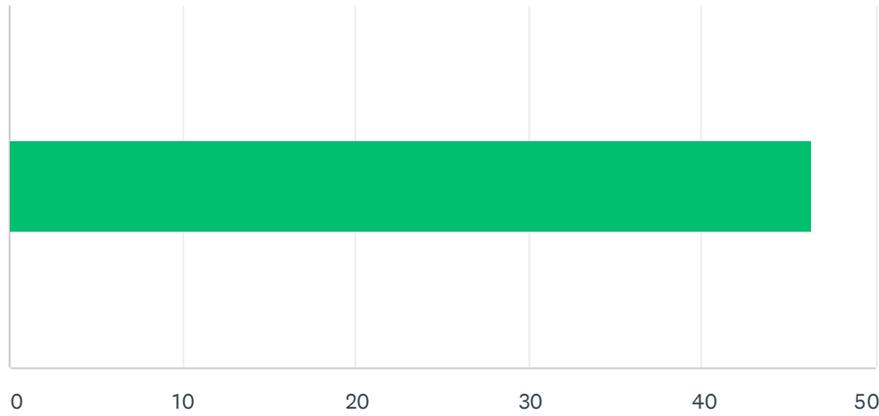
Answered: 111 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very likely	25.23%	28
Likely	42.34%	47
Neither likely nor unlikely	11.71%	13
Unlikely	14.41%	16
Very unlikely	6.31%	7
TOTAL		111

Q4 What is the minimum capacity (on a percentage basis) required to justify the re-opening of your business/operations?

Answered: 108 Skipped: 3



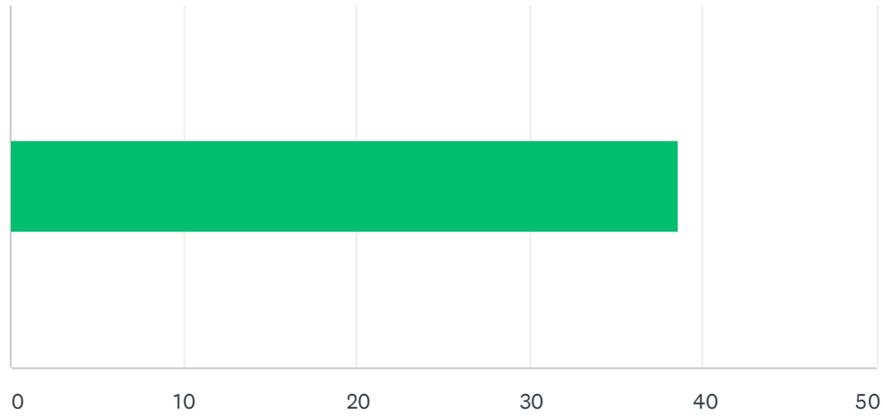
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	46	5,002	108
Total Respondents: 108			

Q5 Aside from minimum capacity, what other factors would be considered or necessary to justify the initial re-opening of your business/operations (i.e. broadcast / streamed content with no live audiences) (Short Answer)

Answered: 106 Skipped: 5

Q6 Would part of your operations could be converted to digital or virtual programming?

Answered: 108 Skipped: 3



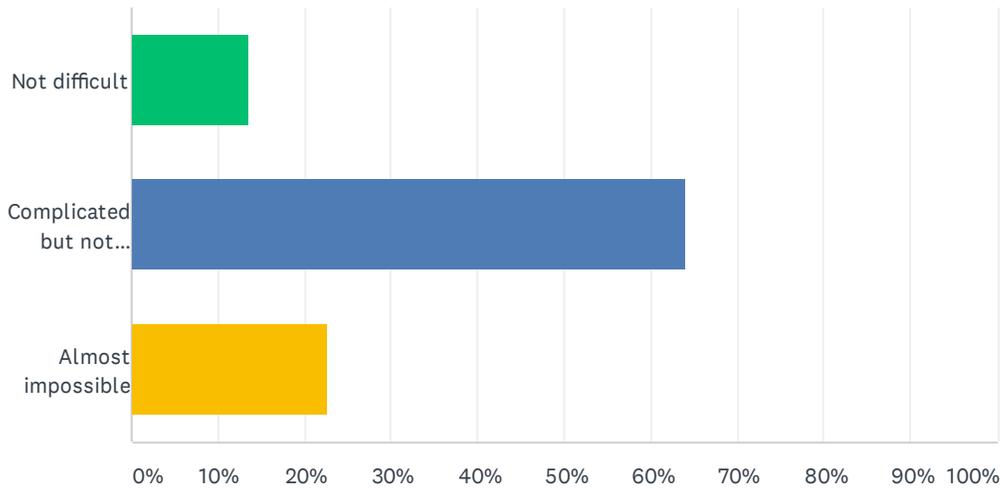
ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	39	4,166	108
Total Respondents: 108			

Q7 Within a phased approach for the re-opening of your business/operations, what is the appropriate phasing after the initial re-opening (before reaching the maximum capacity of your business/operations)?

Answered: 103 Skipped: 8

Q8 How difficult is it to maintain the appropriate protocols (i.e. social distancing, PPE) in your business?

Answered: 111 Skipped: 0



ANSWER CHOICES	RESPONSES
Not difficult	13.51% 15
Complicated but not impossible	63.96% 71
Almost impossible	22.52% 25
TOTAL	111

Q9 Under the assumption that various/minimum protocols (PPE; social distancing contactless transactions) will be required, what are the ramifications of re-opening for each of the phases (initial re-opening and any other subsequent phasing to matured operations)? Specifically, for each phase, what are the impacts and required actions related to each of the following:

Answered: 101 Skipped: 10

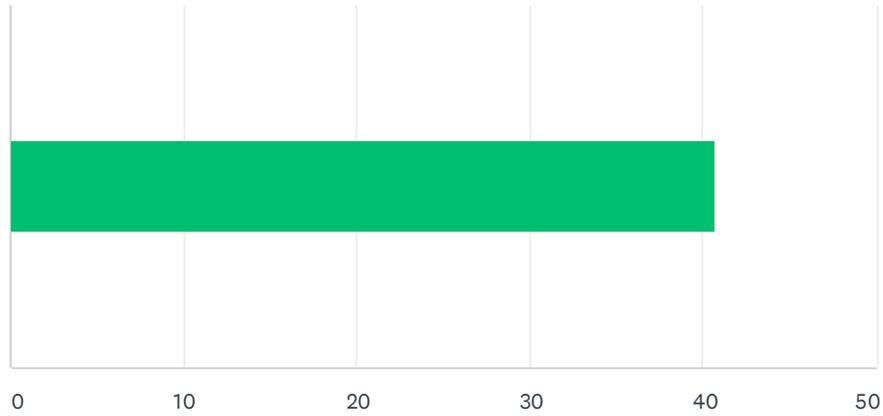
ANSWER CHOICES	RESPONSES	
Event or programming logistics	97.03%	98
Inclusive of ticketing operations (contactless transactions)Payment considerations	93.07%	94
Seating and Guest Movement	95.05%	96
Security and guest screening like specific COVID-19 related screening (temperature / other) and PPE Supply	96.04%	97
Food and Beverage Options	93.07%	94
Cleaning/Disinfecting of Facility	95.05%	96

Q10 What is the impact of implementing the required actions (question 9) on your workforce? (Short Answer)

Answered: 105 Skipped: 6

Q11 What incremental investment is required (on a percentage basis) for each phase to implement the required actions above?

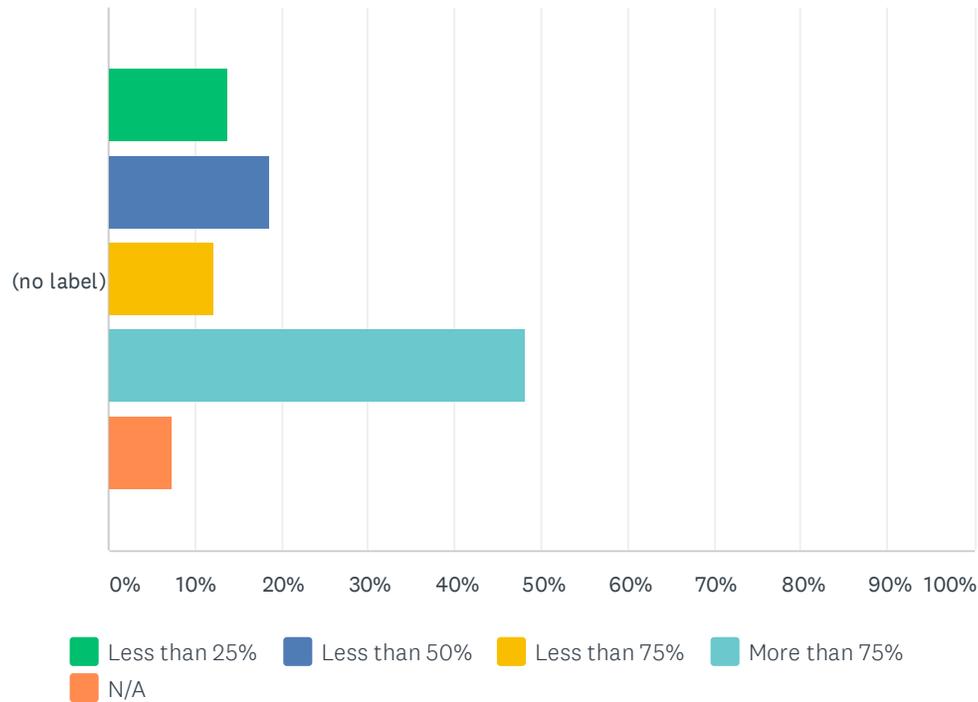
Answered: 97 Skipped: 14



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	41	3,948	97
Total Respondents: 97			

Q12 Starting with the initial phase of the re-opening, what percentage of your (Pre-Covid) workforce would be employed?

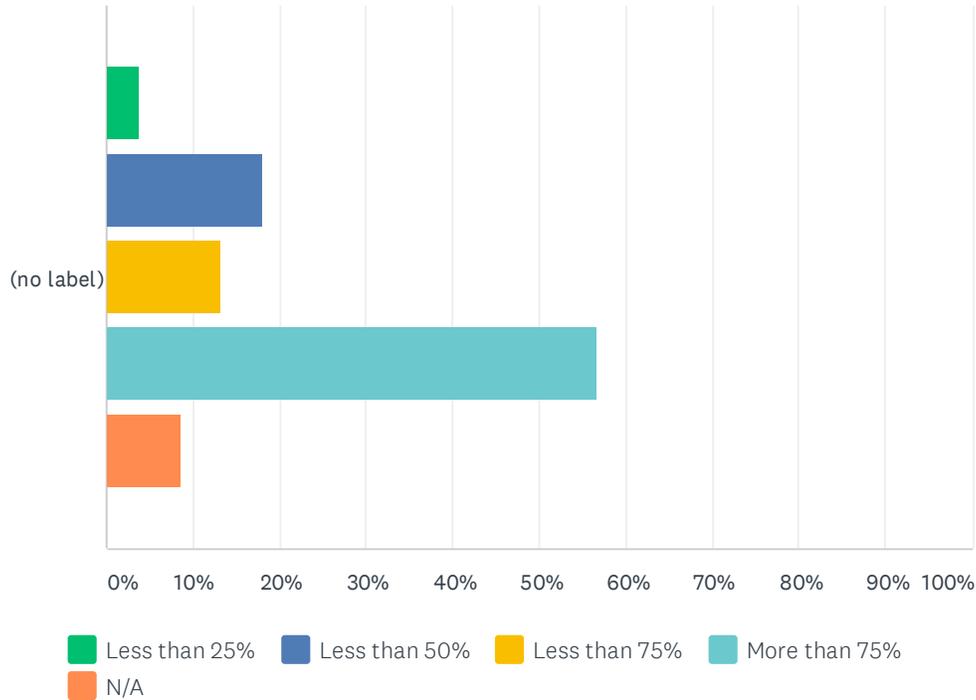
Answered: 108 Skipped: 3



	LESS THAN 25%	LESS THAN 50%	LESS THAN 75%	MORE THAN 75%	N/A	TOTAL	WEIGHTED AVERAGE
(no label)	13.89%	18.52%	12.04%	48.15%	7.41%	108	3.02
	15	20	13	52	8		

Q13 Starting with the second phase of the re-opening, what percentage of your (Pre-Covid) workforce would be employed?

Answered: 106 Skipped: 5



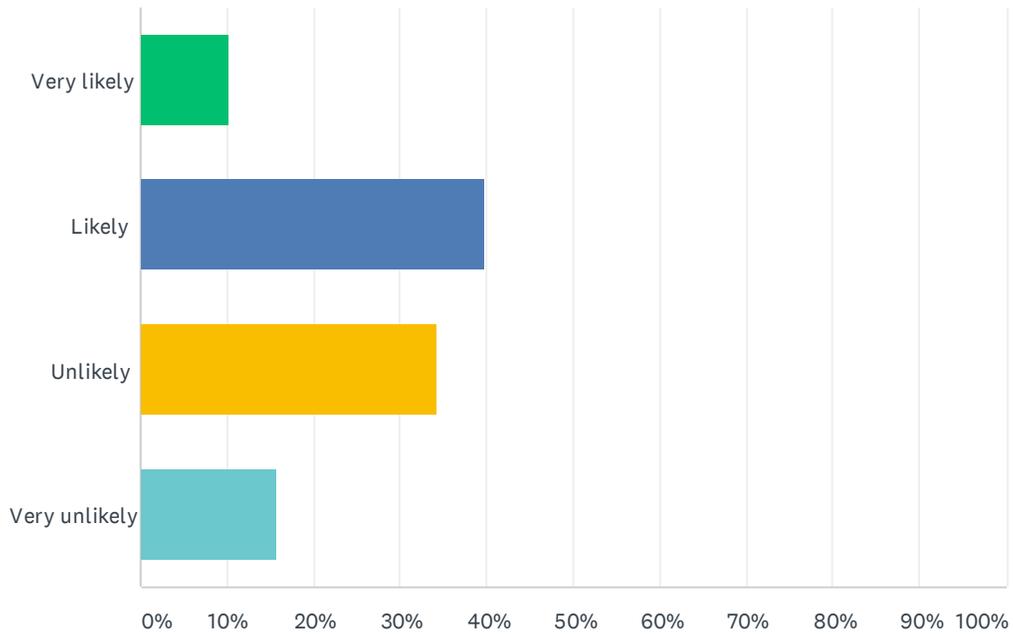
	LESS THAN 25%	LESS THAN 50%	LESS THAN 75%	MORE THAN 75%	N/A	TOTAL	WEIGHTED AVERAGE
(no label)	3.77%	17.92%	13.21%	56.60%	8.49%	106	3.34
	4	19	14	60	9		

Q14 What specific measures are you taking to ensure the safety of your employees? (Short Answer)

Answered: 107 Skipped: 4

Q15 Do you have the ability to source and fund the necessary PPE for your workforce?

Answered: 108 Skipped: 3



ANSWER CHOICES	RESPONSES	
Very likely	10.19%	11
Likely	39.81%	43
Unlikely	34.26%	37
Very unlikely	15.74%	17
TOTAL		108

Q16 What additional financial resources would you need to reopen your business? How would you use those financial resources? (Short Answer)

Answered: 103 Skipped: 8

Q17 What additional non-financial resources would support you in reopening your business? (Short Answer)

Answered: 102 Skipped: 9

Q18 What kind of technical assistance or training might you need to reopen your business? (Short Answer)

Answered: 96 Skipped: 15

Q19 IDEAS:

Answered: 79 Skipped: 32

ANSWER CHOICES	RESPONSES	
What are some potential ideas or innovations on how to address some of the safety requirements related to your phased re-opening for staff, audiences and artists?	88.61%	70
What are some potential ideas or innovations or initiatives that may transform your business or operations for staff, audiences, and artists?	88.61%	70

Q20 Good Ideas or Answers -- leave comments here!

Answered: 51 Skipped: 60

**SPORTS AND ENTERTAINMENT
QUESTIONNAIRE**

Based on the guidance provided by the DC Department of Health and Johns Hopkins, we understand that mass gathering activities, in the traditional sense, will likely not be part of the initial re-opening efforts for the District. However, as health outcomes improve and the appropriate criteria set forth have been achieved, an innovative and phased approach may be implemented to achieve a “gradual” re-opening. The following are questions designed to explore the phasing of the re-opening for the Sports and Entertainment sectors.

1. **Is a phased approach, in terms of limited patronage, a viable solution to your business or operations? Viability shall be considered in terms of (a) financial sustainability for a duration of time and (b) core offering or function of your business.**
 - a. What is the minimum capacity (on a percentage basis) required to justify the re-opening of your business/operations?
 - b. Aside from minimum capacity, what other factors would be considered or necessary to justify the initial re-opening of your business/operations (i.e. broadcast / streamed content with no live audiences)
 - c. Would part of your operations be converted to digital or virtual programming?
2. **Within a phased approach for re-opening of your business/operations, what is the appropriate phasing after the initial re-opening (before reaching the maximum capacity of your business/operations)?**
3. **Under the assumption that various/minimum protocols (PPE; social distancing contactless transactions) will be required, what are the ramifications of re-opening for each of the phases (initial re-opening and any other subsequent phasing to matured operations)?**

Specifically, and for each phase, what are the impacts and required actions related to each of the following:

- a. Event or programming logistics
 - i. Inclusive of ticketing operations (contactless transactions)
 - ii. Payment considerations
- b. Seating and guest movement
- c. Security and guest screening
 - i. Specific COVID-19 related screening (temperature / other)
 - ii. PPE Supply
- d. Food & Beverage Offerings

**SPORTS AND ENTERTAINMENT
QUESTIONNAIRE**

- e. Cleaning/Disinfecting of facility
- 4. What incremental investment is required (on a percentage basis) for each phase to implement the required actions above in Question #3?**
- 5. Under a phased approach to re-opening, what is the impact on your workforce for each of the phases?**
- a. Starting with the initial phase of the re-opening, what percentage of your workforce would be employed
 - b. For each of the other phases?
 - c. What is the impact of implementing the required actions (Question 3) on your workforce?
 - d. What specific measures are you taking to ensure the safety of your employees?
 - i. Do you have the ability to source and fund the necessary PPE for your workforce
- 6. What are your biggest safety concerns about reopening your business?**
- 7. IDEAS:**
- a. What are some potential ideas or innovations on how to address some of the safety requirements related to your phased re-opening?
 - b. What are some potential innovations or initiatives that may transform your business or operations?

**HOTELS/HOSPITALITY
QUESTIONNAIRE**

Based on the guidance provided by the DC Department of Health and Johns Hopkins, we understand that mass gathering activities, in the traditional sense, will likely not be part of the initial re-opening efforts for the District. However, as health outcomes improve and the appropriate criteria set forth have been achieved, an innovative and phased approach may be implemented to achieve a “gradual” re-opening. The following are questions designed to explore the phasing of the re-opening for the Hotel/Hospitality sector.

1. **Given the nature of your business, hotels have been deemed essential business and have been able to remain open where viable – at least as it relates to accommodating overnight stays. Is a phased approach to re-opening, in terms of limited patronage, a viable solution for your business or operations? Viability shall be considered in terms of (a) financial sustainability for a duration of time and (b) core offering or function of your business.**
 - a. What is the minimum capacity (on a percentage basis) required to justify the re-opening of your business/operations?
 - b. Aside from minimum capacity, what other factors would be considered or necessary to justify the initial re-opening of your business/operations
 - i. Full-Service Hotels: Given the multi-faceted nature of your operations, what factors will you consider to determine which services may be offered in your hotel? What is the appropriate phasing of those services?
2. **Within a phased approach for re-opening of your business/operations, what is the appropriate phasing after the initial re-opening (before reaching the maximum capacity of your business/operations)?**
3. **How difficult is it to maintain the appropriate protocols (i.e. social distancing, PPE) in your business?**
 - a. Not difficult
 - b. Complicated but not impossible
 - c. Almost impossible

**HOTELS/HOSPITALITY
QUESTIONNAIRE**

- 4. Under the assumption that various/minimum protocols (PPE; social distancing contactless transactions) will be required, what are the ramifications of re-opening for each of the phases (initial re-opening and any other subsequent phasing to matured operations)?**

Specifically, and for each phase, what are the impacts and required actions related to each of the following:

- a. Each of your service offerings
 - i. Accommodations
 - ii. On-property dining or room service
 - iii. Meeting Space offerings
 - iv. Guest Services
 - b. Guest movement
 - c. Security and guest/employee screening
 - i. Specific COVID-19 related screening (temperature / other)
 - ii. PPE Supply
 - d. Food & Beverage Offerings
 - e. Cleaning / Disinfecting of facility
- 5. What other safety concerns or requirements would you have relative to the re-opening of your business/operations? What physical improvements are needed?**
- 6. What incremental investment is required (on a percent basis) for each phase to implement the required actions above in Questions #4 and 5?**
- 7. Under a phased approach to re-opening, what is the impact on your workforce for each of the phases?**
- a. Starting with the initial phase of the re-opening, what percentage of your workforce would be employed
 - b. For each of the other phases?
 - c. What is the impact of implementing the required actions (Question 4) on your workforce?
 - a. What specific measures are you taking to ensure the safety of your employees?

**HOTELS/HOSPITALITY
QUESTIONNAIRE**

- i. Do you have the ability to source and fund the necessary PPE for your workforce

8. IDEAS:

- a. What are some potential ideas or innovations on how to address some of the safety requirements related to your phased re-opening?
- b. What are some potential innovations or initiatives that may transform your business or operations?

Sample hotel correspondence provided by AHLA for guest/employees exposed to COVID-19:

Sample Guest Letter

This is a sample letter that hotels can use to communicate with guests in the event of a COVID-19 outbreak in their local areas. This letter should be modified based on the events occurring in a specific area during the time of the outbreak.

Dear Valued Guest,

Welcome to [Hotel Name]. It is a pleasure to have you stay with us.

Guest safety is our top priority at [Hotel Name]. Because of the recent media reports concerning the local outbreak of COVID-19, our hotel has immediately implemented a number of increased health and safety measures.

We strive to maintain high standards of food and environmental hygiene at our hotel. In addition to the high cleanliness standards already in place to combat the spread of COVID-19, we have taken additional precautionary measures:

[Include all those that apply]

- Increased hand washing and sanitation efforts by staff members
- Providing more soap and hand-cleanser products for use by guests and employees
- Frequent sanitizing of publicly used surfaces in the hotel, such as countertops and doorknobs
- Rooms are thoroughly sanitized by staff after each guest has checked out
- Hotel employees who are exhibiting symptoms are sent home for rest and recovery
- Increased contact with local health authorities and are following their instructions about public health areas and how to contain infections

We are committed to complying with the stringent health standards recommended by local health authorities during this public health situation. Should you have any questions or require more information during your stay with us, please do not hesitate to contact me at any time.

Thank you for choosing to stay with us.

Warmest Regards,

[Name]

General Manager, Hotel

Sample Employee Communication

COVID-19 (Coronavirus)

As you may have heard from news reports, COVID-19 has been reported in our area. Based on the information we have gathered from local health authorities, there is no cause for undue concern at this time. The public health and medical authorities have been working with hospitals to protect the public from illness.

The local public health authorities are also relying upon you to help protect the traveling public. The most important tool you have to protect our guests is information. I urge each

of you to become familiar with the facts about COVID-19 and what are its symptoms. Not all flu-like ailments are COVID-19, since the symptoms resemble the same as ordinary seasonal flu.

According to the WHO, the most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

How to minimize your chances for contracting the disease:

While there is no guarantee that doing the following will prevent you from getting COVID-19, these simple precautions will significantly reduce your chances of catching it.

- Above all: Use good hygiene! Simple hand washing will go a long way to removing the virus from your own personal environment.
- Avoid direct and/or close contact with ill persons.
- Proper disposal of used tissues or other articles that have come in contact with your nose, throat, mouth, or eyes. These are the areas that allow the flu into your body.
- Room attendants should continue to use gloves to change used guest towels and empty trash cans
- Room attendants should continue to sanitize doorknobs, TV remote controls, sink basin knobs, light switches, and countertops with the proper disinfectant

- Used towels and bed linen should be removed and washed each day
- Avoid rooms where you hear sneezing or coughing and allow an hour after the guest leaves before entering the room

If an issue or concern should arise at our hotel, employees should follow these steps to help protect the well-being of the affected guest, employees, patrons of the hotel—and themselves.

- Notify your supervisor or the general manager of any concerns.
- Follow the procedures given to you from your supervisor or management.
- Do not release the details of any potentially affected guest or employee.
- Be prepared to support the guest or employee with family calls and information.

Follow all company procedures for reporting possible incidents about infected guests or employees.

Thank you for your kind cooperation with these procedures and requests.

[Name of General Manager]

Sample Employee Communication if Other Employees/ Guests Have Contracted COVID-19

COVID-19 (Coronavirus)

As you may have heard from news reports, COVID-19 has been reported in our area. Based on the information we have gathered from local health authorities, there is no cause for undue concern at this time. The public health and medical authorities have been working with hospitals to protect the public from illness.

In our own facility, there has been a reported case of COVID-19. We are reporting this to our employees so that they may monitor themselves for symptoms and take appropriate precautions.

The most important tool you have to protect yourself, your family, the other hotel employees, and our guests is information. I urge each of you to become familiar with the facts about COVID-19 and what are its symptoms. Not all flu-like ailments are COVID-19, since the symptoms can resemble the same as ordinary seasonal flu.

According to the WHO, the most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

How to minimize your chances for contracting the disease:

While there is no guarantee that doing the following will prevent you from getting COVID-19, these simple precautions will significantly reduce your chances of catching it.

- Above all: Use good hygiene! Simple hand washing will go a long way to removing the virus from your own personal environment.
- Avoid direct and/or close contact with ill persons.
- Proper disposal of used tissues or other articles that have come in contact with your nose, throat, mouth, or eyes. These are the areas that allow the flu into your body.
- Room attendants should continue to use gloves to change used guest towels and empty trash cans
- Room attendants should continue to sanitize doorknobs, TV remote controls, sink basin knobs, light switches, and countertops with the proper disinfectant
- Used towels and bed linen should be removed and washed each day
- Avoid rooms where you hear sneezing or coughing and allow an hour after the guest leaves before entering the room

Thank you for your kind cooperation with these procedures and requests.

[Name of General Manager]

The following signage represents some of the informative pieces of information that should be posted as per the report.



How to Protect Yourself



- Wash hands with soap and water for at least 20 seconds multiple times a day. An alcohol-based hand sanitizer can be used if soap and water are not available
- Avoid touching eyes, nose and mouth with unwashed hands
- Avoid close contact with people who are sick
- Stay home when feeling sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces

I Have Symptoms What Should I Do?



The symptoms that are currently being seen with COVID-19 are cough, fever, headache, new loss of taste or smell, repeated shaking with chills, sore throat, shortness of breath, and muscle pain.

- Stay home and self-quarantine until you are free of fever, signs of a fever, and any other symptoms for at least 24 hours and without the use of fever-reducing or other symptom-altering medications.
- Seek medical attention if you have reason to believe you have been exposed to coronavirus or influenza. Call your healthcare provider before visiting a healthcare facility.



What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



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For more information: www.cdc.gov/COVID19



What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



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For more information: www.cdc.gov/COVID19

COVID
CORONAVIRUS
DISEASE
19

STOP THE SPREAD OF GERMS

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

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



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



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



For more information: www.cdc.gov/COVID19

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SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER



COUGH



*Symptoms may appear 2-14 days after exposure.

SHORTNESS OF BREATH



Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



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For more information: www.cdc.gov/COVID19-symptoms

Other sign text ideas that were shared included:

Due to current public health concerns, The “ ” has instituted a "no physical contact" policy at our Museum. Please refrain from person-to-person physical contact, including handshakes and hugs. Please do not be offended if our staff do not reciprocate your personal contact.

If you are feeling ill, seek medical attention and please do not use our facility until your illness has been resolved. Your cooperation will help to prevent the spread of illness.

In accordance with Museum policies, if you are showing symptoms of respiratory illness, a Security Supervisor may approach you to discuss your condition. This is out of the safety for our guests and staff.

You may be approached by a security supervisor to assess. Per Museum policy and for the safety of our guests and staff, under certain circumstances you may be asked to leave and we will welcome you back when the respiratory illness has passed.

WYNN LAS VEGAS HEALTH & SANITATION PROGRAM

We are closely monitoring government policy changes, Centers for Disease Control (CDC) guidelines, government mandates, and public health advancements and will continue to make changes as necessary or appropriate to our protocols and procedures. This program has been developed in consultation with three leading public health medical professionals and fellows of Georgetown and Johns Hopkins Universities.



Version 2.1

WYNN LAS VEGAS HEALTH & SANITATION GUIDELINES

Statement from Matt Maddox, Chief Executive Officer, Wynn Resorts

At Wynn Resorts we care deeply about our family of employees and our communities. When we decided to be the first to close in Nevada, before the state required the closure of casino resorts, we did it with a heavy heart but knew it was in the best interest of our employees and community. We also understood that asking 15,000 employees to stay home during the pandemic is challenging. We chose to pay all our full-time and part-time employees for 60 days through May 15th including an estimate for tips they could earn during the closure. It is costing us approximately \$3 million per day or \$180 million for two months.

I commend our Governor, Steve Sisolak, for making the difficult decision and taking early action in the fight against COVID-19. I believe his decisions saved lives as we were facing potential exponential growth in COVID-19 exposure, given that Las Vegas caters to millions of people from all over the world.

Currently, Nevada is well positioned relative to many other states. Clearly, we will see increases in cases as we accelerate testing. The Roosevelt aircraft carrier data has shown that of the hundreds of sailors that have tested positive the majority are asymptomatic. Stanford University just published research that COVID-19 cases could be 50x higher than reported given the vast amount of asymptomatic and mildly symptomatic individuals. That means as we increase testing, we will see more cases.

So, I believe it is critical to monitor our hospitalizations as we increase testing. We passed our “peak” hospitalizations based on most national models and our hospitals were not overrun. Our COVID-19 related deaths per million are below the national average. We have also acquired enough personal protective equipment (PPE) through a public-private partnership to sufficiently supply our medical community that we all rely on for months.

We now face a new, rapidly decelerating curve we must “flatten”. Our economy is in a free fall. Nevada will likely be one of the hardest hit states in the nation and suffer very high unemployment. It is imperative to flatten this curve so we can re-emerge in a safe, sustainable way.

This plan presents what we will do to keep our guests, employees, and our community safe. Each operating department has its own customized set of procedures, even more detailed than the 20-page summary presented here. It relies on the best available science on sanitization methods in consultation with professional infectious disease experts from the best academic institutions in the country. We will continue to refine and update the plan as our experts provide us more advice. Our procedures are extensive and not applicable to all resorts in our industry.

In addition, I have been on calls almost daily with one of the country’s leading public health and pandemic preparedness experts, as well as various leaders in our medical community representing our hospitals and they agree that an incremental reopening makes sense, and that science and data must lead us out of this in a safe fashion.

In order to be able to recover and reopen in Las Vegas, this is what I believe are the right steps to take:

1. The Governor's appointed Task Force should be focused on COVID-19 testing capabilities and safely reopening the economy.
2. Reopen parts of the local Nevada economy in early May. Begin with reduced occupancy, physical distancing measures in place, temperature checks and no large gatherings. We all need to wear a mask. Wearing a mask is uncomfortable; however, it will allow our economy to reopen faster.
3. Follow the data provided by a team of modeling experts tracking benchmarks based on the following criteria:
 - a. Increases in COVID-19 testing velocity.
 - b. Hospitalizations and deaths per million should not exceed the national average over any sustained period.
 - c. Hospital critical care bed availability should be reserved based on a ratio of current COVID-19 patients in the event of a spike.
 - d. Full transparent data should be public, web based and accessible to anyone.
4. Assuming in mid- to late-May we are still in line with the benchmarks, slowly begin to reopen the Las Vegas strip with extensive safety measures in place.
5. Monitor the data every day. If we need to, marginally pull back or move forward.

The main obstacle on the list above is widespread testing. Our state, the medical community, the Task Force and resort industry leaders are focused on ways to vastly enhance testing and I anticipate it will happen over the coming weeks.

One observation, that is often times overlooked, is that many of our hospitals are in financial distress. They have stopped all elective procedures and surgeries and now mainly focus on emergency issues and COVID-19. Emergency room visits are down substantially, and we have empty beds - thankfully. Compared to last week, COVID-19 hospitalizations in many of our hospitals in Clark County have dropped by approximately 10% and the availability of ventilators has increased.

However, we must keep in mind that various hospitals will likely face significant layoffs as they bleed money during this time. The hospitals need to begin elective surgeries while retaining capacity for COVID-19 patients, otherwise our healthcare system that is meant to save lives will be badly damaged. That would be counterproductive.

I understand that if we incrementally reopen, we might have to pull back if a spike in cases occurs that jeopardizes our healthcare system capacity. However, the only way to cross this river is one stone at a time and we need to put our feet in the water before it is too late.

Wynn Las Vegas Program

1 Employee & Guest Health

The health and safety of our employees and guests is our number one priority.

Thermal Cameras. Points of entry will be limited to allow our security team to conduct non-invasive temperature checks utilizing thermal cameras. Anyone displaying a temperature over 100.0°F¹ will be taken to a private area for a secondary temporal temperature screening. Employees or guests confirmed to have a temperature over 100.0°F will not be allowed entry to the property and will be directed towards appropriate medical care.

Physical Distancing. Guests will be advised to practice physical distancing by standing at least six feet away from other groups of people not traveling with them while standing in lines, using elevators or moving around the property. Restaurant tables, slot machines and other physical layouts will be arranged to ensure appropriate distancing. Employees will be reminded not to touch their faces and to practice physical distancing by standing at least six feet away from guests and other employees whenever possible. All resort outlets will comply with, or exceed, local or state mandated occupancy limits.

Hand Sanitizer. Hand sanitizer dispensers, touchless whenever possible, will be placed at key guest and employee entrances and contact areas such as driveways, reception areas, hotel lobbies, the casino floor, restaurant entrances, meeting and convention spaces, elevator landings, pools, salons and exercise areas. Hand lotion will be provided in guest rooms and throughout the back of house (in touchless dispensers) for employees.

Front of the House Signage. There will be health and hygiene reminders throughout the property including the proper way to wear, handle and dispose of masks. Table game electronic signs will also be used for messaging and communication.

Back of the House Signage. Signage will be posted throughout the property reminding employees of the proper way to wear, handle and dispose masks, use gloves (in positions deemed appropriate by medical experts), wash hands, sneeze and to avoid touching their faces.

Employee & Guest Health Concerns. Our employees have been given clear instructions on how to respond swiftly and report all presumed cases of COVID-19 on property to the Southern Nevada Health District (SNHD). We will be ready to provide support to our guests. Employees are instructed to stay home if they do not feel well and are instructed to contact a manager if they notice a coworker or guest with a cough, shortness of breath, or other known symptoms of COVID-19. Employees and guests who are exhibiting any of the symptoms of COVID-19 while at the property are instructed to immediately notify their manager (employees) or hotel security (guests).

Case Notification. If we are alerted to a presumptive case of COVID-19 at the resort, we will work with the SNHD to follow the appropriate actions recommended by it.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

2 Employee's Responsibilities

Wynn Employees are vital for an effective sanitation and health program.

Hand Washing. Correct hygiene and frequent handwashing with soap is vital to help combat the spread of virus. All Wynn employees have been instructed to wash their hands, or use sanitizer when a sink is not available, every 60 minutes (for 20-seconds) and after any of the following activities: using the restroom, sneezing, touching the face, blowing the nose, cleaning, sweeping, mopping, smoking, eating, drinking, entering and leaving the gaming floor, going on break and before or after starting a shift.

COVID-19 Training. All employees will receive training on COVID-19 safety and sanitation protocols with more comprehensive training for our teams with frequent guest contact including Housekeeping, Food & Beverage, Public Area Department, Hotel Operations and Security.

Personal Protective Equipment (PPE). Appropriate PPE will be worn by all employees based on their role and responsibilities and in adherence to state or local regulations and guidance. Training on how to properly use and dispose of all PPE will be mandatory. Every employee entering the resort will be provided a mask and required to wear that mask while on property. Gloves will be provided to employees whose responsibilities require them as determined by medical experts including housekeeping and public area attendants and security officers in direct contact with guests.

Daily Pre-Shift & Timekeeping. Employee pre-shift meetings will be conducted virtually or in areas that allow for appropriate physical distancing between employees. Larger departments will stagger employee arrival times to minimize traffic volume in back of house corridors and service elevators. Hand sanitizer will be available at each timeclock location and employees will be required to sanitize their hands after clocking in. Our management team will ensure constant communication and proper PPE and sanitation procedures are followed and updated per the latest expert guidance.

3 The Guest Journey

Guest Arrival

A security officer will greet each visitor to the resort. Visitors will be screened and asked to use hand sanitizer and to wear a mask (which will be provided by the resort). Appropriate signage will also be prominently displayed outlining proper mask usage and current physical distancing practices in use throughout the resort.

a) Guest Arrival Valet, Taxi or Ride Share

- Guests will enter the resort through doors that are either propped open, are automated or manually operated by an employee.
- Employees will not open the doors of cars or taxis.
- Guests requesting bell service will be assisted and the bell cart will be sanitized after each guest is assisted.
- Valet services will be suspended until further notice.

b) **Guest Arrival by Wynn Limousine**

- Limos will be thoroughly cleaned before and after each use.
- No more than four guests will be permitted per SUV and no more than two guests will be permitted per sedan.
- Guests will not be permitted in the front passenger seat.

Hotel Guest Elevators

- a) An employee will be present to sanitize the button panels at regular intervals, at least once per hour.
- b) Signage will be posted to explain the current procedures.
- c) No more than four guests will be permitted per elevator.

Guest Sanitation Amenities

- a) Each guest will receive an amenity bag during check-in containing masks, hand sanitizer and a COVID-19 awareness card.
- b) A spray bottle of sanitizer or wipes will be provided in each room for guest use (subject to availability and stored out of reach of small children).

4 Cleaning Products and Protocols

Our hotels use cleaning products and protocols which meet EPA guidelines² and are approved for use and effective against viruses, bacteria and other airborne and bloodborne pathogens. We are working with our vendors, distribution partners and suppliers to ensure an uninterrupted supply of these cleaning supplies and the necessary PPE.

Public Spaces and Communal Areas. The frequency of cleaning and sanitizing has been increased in all public spaces with an emphasis on frequent contact surfaces including, but not limited to, front desk check-in counters, bell desks, elevators and elevator buttons, door handles, public bathrooms, room keys and locks, ATMs, escalator and stair handrails, casino cage counters, gaming machines, gaming tables, gym equipment, dining surfaces and seating areas.

Guest Rooms. Industry leading cleaning and sanitizing protocols are used to clean guest rooms, with particular attention paid to high-touch items including television remote controls, toilet seats and handles, door and furniture handles, water faucet handles, nightstands, telephones, in-room control panels, light switches, temperature control panels, alarm clocks, luggage racks and flooring. The existing Amazon Alexa units allow for touchless control of key features including drapery, air conditioning and lighting.

Laundry. All bed linen and laundry will be changed daily and continue to be washed at a high temperature and in accordance with CDC guidelines³. Dirty linen will be bagged in the guest room to eliminate excess contact while being transported to the laundry facility.

² <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Back of the House. The frequency of cleaning and sanitizing will also increase in high traffic back of house areas with an emphasis on the employee dining rooms, employee entrances, uniform control rooms, employee restrooms, loading docks, offices, kitchens, security scanning podiums, Employee Relations service desks and training classrooms.

Shared Equipment. Shared tools and equipment will be sanitized before, during and after each shift or anytime the equipment is transferred to a new employee. This includes phones, radios, computers and other communication devices, payment terminals, kitchen implements, engineering tools, safety buttons, folios, cleaning equipment, keys, time clocks and all other direct contact items used throughout the resort. The use of shared food and beverage equipment in back of the house office pantries (including shared coffee brewers) will be discontinued.

Room Recovery Protocol. In the event of presumptive case of COVID-19 the guest's room will be removed from service and quarantined. The guest room will not be returned to service until case has been confirmed or cleared. In the event of a positive case, the room will only be returned to service after undergoing an enhanced sanitization protocol by a licensed third-party expert and approval by the SNHD.

Air Filter and HVAC Cleaning. The frequency of air filter replacement and HVAC system cleaning has been increased and fresh air exchange will be maximized.

5 Locations for the Distribution of Personal Protection Equipment (PPE)

Front of the House	Back of the House
All Resort Entrances & Exits Registration & Concierge Red Card Kiosks	Employee Entrances Department Specific Locations Including Kitchens, Security Podiums, Housekeeping & PAD Closets

6 Physical Distancing

Throughout the resort we will meet or exceed state and local health authority guidelines on proper physical distancing.

Queuing. Any area where guests or employees queue will be clearly marked for appropriate physical distancing. This includes check-in, check-out, elevator lobbies, coffee shops and casual dining and taxi lines.

Hotel Front Desk, Business Center and Concierge. Agents will utilize every other workstation to ensure separation between employees whenever possible.

Restaurants and Bars. Restaurants and bars will reduce seating capacities to allow for a minimum of six feet between each seated group/party of guests.

Slot Operations. Slot machines will be turned off and/or reconfigured with the chairs removed to allow for physical separation between guests. Casino Supervisors and managers will ensure that guests do not congregate around slots.

Table Games Operations. Table games will have chairs removed and every other table will be open. Casino Supervisors and managers will ensure that guests do not congregate in groups.

Meeting and Convention Spaces. Meeting and banquet set-up arrangements will allow for physical distancing between guests in all meetings and events based on CDC⁴ and state recommendations. Self-serve buffet style food service will be suspended and replaced by alternative service styles.

Retail Spaces. In coordination with our retail partners and tenants, guest occupancy limits will be enforced to allow for appropriate distancing at our owned and leased retail spaces.

Pools. Pool seating will be configured to allow for at least six feet of separation between groups of guests.

Back of the House. Physical distancing protocols will be used in the employee dining rooms, uniform control areas, training classrooms, shared office spaces, the employee services window (via a teller style window) and other high-density areas in order to ensure appropriate distancing between employees.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/mass-gatherings-ready-for-covid-19.html>

DEPARTMENT SPECIFIC SANITIZATION POLICIES

Additional department and protocols are under review and will be added/modified as developed

EMPLOYEE SERVICES & HUMAN RESOURCES

7 Uniform Control

Cleaning & Sanitizing Protocol

- a) Laundry to be cleaned in accordance with CDC guidelines⁵

Physical Distancing Protocol

- a) A uniform control employee will be stationed at the entry to control maximum occupancy of the space
- b) Clearly defined lines and waiting areas to be clearly marked on the floor in front of the uniform distribution counters
- c) Locker room floors to be clearly marked with available and unavailable spaces to be used for dressing
- d) One employee at a time will be allowed into the processing area for loaners and exchanges

Guest Considerations

- a) No department specific requirements

CASINO OPERATIONS

All guests wishing to gamble will be requested to briefly lower their masks for age and identification purposes in compliance with Nevada gaming requirements.

8 Casino Cage

Cleaning & Sanitizing Protocol

- a) Guest facing counters to be sanitized at least once per hour

Physical Distancing Protocol

- a) Guests to maintain six feet of separation while waiting in line with the spacing to be clearly marked on the floor

Guest Considerations

- (a) Hand sanitizer bottles are located on the guest counter at the Wynn Baccarat Cage
- (b) Hand sanitizer stations are located outside of the Wynn and Encore Main Cages

9 Slot Operations

Cleaning & Sanitizing Protocol

- (a) Hand sanitizing stations on the Wynn Casino floor including one adjacent to Red Card Booths and all ATMs
- (b) Workstations to be sanitized at least once every four hours
- (c) Slot attendants to offer to sanitize slots for guests sitting down at a machine
- (d) Slots to be sanitized at least once every four hours
- (e) Slot supervisors to complete a log in each section to track each machine's sanitization schedule

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Physical Distancing Protocol

- (a) Slot machines will be turned off and/or reconfigured with the chairs removed to allow for separation between guests
- (b) Guests to maintain six feet of separation while waiting in line at Red Card Booths

Guest Considerations

- (a) Hand sanitizer dispensers to be placed throughout the slot floor
- (b) Signage will be placed throughout the slot floor to remind guests to sanitize slot machines before use or contact a slot attendant for assistance

10 Table Games Operations

Cleaning & Sanitizing Protocol

- (a) Supervisors to sanitize table game rails after each guest leaves a game
- (b) Supervisors to sanitize each chair area after each guest leaves a game
- (c) Dealers to sanitize dice for each new shooter
- (d) Dealer to sanitize the on/off button when entering a game
- (e) Dealer to sanitize the exterior of the card shoe when entering a game and the interior of the card shoe when the game goes dead
- (f) Supervisors to sanitize the outside of shufflers every four hours; inside to be sanitized once per week
- (g) Roulette wheel head, ball and dolly sanitized when a new dealer enters the game
- (h) Supervisor to sanitize the Chipper Champ every hour
- (i) Pai Gow tiles sanitized when new dealer enters game
- (j) Big Six Wheel spokes and mirror to be sanitized by opening and closing supervisor
- (k) Pit Podiums to be sanitized by Pit Administrator every hour including phones, computers, Veridocs, all hard surfaces and cabinetry
- (l) Visual Limits and Elo units to be sanitized every time a new supervisor enters the pit
- (m) Dealer to sanitize the money paddle when arriving at the game
- (n) Baccarat discard pile and BJ discard holders to be sanitized by supervisor once every four hours
- (o) Dealer to sanitize token boxes when entering a game
- (p) PAD to increase trash pick-up in pits
- (q) Pit Technicians to sanitize hard surfaces and push carts at the beginning and end of each shift
- (r) Chip cleaning solutions being reviewed – pending expert guidance
- (s) Employees to sanitize tables and chairs after using the lounge
- (t) Player's lounge to be deep cleaned daily

Physical Distancing Protocol

- (a) Every other table open
- (b) Three chair/guest maximum per table game (corners and middle seat remain)
- (c) Four chair/guest maximum per big baccarat table
- (d) Three players maximum on each side of dice tables
- (e) Discourage unrelated guests from congregating behind players
- (f) Remove seating in the Table Games Lounge and enforce maximum occupancy limits
- (g) Dealers to verbally give breaks instead of "tapping in" and maintain appropriate separation

Guest Considerations

- a) Guests will be reminded to use hand sanitizer prior to the start of play and reminded of proper mask usage
- b) Cocktail Servers will remain available and serve beverage upon request; Butlers will remain available for food and beverage service in VIP gaming areas
- c) Baccarat Buffet service will be suspended

11 Poker Operations

Cleaning & Sanitizing Protocol

- a) Supervisors to sanitize table game rails after each customer leaves (ongoing)
- b) Supervisors to sanitize each chair area after a customer leaves (ongoing)
- c) Supervisors to sanitize the outside of shufflers every hour; inside to be cleaned once per week
- d) Supervisors to sanitize podiums at least once per hour including phones, computers, Veridocs, all hard surface and cabinetry
- e) Dealers to sanitize in table rating units each time they enter a game
- f) Dealers to sanitize token boxes
- g) Chip sanitation solutions being reviewed – pending expert guidance

Physical Distancing Protocol

- a) Every other table open and tables to be staggered
- b) Maximum seating to be established based on expert guidance
- c) Dealers to verbally give breaks instead of “tapping in” and maintain appropriate separation

Guest Considerations

- a) Guests will be reminded to sanitize their hands prior to the start of play
- b) Food service protocols to be reviewed

12 Race & Sportsbook Operations

Cleaning & Sanitizing Protocol

- a) Supervisors to sanitize race carrels and chairs after each guest
- b) Ticket writer to sanitize the counter after each guest
- c) Chairs to be sanitized hourly
- d) Race & Sportsbook to be deep cleaned daily
- e) VIP Booths to be sanitized after each use
- f) Supervisor to clean station every hour including phones, computers, Veridocs, all hard surfaces and counters

Physical Distancing Protocol

- a) Every other betting station open
- b) Six-foot intervals to be marked for ticket window queues
- c) Seats, carrels and booths to be reconfigured or removed to allow for appropriate physical distancing

Guest Considerations

- a) No department specific requirements

HOTEL OPERATIONS

13 Business Services, Office Services, Lost & Found

Cleaning & Sanitizing Protocol

- a) Counters and equipment sanitized at least once per hour
- b) In-house mail vehicle to be sanitized after each use
- c) Addition of a sanitization kit to each locker bank with instructions on how to properly clean the terminal screen and locker box
- d) Sanitize internet stations and post sanitation signage for guest reference

Physical Distancing Protocol

- a) Employees to use separate counters and have individual stations to eliminate shared equipment
- b) Maximum of two employees at counter
- c) Greeter at front door of Business Services, when necessary, to control physical distancing
- d) Credit card swipe moved to front counter
- e) Guest will be requested to place packages directly on the scale and then onto the conveyor
- f) Convert Security Hut Window at Convention Dock into a pickup/drop off point with limited contact for couriers
- g) Enforce six-foot physical distancing minimums with common carriers
- h) Encourage the use e-mail for all guest transactions
- i) Offer Internet Stations for printing and completing any documentation instead of at counter

Guest Considerations

- a) Discontinue print magazine and newspaper services throughout the property. Guests will have access to PressReader on their own devices.
- b) All packages will be placed in sealed single-use plastic bags
- c) Guest packages delivered to the rooms will be placed outside the guest room, the delivery person will call the room and then wait six feet away to ensure the package is retrieved

14 Front Services & Transportation

Cleaning & Sanitizing Protocol

- a) Sanitize high touch front services spaces and equipment including dispatch offices, bell desks, luggage storerooms, luggage belts, bell carts, porte cocheres and drop-off/pick-up waiting areas
- b) Offices, desks, counters, workspaces and related equipment (including iPads and radios) to be sanitized at least once every four hours or upon a new employee using the equipment
- c) Scooters, wheelchairs and other guest amenities to be sanitized after each use
- d) Baggage doors sanitized every hour
- e) Baggage belt divider tubs, bell carts and related equipment to be sanitized after each use
- f) Bell cart carpets to be covered with a cleanable, non-porous or disposable surface
- g) Back of House (BOH) elevator buttons to be sanitized at least once per hour
- h) Vending machines (break room and taxi tunnels) to be sanitized at least once per hour

Physical Distancing Protocol

- a) Guest laundry and dry-cleaning services available using contactless pick-up and delivery protocols
- b) Guest amenity deliveries will be consistent with In Room Dining (IRD) protocols and delivered with contactless procedures whenever possible

Guest Considerations

- a) Valet parking suspended
- b) Self-service ice machines to be suspended and signage posted indicating ice is available through IRD

15 Pool Operations

Cleaning & Sanitizing Protocol

- a) Chaise lounge chairs to be sanitized after each use
- b) Cabana guest contact surfaces to be sanitized after each use
- c) Cabanas to be pressure washed and sanitized each night
- d) Towel desk, entry kiosks and all other desks and counters to be sanitized at least once per hour
- e) Lifeguard stands to be sanitized upon rotation

Physical Distancing Protocol

- a) Chaise lounge chairs set with appropriate physical distancing

Guest Considerations

- a) No department specific requirements

16 Golf Operations

Cleaning & Sanitizing Protocol

- a) Golf carts to be sanitized before and after each round by a designated cart 'pit crew'
- b) Loaner clubs to be sanitized before and after each round
- c) Locker rooms and foyer area sanitized at least once every four hours; guest contact areas in each sanitized after each use
- d) All employees to be provided personal size hand sanitizer and wipes to keep on them during their shifts and while on the course
- e) Employees to wash hands or sanitize hands after touching any guest equipment including clubs, bags or shoes

Physical Distancing Protocol

- a) One player per cart unless immediate family members and/or following updates on guidance from local authorities
- b) Addition of inserts into golf hole cups to allow easy removal of balls
- c) Increased tee time spacing to 20-minute intervals
- d) Every other bay to be utilized for warm-up area
- e) Caddies to refrain from handling guest tees, markers, scorecards, pencils and other small equipment
- f) Sand and seed bottles removed from carts; employees will handle between rounds
- g) Remove rakes from bunkers; one rake per golf cart to only be handled by the caddie

Guest Considerations

- a) Attendant at coffee and fruit station providing service; no self-service available
- b) Welcome packet of tees, ball markers a scorecard and pencils pre-set in carts for player use

17 Public Area (PAD)

Cleaning & Sanitizing Protocol

- a) Employees to sanitize the following areas at least once per hour
 - Guest and garage elevators
 - Casino entry doors
 - Slot machines (in coordination with slot team)
 - Credenzas
 - Escalator handrails
 - Plaza and Parasol handrails
 - Employee dining tables and counters
- b) Employees to sanitize the following areas at least once per hour
 - Hotel entry doors
 - Esplanade fountain handrails
 - Exterior elevators and escalator handrails
 - Employee smoking areas
 - Exterior benches
 - Trash bins
- c) All Front of House (FOH) restrooms to be sanitized at least once per hour

Physical Distancing Protocol

- a) No department specific requirements

Guest Considerations

- a) No department specific requirements

18 Front Office

Cleaning & Sanitizing Protocol

- a) Sanitize all guest touchpoints after each transaction including EMV Credit Card Devices, pens and registration countertops
- b) Room keys to be sanitized before stocking
- c) Offices, Call Centers, Registration Desks to be deep cleaned and sanitized upon a shift change

Physical Distancing Protocol

- a) Restructure stanchions to provide appropriate six-foot intervals
- b) Staff every other workstation
- c) Lobby Greeter to provide guidance to arriving and departing guests to ensure physical distancing measures are followed
- d) Implement peak period queuing procedures, including a Lobby Greeter, when the number of guests exceeds the lobby capacity

Guest Considerations

- a) Wynn Tower Suites interior entry doors to be propped open to minimize guest contact
- b) VIP Lounge Ambassador to serve all food and beverage; no self-service available

19 Housekeeping

Cleaning & Sanitizing Protocol

- a) Carts, trolleys and equipment to be sanitized at the start and end of each shift
- b) Guest linen will be delivered and removed from guest rooms in single use sealed bags
- c) Pillow protectors on the guest room beds are to be changed daily
- d) All items stored on shelves in the Housekeeping locker rooms are placed in bags and not exposed to the open air when not in use
- e) Back of house restrooms will be sanitized at least once every four hours
- f) House phones, in unsupervised/controlled areas, to be removed

Physical Distancing Protocol

- a) Minimize contact with guests while cleaning hotel rooms; guest room attendants will offer to return at an alternate time for occupied rooms

Guest Considerations

- a) All reusable collateral to be removed from rooms; critical information to be placed on single use collateral and/or electronically posted (in coordination with IRD)
- b) Disposable collateral to be disposed and changed after each guest
- c) Newspapers and magazines will continue to be provided through PressReader for guests to access on their own devices
- d) Extra pillows and blankets stored in the guest room closets will be removed and available upon guest request
- e) All guest amenities to be packaged before being placed in room
- f) Shoeshine is suspended until further notice
- g) Specific sanitation consideration will be paid to the following guest room areas:
 - Desks, counter tops, tables and chairs
 - Phones, tablets and remotes
 - Thermostats
 - Cabinetry, pulls and hardware
 - Doors and doorknobs
 - Bathroom vanities and accessories
 - Bathroom fixtures and hardware
 - Windows, mirrors and frames
 - Lights and lighting controls
 - Closets, hangers and other amenities

SPA, SALON & FITNESS CENTER

20 Spa

Pending guidance from local authorities and medical experts.

21 Salon

Pending guidance from local authorities and medical experts.

22 Fitness Center

Pending guidance from local authorities and medical experts. Alternative wellness options to be provided to guests as they are developed including in-room and outdoor wellness programming.

RETAIL

23 Wynn Owned Stores

Cleaning & Sanitizing Protocol

- a) Cash wraps, phones, workstations, hard surfaces, handles and frequently touched surfaces to be sanitized at least once per hour and upon a shift change
- b) Sanitize carts and mag liners before and after each use
- c) Sanitize handles, knobs, cage locks, cages and stock room surfaces at least once per hour

Physical Distancing Protocol

- a) Signage will be prominently posted at each store reminding guests of maximum occupancies and distancing guidelines
- b) Tailoring service will be postponed until further notice

Guest Considerations

- a) Displays and retail assortments will be limited to essential items during phase one to include sundries, toiletries, pre-packaged food and beverage
- b) All merchandise will be served/handled by a retail attendant; no self-serve available in any category
- c) All sales final until further notice (including phone orders)
- d) Golf Pro Shop will feature pre-packaged items only (including visors, hats and gloves)

FOOD & BEVERAGE

24 Restaurants, Bars & Lounges

Cleaning & Sanitizing Protocol

- a) Host Podiums including all associated equipment to be sanitized at least once per hour
- b) Service stations, service carts, beverage stations, counters, handrails and trays to be sanitized at least once per hour and logged by a manager
- c) POS terminals to be assigned to a single server where possible and sanitized between each user and before and after each shift. If multiple servers are assigned to a POS terminal, servers will sanitize their hands after each use
- d) Dining tables, bar tops, stools and chairs to be sanitized after each use
- e) Condiments to be served in single use containers (either disposable or washed after each use)
- f) Check presenters, votives, pens and all other reusable guest contact items to be either sanitized after each use or single use
- g) Menus to be single use and/or disposable
- h) Existing porous placemats (including Chilewich style) to be replaced with linen, single use disposable or non-porous placemats that can be machine washed and sanitized after each use
- i) Sanitize trays (all types) and tray stands sanitized after each use
- j) Storage containers to be sanitized before and after each use
- k) Food preparation stations to be sanitized at least once per hour
- l) Kitchens to be deep cleaned and sanitized at least once per day
- m) Food and beverage items being prepared to be transferred to other employees using contactless methods (leaving on expediting tables, conveyors, etc.)

Physical Distancing Protocol

- a) Hostesses and managers to manage physical distancing at entries, waiting areas and queues (in addition to signage)
- b) Peak period queuing procedures to be implemented when guests are not able to be immediately sat
- c) Lounge seating to be removed in SW, Lakeside, Jardin and Sinatra
- d) Tables and booths to be utilized with appropriate physical distancing between each family or traveling party (six feet or as otherwise advised by local authorities)
- e) Reduce bar stool count to provide appropriate physical distancing
- f) Manage the line flow at quick serve outlets to ensure coffee and food pick up areas remain appropriately distanced
- g) Additional quick serve coffee options to open based on demand and length of physically distanced lines (Lobby Bar, Wynn Coffee Cart)
- h) Casino Service Bars will be staffed to allow for appropriate distancing between employees

Guest Considerations

- a) All self-serve condiments and utensils to be removed and available from cashiers or servers
- b) All straws to be wrapped
- c) Napkin service to be suspended until further notice (no placing in a guest's lap or refolding)
- d) Tableside cooking to be suspended until further notice
- e) Remove grab and go offerings; available from fountain workers only
- f) Bar snacks will be served per individual guest and not shared by the table
- g) All food and beverage items to be placed on the table, counter, slot or other surface instead of being handed directly to a guest

Additional Employee Dining Room (EDR) Protocols

- a) No self-serve food available (including snacks)
- b) Food to be served by EDR cooks and line attendants
- c) Single use cups for beverage (no refills)
- d) Prepackaged plastic flatware
- e) Trays and plates to be distributed by EDR attendants
- f) Extension of EDR sneeze guards

25 In Room Dining (IRD)

Cleaning & Sanitizing Protocol

- a) All equipment will be sanitized prior to assigning for the shift
- b) Employees assigned to individual stations (including Sales Agents) will sanitize their stations and all equipment at least once per hour and at each change of shift
- c) Bus Runners will sanitize all doors, handles and high contact surfaces at least once per hour

Physical Distancing Protocol

- a) Set food on tables in hallway and notify guest when the table is outside of the guest's room (plate covers remain) – guests will retrieve their own table
- b) Request that guests notify IRD when finished with their meal and place their trolley in the hallway outside of their room

Guest Considerations

- a) Printed IRD menus to be removed from rooms
 - Explore menu delivery options: QR Code in room to access a PDF version, scrolling on an in-house tv channel, etc.
- b) Minibars to be locked, all loose product removed, and service suspended until further notice
 - Items will be available upon request from IRD

26 Catering & Banquets

Cleaning & Sanitizing Protocol

- a) All shared equipment and meeting amenities to be sanitized before and after each use, or be single use if not able to be sanitized
- b) All linen, including underlays, to be replaced after each use
- c) Clean and soiled linens to be transported in sealed single use plastic bags into and out of the meeting rooms

Physical Distancing Protocol

- a) All buffet and self-serve style events to be suspended until further notice
- b) All food and beverage items to be individually plated and served
- c) Coffee and other break items to be attended and served by a server
- d) Flatware to be provided as a roll-up
- e) Condiments to be served in individual PCs or sanitized individual containers
- f) Seating capacities and floor plans to be reviewed on an event by event basis to ensure appropriate physical distancing that follows Clark County Fire Department, SNHD and CDC guidelines (in coordination with Hotel Sales & Convention Services)

Guest Considerations

- a) Individual bottled water will be provided in lieu of water carafes on meeting tables and water stations
- b) Develop examples of physically distanced floor plans for Hotel Sales & Convention Services use
- c) Create modified menus to showcase styles of service and items currently available

SALES

27 Hotel Sales & Convention Services

Cleaning & Sanitizing Protocol

- a) Sanitize conference room doors, tables, chairs light switch and other equipment after each group use
- b) Meeting Concierge and Specialty Desk will sanitize their respective work areas, counters, doors and equipment at least once every four hours and upon a shift change

Physical Distancing Protocol

- a) Seating capacities and floor plans to be reviewed on an event by event basis to ensure appropriate physical distancing that follows Clark County Fire Department, SNHD and CDC guidelines (in coordination with Catering & Banquets)
- b) Site inspections and meetings will be done virtually and/or appropriately physically distanced

Guest Considerations

- a) Provide example of physically distanced floor plans (in coordination with Catering & Banquets)
- b) Post signage outside of meeting and events reminding guests of appropriate physical distancing guidelines

ENTERTAINMENT

28 Le Reve Theater

Cleaning & Sanitizing Protocol

- a) Performers and divers in close contact with each other to sanitize themselves by fully submersing in the chlorinated theater water
- b) Theater seating and public areas to be sanitized at the conclusion of each performance
- c) All equipment to be individually assigned when possible to eliminate equipment sharing

Physical Distancing Protocol

- a) Theater seating and capacity to be managed to allow for appropriate distancing between groups of guests based on SNHD and CDC guidelines
- b) Show schedule limited to one performance per day
- c) Costume dressing and quick-change protocols are staggered and supervised by wardrobe attendants
- d) Performers complete workouts at home or offsite when possible
- e) Maximum occupancy limits and appropriate PPE usage enforced within Health Services for performers requiring physical therapy

Guest Considerations

- a) Showroom snack bars to follow Food & Beverage protocols
- b) Ushers to assist in guest movement and flow to ensure physical distancing protocols are followed

29 Nightclubs

Pending guidance from local authorities and medical experts.

SECURITY

30 Security Operations

Cleaning & Sanitizing Protocol

- a) All contact surfaces to be sanitized at the completion of an incident (in addition to standard sanitization protocols)
- b) Shift managers will assign specific sanitation responsibilities and ensure proper protocols are followed
- c) Shift Supervisors to log completed tasks
- d) Handcuffs, holding rooms and all related equipment and contact surfaces to be sanitized before and after each use
- e) Shift Manager will notify the Security Command Center (SCC) after unscheduled or specialty cleaning protocols are complete (i.e. after a subject is released from a holding room and the room has been sanitized)

- f) SCC will track critical activities in iTrak

Physical Distancing Protocol

- a) Standard protocols will be followed unless a specific incident requires more invasive contact (i.e. taking a subject into custody for a criminal offense)
- b) Security Officers to assist with enforcing physical distancing protocols in guest queuing areas as required (restaurants, casino floor, registration areas, elevator lobbies, etc.)

Guest Considerations

- a) Security Officers to familiarize themselves with hand sanitizer and mask distribution points for guests and coworkers

ENTRY SCREENING & CASE REPORTING PROTOCOLS

Entry Screening	Non-invasive thermal cameras will be placed at each entry point to the resort. Any person displaying a cough, shortness of breath or other known symptoms of COVID-19 or a temperature above 100.0°F will be discreetly offered a secondary screening.
Secondary Screening	<p>The visitor displaying an elevated temperature will be escorted to a designated, private and isolated area and provided with PPE.</p> <p>A Security Officer using appropriate PPE (including a surgical mask and eye protection) and a temporal thermometer will record a second temperature.</p> <p>If the visitor refuses the secondary reading, they will be denied entry to the property and provided a COVID-19 information card.</p>
<p>Visitors with Elevated Temperature</p> <p>**See additional procedures below for current hotel guests</p>	<p>If the secondary reading confirms that the visitor has a temperature above 100.0°F, the visitor will be denied entry** to the property and be directed towards medical care and provided with resources and recommendations based on CDC and local health authority guidelines.</p> <p>A Security Supervisor will collect basic visitor information including name, names of room shares and close contact guests in their traveling party and ID (i.e. driver’s license or employee ID). The Supervisor will then make initial observations for the known symptoms of COVID-19 including cough, fever and shortness of breath.</p> <p>If a visitor refuses to provide information or cooperate with Security, the visitor will be denied entry to the property.</p>
SNHD Reporting	<p>The Security Supervisor handling the case will immediately notify the Southern Nevada Health District (SNHD) at (702) 759-1300 Option 2 and advise the operator that there is a possible case of COVID-19.</p> <p>Inform the SNHD if the visitor is requesting medical care or refusing to cooperate and leaving the property.</p>
In-House Hotel Guests	If a current hotel guest is deemed to have an elevated temperature, and not in medical distress, the guest should be offered the opportunity to return to their room and gather their belongings before transportation is arranged.

(skip to
Transportation
for employees
and non-
resident
guests)

If a guest requests to return to their room:

- A Security Supervisor will be called to escort the guest for the remainder of the process.
- The guest will be provided appropriate PPE (if not already wearing) and escorted directly to their room.
- The Security Supervisor will control the elevator to ensure no other visitors use the same cabin.
- The SCC will notify PAD and the elevator will be returned to service only after properly sanitized by PAD.
- The SCC will notify the Hotel Manager on Duty to pin the room and not permit access until medical clearance is given and/or the room is properly sanitized.

If the guest does not return to their room:

- The SCC will notify the Hotel Manager on Duty to pin the room and not permit access until proper medical clearance is given and/or the room is properly sanitized.
- The guest's belongings will remain in the room until security can arrange for the safe removal and storage of the belongings.
- Hotel Management will determine the best course of action to handle the outstanding folio on a case by case basis

Guests who have previously displayed an elevated temperature may NOT return to the resort until they have been medically cleared. Once proper medical clearance is given, they may return to their room (if still checked-in).

If the Guest with an elevated temperature is sharing the room or has had close contact with other visitors:

- The Security Supervisor will determine room shares and close contact guests traveling with the elevated temperature guest. The full protocol will be followed beginning with a secondary screening for all close contacts.
- Follow SNHD guidance on required isolation or quarantine procedures for close contacts as appropriate.
- If a room is being used for self-isolation the SCC will inform Hotel Management and CDC and local health authority guidelines will be followed for all additional contact with the guest and service to the room.

If the visitor has their own vehicle the visitor may leave in their own vehicle.

Transportation

If the visitor does not have their own vehicle an ambulance will be called to transport the person to the appropriate medical care facility as directed by the SNHD and local health authorities.

Visitors who are displaying the symptoms of COVID-19 should NOT be directed to use public transportation, taxis, Uber, Lyft or other shared transportation options.

Internal
Reporting

The Security Supervisor will notify the Preliminary Investigator to prepare an incident report.

The report will be submitted to the head of Crisis Management.

At a minimum, the incident report is to include the visitor name, identification information, room number (if applicable), if the temperature reading(s) was above 100.0°F and if the visitor was transported for medical care.

The incident report will be updated as new information is available and when/if the visitor returns to property.

Each phase and the number of attendees may vary based upon hotel size and capacity to safely facilitate groups of guests. For example, a hotel with more meeting space can safely social distance and might reenter the management of meetings with Step 2 or 3. Whereas a smaller hotel, with limited meeting space, may need to manage meetings in Step 1 and be content at that step for the near term.

Step 1: 10 people or fewer

- No meetings/convention/tradeshow/social event allowed
- Room turnover requires 24-72 hours of vacancy based upon guidelines and cleaning technology
- Hotel restaurant is take-out only
- Social distancing required
- Personal Protective Equipment (PPE) required
- Food and Beverage is all pre-packaged

Step 2: 11 – 50 people

- Small meeting in house only
- Room turnover requires 24-72 hours of vacancy based upon guidelines and cleaning technology
- Hotel restaurant operational with social distancing
- Social distancing required
- Personal Protective Equipment (PPE) required
- Food and Beverage can be plated
- No general sessions – small breakout meetings or use of multiple rooms with live streaming

Step 3: 51-100 small meetings only

- Room turnover requires 24-72 hours of vacancy based upon guidelines and cleaning technology
- Hotel restaurant operational with social distancing
- Relaxed Social distancing required
- Relaxed Personal Protective Equipment (PPE) required
- Food and Beverage can be pre-packaged, plated or manned buffet with service (no self-service allowed)
- No general sessions – small breakout meetings or use of multiple rooms with live streaming

Step 4: 100+ people

- Hotel restaurant operational with social distancing
- Relaxed Social distancing required

- Food and Beverage can be pre-packaged, plated or manned buffet with service (no self-service allowed)
- No general sessions more than 1,000 people or without social distancing – small breakout meetings or use of multiple rooms with live streaming

Step 5: Vaccine and mass immunity

Resume normalcy

[If applicable, discuss any suggestions, concerns or ideas for rounds of reopening]

Guidance for Businesses and Employers to Plan and Respond to COVID-19

Outlined by the AHA, this interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at www.cdc.gov/coronavirus/covid19.

Specific articles and reports for the Hotel Sector included:

- AHLA, [Safe Stay](#)
- AHLA, Oxford Economic Study Data, [Job Loss Figures](#)
- AHLA, [Prevention & Preparedness Resources](#) (this file is behind a paywall)
- CDC, [Get Your Mass Gatherings or Large Community Events Ready](#)
- CDC, [Prepare your Small Business and Employees for the Effects of COVID-19](#)
- Destination DC, [Hotel Closures](#)
- Destination DC, [FY2020 Sales & Marketing Plan](#)
- Government of the District of Columbia, ReOpen DC [Hotel Survey](#)
- Hilton [CleanStay with Lysol Protection](#)
- Hyatt [Global Care & Cleanliness Commitment](#)
- Johns Hopkins, Public Health Principles for a Phased Reopening During COVID-19: [Guidance for Governors](#)
- Marriott [Commitment to Cleanliness](#)
- National Restaurant Association, [Reopening Guidance](#)
- UniteHere! [Guidelines for Hotel, Gaming, and Food Service Facilities During the COVID-19 Pandemic](#)
- U. S. Travel Association, [Travel in the new Normal](#), Industry Guidance for Promoting the Health and Safety of All Travelers
- Valencia Hotel Group [Social Distancing & Cleaning Protocols](#)
- White House/CDC, [Opening Up America Again](#)

The most comprehensive and applicable resources discovered were

- American Hotel & Lodging Association, [Prevention & Preparedness Resources](#)
- UniteHere! [Guidelines for Hotel, Gaming, and Food Service Facilities During the COVID-19 Pandemic](#)
- Wynn Las Vegas [Health & Sanitation Program](#)

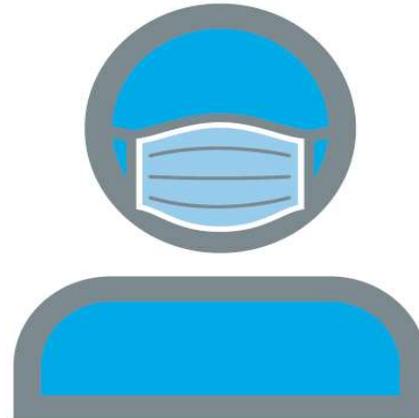
Some of the resources used to develop this report included the following businesses and organizations:

- American Hotel & Lodging Association (AHLA)
- Centers for Disease Control & Prevention (CDC)
- Destination DC
- Donohoe Hospitality
- Government of the District of Columbia, ReOpen DC
- Hotel Association of Washington, DC
- IHS Markit
- Johns Hopkins Bloomberg school of Public Health
- MMGY Travel Intelligence
- Anthony Melchiorri, Consultant
- National Restaurant Association
- STR
- Tourism Economics
- UniteHere! Local 25
- U.S. Travel Association
- Wynn Hotels & Resorts

Disposable Face Masks – General

Disposable Face Masks that generally feature:

- Three-layer construction
- Elastic ear loops
- Designed for non-medical, general use



DISCLAIMER: Actual product may vary. Cintas does not recommend specific applications or assume any responsibility for use, results obtained or suitability for specific applications. The mask does not contain any antimicrobial, antiviral, or antipathogenic qualities. The mask should not be used (1) in any surgical setting or where significant exposure to liquid, bodily or other hazardous fluids, may be expected; (2) in a clinical setting where the infection risk level through inhalation exposure is high; or (3) in the presence of a high intensity heat source or flammable gas. Cintas Corporation makes no warranties, either express or implied, that the mask prevents infection or the transmission of viruses or diseases.

UNIFORMS | FACILITY SERVICES | FIRST AID & SAFETY | FIRE PROTECTION



Product Number	Product Description	Unit Price	MINIMUM Order Quantity (ea)
616599	DISPOSABLE FACE MASK, LIGHT-BLUE / EA	Tiered Pricing off Volume	2000

*****FREIGHT IS INCLUDED IN THIS PRICE.**

*****Product Availability Subject to Change due to extremely high demand*****

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

KN95- Face Masks

*** Note that the disposable Masks are for **PRE- ORDERS NOW** shipping end of May***

Disposable respirators that generally feature:

- 95% particulate filtration
- Adjustable nose clip
- Elastic ear loops



DISCLAIMER: Actual product may vary. Cintas does not recommend specific applications or assume any responsibility for use, results obtained or suitability for specific applications. The mask does not contain any antimicrobial, antiviral, or antipathogenic qualities. The mask should not be used (1) in any surgical setting or where significant exposure to liquid, bodily or other hazardous fluids, may be expected; (2) in a clinical setting where the infection risk level through inhalation exposure is high; or (3) in the presence of a high intensity heat source or flammable gas. Cintas Corporation makes no warranties, either express or implied, that the mask prevents infection or the transmission of viruses or diseases.

*KN95 Respirators are imported respirators that are not NIOSH-approved.

Product Number	Product Description	Unit Price	MINIMUM Order Quantity (ea)
616823	DISPOSABLE FACE MASK, LIGHT-BLUE / EA	Tiered Pricing off Volume	600

Product Availability Subject to Change due to extremely high demand

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

DISPOSABLE MASKS – ASTM 1 Surgical Masks

SURGICAL/ DISPOSABLE FACE MASK – SHIPPING IN JUNE 2020.

Surgical Masks

- 3-ply pleated lightweight, breathable material
- BFE of $\geq 99\%$
- Meets ASTM Level 1 Standard
- Available in earloop or tie on with flexible nosepiece
- Not made with natural rubber latex



Item# 616950

Item#	Description	Packaging
616950	Ear Loop, Blue	50/bx, 6 bx/cs

Product Number	Product Description	Unit Price	MINIMUM Quantity (ea)
616938	DISPOSABLE FACE MASK (NON-HEALTHCARE), LIGHT-BLUE / EA	Tiered Pricing off Volume	10,000

*****50ea PER BOX; 200 BOXES (10,000 PIECES) MINIMUM ORDER.**

*****Product Availability Subject to Change due to extremely high demand*****

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

Hand Sanitizer – Bulk Gallon Option

Hand Sanitizer • 616907

- FDA approved hand sanitizer product
- Liquid, antimicrobial solution made of 80% topical alcohol
- Designed to kill 99.9% of germs found on hands
- Bulk 1 gallon containers sold on a pallet of 144 units
- Sold in a pallet of 144 units



Product Number	Product Description	Unit Price	MINIMUM Order Quantity (ea)
616907	LIQUID HAND SANITIZER, 1 GALLON; 80% ALCOHOL; / EA	Tiered Pricing off Volume	144

*****PUMPS NOT INCLUDED*****

*****Product Availability Subject to Change due to extremely high demand*****

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

THERMOMETERS - CONTACTLESS

MOBI CONTACTLESS FOREHEAD THERMOMETERS – *Expected to ship May 31st.*

MOBI Non-Contact Forehead Digital Thermometer

- Non-Contact Forehead
- Measure Food & Liquid
- Scan Bath Water
- Home or Nursery Temp.

Reliability and Accuracy

Advanced Dual Technology in Health
 The Air Non-Contact Digital Forehead thermometer offers an intrusive-free ability to check the temperature of your loved ones in 1 second without touching them. It allows you to have a fast and accurate reading without the possibility of spreading germs and disturbing them while they are resting.

Key Features and Benefits:

- Specially designed sensor measures temperature from 1" away without contact
- Hygienic w/ No Probes Required
- Measures Food & Milk Bottle temperature
- Monitor Nursery and Room temperature
- Fast results in 1 second
- Diagnostic Normal / High fever indicators
- Large easy to read backlit digital display
- Memory recall of last 50 readouts
- Fahrenheit & Celsius mode
- Batteries included (2xAAA)
- Auto shutdown



Doctor Recommended








Item Name	MOBI Non-Contact Forehead Thermometer						
Item Number	70113						
Pack	Qty	W	H	D	Cube	Lb/oz	UPC#
Single	1	4.9	6.5	1.9	0.25	0.35	8-91040-70113-8
Inner							
Master	40	13	10	16	1.21	16.5	2-08-91040-70113-2

Product Number	Product Description	Unit Price	MINIMUM Quantity (ea)
616940	Mobi Contactless Forehead Thermometers	Tiered Pricing off Volume	40 Each

*****Product Availability Subject to Change due to extremely high demand*****

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

THERMOMETERS - CONTACTLESS

CDN CONTACTLESS FOREHEAD THERMOMETERS – *Expected to ship May.*

Non-Contact Forehead Thermometer

Model: THD2FE

With a fast one-second response, provides forehead or surface or temperature at the push of a button. Temperature alert or silent. Memory recalls 25 readings.



Features	Forehead and surface modes, memory recalls 25 readings, one-button operation, backlit in blue, battery status indication
Certification	CE 1639, WEEE, RoHS, ISO 9001, ISO 13485, FDA
Measurement Range	Forehead mode: 93.2 to 108°F/34 to 42.2°C; Surface mode: -7.6 to +176°F/-22 to +80°C
Unit of Measure	°F/°C
Accuracy	Forehead mode: 95 to 107.6°F/35 to 42°C: ±0.4°F/0.2°C, otherwise ±0.5°F/0.3°C; Surface mode: 71.6 to 108°F/22 to 42.2°C: ±0.5°F/0.3°C, otherwise ±4% or ±4°F/2°C whichever is greater
Measurement Distance	Within 1.5 in/4 cm
Distance:Spot	Surface mode: 1:1
Emissivity	Surface mode: 0.95
Water Resilience	IP22: protected from solids bigger than 12.5 mm (e.g. fingers); dripping water when enclosure tilted up to 15°
Response Time	Forehead mode: 1 second; Surface mode: 0.6 second
Alert/Alarm	Temperature alert or silent
On/Off	Power button
Auto-off	Auto-off after 1 minute
Housing Material	ABS plastic
Display Material	LCD
Display Size	1.85 W x 0.71 H (in) /4.7 W x 1.8 H (cm)
Resolution	0.1°F /°C
Operating Range	50 to 104°F/10 to 40°C, 15% to 85% RH
Storage Range	-4 to +122°F/-20 to 50°C, RH ≤85%
Battery	Two 1.5V AAA IEC LR03 alkaline batteries, included
Battery Life	3,000 continuous readings
Dimensions	1.89 W x 6.22 H x 1.58 D (in)/4.8 W x 15.8 H x 4.02 D (cm)
Weight	3.5 oz / 100 g (including battery)
Warranty	1-Year Limited Warranty

Product Number	Product Description	Unit Price	MINIMUM Quantity (ea)
616940	CDN Contactless Forehead Thermometers	Tiered Pricing off Volume	40 Each

*****Product Availability Subject to Change due to extremely high demand*****

Contact your Cintas Global Account Manager...

Justin Bongiorno | 443.807.1771 | Bongiornoj@cintas.com

Additional Equity Considerations for Entertainment & Sports

Vulnerable Populations	Equity Considerations
Racial and ethnic minorities (including the Black LGBTQ community)	<ul style="list-style-type: none"> • MSE staff, players and alumni volunteer hundreds of hours to DC Central Kitchen – giving nearly 350 hours on MLK Day of Service alone. The Capitals host a Black History Night game during the month of February. The night will share compelling stories across the black hockey community and celebrate black achievement in Capitals franchise history. Post-practice skate with Fort Dupont Cannons. Promote the Black History Truck Tour at the Canadian Embassy which shows the legacy of black players in hockey and society and help break down misconceptions of the sport. • MSE hosts Pride Nights at Caps game on Jan 7; Wiz game on March 6 celebrating the LGBTQ community and providing tickets to community members. • The Wizards hosted a one-hour interactive discussion for sixty (60) aspiring young men of color to have an open discussion to discuss current events, their dreams and aspirations with six (6) local male professionals from various backgrounds. The group created “Dream Boards” and learned how to utilize their dream board to make a difference and impact on their life. • MSE Raised more than \$100,000 for Greater Washington Urban League during February 2020. Provided the organization with 50 tickets to Capitals and Wizards game that month valued at more than \$8,000. • MSE Foundation donated nearly \$20,000 in monetary grants to Greater Washington Urban League and Latin American Youth Center in 2019. • MSE Foundation donated more than \$25,000 in monetary grants to the Human Rights Campaign Foundation and You Can Play in 2019. • To recognize Hispanic heritage month in September, the Capitals youth hockey team hosted a hockey school at San Miguel school, an all-boys school for academically and economically disadvantaged youth.
Low-income households	<ul style="list-style-type: none"> • The Washington Nationals have a considerable

footprint in the city, providing considerable assistance and support to community-based organizations. The team has a number of high visibility platforms promoting youth literacy, STEM education, and youth baseball and teeball that reaches tens of thousands of children. The team also grants more than 25,000 complimentary tickets to veterans, underserved children and youth, and charitable organizations in the city.

- Nationals Philanthropies makes grants to nonprofit institutions in the city in the area of education, the arts, health and nutrition, and youth sports. It also runs the Nationals Youth Baseball Academy in Ward 7 that provides out-of-school programming to 175 youth in Fort Dupont and nearby. The Academy provides academic enrichment and baseball instruction and supports the families of its scholars in numerous ways.

- Since the outbreak of the COVID-19 pandemic, Nationals Park has been the hub of a robust food and nutrition security initiative whereby 10,000 meals daily are distributed to seniors, children, and others at risk. The team has also developed online platforms for young people to engage in baseball-focused reading, education, exercise, and baseball instruction.

- MSE raised more than \$350K for Martha's Table, DCKK, Greater Washington Urban League, Leveling the Playing Field. Donated nearly 300 tickets to Capitals and Wizards games to these organizations valued at nearly \$31,000.

- During the more than two decade's long program, MSE has more than 1,000 families over \$1M in Christmas gifts, toys and basic needs for our vulnerable neighbors.

- Bradley Beal and John Wall joined forces to distribute 1,000 turkeys for Thanksgiving this year.

- The Washington Wizards, Mystics and Capital City Go-Go hosted a "Monumental Thanksgiving Day Assist" on the morning of Thanksgiving at Capital One Arena. Over 300 Thanksgiving Day baskets were distributed to local organizations in and around the arena and Ward 8 families in need for the holiday.

- The John Wall Family Foundation hosted the sixth annual back-to-school event this year for 500 local children from various schools. Each student received a new bookbag filled with school supplies to get ready for

Residents with a multitude of chronic medical conditions

the upcoming school year.

- Isaiah Thomas surprised 400 students at Hendley Elementary School in Ward 8 with brand-new backpacks filled with school supplies.
- Jordan McRae delivered back-to-school supplies and Foot Locker gift cards to more than 50 D.C. families at the Southeast Family Center of Catholic Charities.
- MSE Foundation provided nearly \$400,000 in monetary grants in 2019 to organizations including KaBOOM!, GOODProjects, Heart of America Foundation (for Hendley Elementary School), DC College Access Program, Safe Shores and more.
- MSE helped raise nearly \$500,000 for Fort Dupont Ice Arena in Ward 7, including 100,000 contributions from both MSE and the Leonsis family.
- Volunteers and Caps players Jakub Vrana and Richard Panik, packed over 1000 meal bags at Medstar Capitals Iceplex for the Capital Area Foodbank.

- T.J. Oshie and the Capitals partnered with Make-a-Wish Mid-Atlantic to grant the wish of BrockWhitmoyer. The first day of Brock's wish included watching practice from the bench, practicing with Oshie and the Caps and skating with the entire team at the HFC skate. The next morning, Brock and his family picked up Oshie and drove into the game together. At the game Brock watched warm-ups from the bench, participated in a special HFC moment and was given a postgame tour of the locker room.

- Isaiah Thomas and the Wizards partnered with Make-A-Wish Mid-Atlantic to grant and host 16-year-old Nashayla Glenn. Nashayla and her family took a tour of Capital One Arena, locker room, participated in pre-game shoot around, Co-Captain of the game and was introduced during the starting line-up in her customized Wizards jersey and shoes. Nashayla also had the opportunity meet and chat with Isaiah, the team and receive some autographed gear

- MSE Foundation donated nearly \$175,000 in monetary grants to nonprofits including Capital Breast Care Center, Make-A-Wish Mid-Atlantic, Flashes of Hope (DC Chapter), the Leukemia & Lymphoma Society National Capital Area and Pancreatic Cancer Action Network in 2019.

People with disabilities and living in state institutions, group homes, and other congregate settings

- Alex Ovechkin created Ovi's 8's to provide tickets to members of local American Special Hockey teams to give them and their families the chance to attend a Capitals home game at Capital One Arena. Ovechkin purchases eight Capitals season tickets and donates them to ASHA. ASHA then distributes these tickets to participants in the four local Special Hockey teams; Baltimore Saints, Montgomery Cheetahs NOVA Cool Cats and Washington Ice Dogs. Since the creation of this program, Ovechkin has donated nearly 5,000 tickets to the community. He also hosts a skate for all ASHA participants annually.
- In 2018, Nic and Paige Dowd of the Washington Capitals created Dowd's Crowd to provide the opportunity for a child with sensory issues to be able to attend and enjoy a Caps game. Tickets and a Dowds Crowd branded kit are provided to recipients who are found through the local chapter of Autism Speaks.

WE ARE ONE: BWC STRONG



During this quadrennium we have used Ephesians 4:1-16 as our guiding Scripture. We have drawn from these passages as we engaged in holy conferencing, developed our strategic foci, and ordered our lives together in mission and ministry. The overarching message inherent in these verses also grounds our protocol and processes for gathering together again as the beloved community in the midst of a pandemic. Ephesians reminds us that we are one as the body of Christ -- and, within that oneness, there is yet diversity. The way that we are able to remain in the unity and bond of peace is that we privilege others above ourselves, and care for one another with acts of love. We also resist any immaturity that tears at the fabric of our unity or succumbs to selfish motivations. We bear with one another in love as we all strive towards the same end, which is being fully mature in Christ Jesus and robust in love.

As your episcopal servant leader, my priority in this pandemic has been and will continue to be privileging lives over every other consideration. We will err on the side of safety rather than expediency and remember that this is a fluid situation requiring attentive and adaptive responses. In light of the best information available from trusted medical and infectious

disease personnel, and the collective discernment of the stakeholders assessing this matter, I recommend that all of our local churches continue to conduct virtual worship and refrain from in-person gatherings until it is clearly safe to do so. We are safer at home. While I know we yearn to be together to comfort one another, enjoy the fellowship of the body and the blessing of in-person worship, the risk to human life is still high. Also, as our Ephesians text reminds us, we

“I encourage you to live as people worthy of the call you received from God. Conduct yourselves with all humility, gentleness, and patience. Accept each other with love, and make an effort to preserve the unity of the Spirit with the peace that ties you together...”

– Ephesians 4:1-3

must pour ourselves out in acts of love for one another, which includes the sacrifice of refraining to gather prematurely. There are many within our congregations who are in the highest risk categories. Our personal desires must be secondary to caring for the most vulnerable among us.

The attached information has been developed to guide local church leaders in their planning for reopening their buildings and conducting in-person gatherings once it is safe to do so. Bear in mind that these reopenings will take place in phases. As we all know, the bounds of our conference lie within three distinct local governments. Each of these governments is assessing the status of the coronavirus in their area. Local churches preparing to gather in person must strictly follow the guidelines and recommendations of their local/state health agencies. We will update Conference resources as new information becomes available. Please reference the Conference website regularly for updates to our protocols and FAQs.

We are an Easter people, filled with the hope, joy, and the love of our resurrected savior. We will take this journey together with humility and discipline, bearing with one another in love and continuing to make disciples of Jesus Christ for the transformation of the world.

Peace and Blessings,
Bishop LaTrelle Easterling

TRANSFORMED LIVES, TRANSFORM LIVES

GUIDELINES FOR RE-ENTERING WELL: CONSIDERATIONS FOR RESUMING IN-PERSON GATHERINGS IN CHURCH BUILDINGS

The three phases of the Centers for Disease Control guidelines for governors and mayors are based on a foundation of data-driven risk management. Stay-at-home orders are designed to lower the risk of spreading COVID-19. As restrictions are lifted, risk increases. Each governmental agency is responsible for putting in place robust testing, contact tracing, a health care system with adequate capacity, and plans for monitoring specific data. While areas of our Conference may at times be in different phases of responding to the pandemic, here are examples of what it will look like for our churches in different phases.



RISK OF SPREADING COVID-19



LOW RISK PHASE 1

- Stay-at-Home or Safer-at-Home Orders.
- Very limited in-person gathering size based on local government guidelines.
- Essential travel only.



MEDIUM RISK PHASE 2

- Modification of Stay-at-Home or Safer-at-Home Orders.
- In-person gatherings limited (up to 50 people) observing six-feet of social distancing in all directions.
- Business and facility openings will be phased-in per governmental directives and CDC guidelines, hospitals and nursing homes will be among the last to permit visitation.



HIGH RISK PHASE 3

- Lifting all Stay-at-Home Orders.
- In-person gathering size will increase per governmental directives and CDC guidelines.
- Visitation to nursing homes and hospitals per CDC guidelines and institutional directives.
- Increased activities beyond home for vulnerable persons per CDC guidelines.

GOVERNMENT

CONGREGATIONS

- BWC congregations continue meeting virtually for worship, meetings and study.
- BWC congregations designate a Team to plan ahead for disposable Communion sets, hand sanitizer (alcohol content of 60% or greater), disposable masks, approved cleaning solutions, etc. Many of these items are on back-order and may be difficult to find.

- BWC congregations continue to offer virtual worship services, meetings, and study for those who cannot safely rejoin gatherings.
- BWC congregations cautiously discern when to implement plans and provisions to safely reopen buildings for in-person gatherings of 50 or fewer people.
- Continue to strictly follow guidelines from our bishop, the CDC, and governmental directives.

- BWC congregations follow plans and provisions for re-opening Sunday School, nurseries and other programs that weren't safe during Phase 2.
- Continue with CDC recommended practices to maintain health and safety for all people.

FORM A

RE-ENTERING WELL

TASK FORCE



The pastor will ensure that each congregation forms a “Re-Entering Well Task Force” to plan for a phased-in reopening of their building(s) for church gatherings. Ideally, in addition to the pastor, the team would include a health professional (if possible), and a representative from the church’s Trustees, Pastor/Staff-Parish Relations Committee and hospitality team (greeters, etc.). Congregations without access to each of the recommended members shall form a task force reflective of their clergy and lay leadership. This team should meet virtually to review this document and create a plan for the church. Their work will be informed by the local health department.

Three Considerations to Determine How and When to Re-enter the Church Building for In-Person Gatherings

For the health and safety of persons who will attend gatherings, the task force must address the following questions:

- **WHAT?** Consider the availability of required supplies, such as masks and hand sanitizer, and how you will adhere to all CDC and local health guidelines to mitigate risk.
- **WHO?** Consider the percentage of congregants who are vulnerable to the virus, and take into account the high degree of discipline that will be necessary in order for the pastor and congregation to be vigilant about adhering to guidelines and helping others do the same.
- **WHERE?** Consider the size and configuration of your space(s) including parking lots, foyers, sanctuaries, bathroom, classrooms, etc. and what that means in terms of meeting health guidelines.

WHAT?

Before congregations gather, each must ensure an adequate and sustainable amount of required supplies to meet CDC guidelines. Many of these supplies are on backorder. Church leaders should:

- Obtain adequate amounts of cleaning and sanitization products. Alcohol-based surface cleaners are adequate to kill this virus as long as they are 60% or higher in alcohol content.
- Obtain an adequate number of masks for anyone who does not arrive wearing their own. People refusing to wear a mask must be asked to leave and join the service virtually.
- Provide hand sanitizer for those who do not have it and/or install touchless hand sanitizer dispensers at entrances/exits.
- Address the fact that microphones, keyboards, handheld electronic devices, and other surfaces may be difficult to clean or disinfect because they could be damaged if they became wet. A cleanable cover/skin (e.g., keyboard skin) could be used on the item to allow for cleaning while protecting the item.
- Ensure that each microphone will be used by one person during a gathering; they may not be passed from person to person. Sanitize the microphones after each gathering.
- Create signage that assists in communicating core safety messages in a way that is hospitable and caring.

WHO?

It only takes one person to infect many others. Some people who carry the coronavirus may be asymptomatic and not realize they have been infected. When your congregation resumes in-person worship:

- People must:
 - Maintain six-feet of social distancing, not only once inside, but also from the time they leave their cars, enter the worship space, and exit the space to return to their vehicles.
 - Have no physical contact (hugging, shaking hands, etc.).
 - Wear face masks when out in public -- including parking lots and buildings. Ask people to bring masks with them, but have a supply available for those who do not have one.
 - Be vigilant about hand and face hygiene at all times.
 - Sanitize hands each time anything in the building is touched or used.
- People vulnerable to the virus should stay at home with full access to virtual church activities.
- Leaders, identified and equipped by the task force, must take responsibility for enforcing necessary policies to create a safe space for people who come into our church buildings to worship.
- Develop a method to track attendance at worship and other gatherings. This is especially important in case someone becomes ill and contact tracing is required.
- The risk for transmitting the virus is high in nurseries and Sunday School. Plan for children to be in worship with their families at this time.
- The risk for droplet transmission is high for choirs and musicians playing brass and woodwind instruments. The current best advice is no choral or congregational singing at in-person worship. With singing and specific instruments, droplets can be projected farther than six feet and remain suspended in the air longer.
- The risk for greeters, ushers and Communion stewards is high as most of their tasks do not allow for appropriate social distancing and/or handling items that multiple people touch.

KEEP DOING VIRTUAL MINISTRY



Once local authorities deem it safe to gather, there are at least four reasons to continue virtual ministry:

1. Some people have joined you virtually and won't join you physically until they have formed deeper relationships with you and your congregation. Some may choose to remain virtually connected, and you won't want to lose their presence.
2. Some people are more vulnerable to coronavirus and are being asked to stay home until Phase 3.
3. Some people may not be comfortable returning to in-person worship due to fears about the risks involved.
4. If local/state authorities issue a new stay at home order or return to Phase 1, congregations will be required to return to virtual ministry.

WHERE?

The longest projections suggest that the COVID-19 virus will not survive on surfaces for more than four weeks, so expensive professional chemical deep cleans may not be needed prior to re-opening your congregation. However, as a matter of due caution and respect for parishioners, churches should do an extensive cleaning of all door knobs and push-handles, railings, arm rests, pew or chair backs, kitchens and dishware, bathrooms and any “touch” surfaces. Before the congregation returns to your church building:

- Clean and sanitize your facility. This cleaning process should take place before and after all gatherings. This may require a change in scheduled worship times.
- The church campus must be prepared to ensure that people may adequately comply with social distancing from the time they enter the property until they leave.
- Signage and ongoing education should offer clear directives regarding safety-focused behaviors that are expected when attendees are present in church buildings.
- Mark designated entrances, exits, and building traffic patterns, highlight the location of sanitizer stations, remind people to practice social distancing, hand washing, and to avoid touching their faces.
 - Consider using every other or every third parking space.
 - Consider using every other or every third pew for family seating. Rope off pews as necessary.
 - Consider exiting by rows instead of all at once, while maintaining the required six feet of social distancing.
 - Consider limiting restrooms to one person at a time. Larger bathrooms could accommodate more than one person with forced spacing by “closing” every other urinal or stall.
 - Remove ALL printed materials from pew racks, instead rely upon projecting Scripture and hospitality messaging or convey information verbally.

In posted signage, digital communication, and verbal instruction, use positive, encouraging language that reflects hospitality, while maintaining a commitment to loving our neighbor and doing no harm.

- Offerings should be collected in secure receptacles near entrances and exits. We advise continued encouragement of electronic offering. A safe method for counting the offering must be implemented including the use of disposable gloves.
- Some experts believe Communion is too risky to attempt at Phase 2 and should only be attempted at Phase 3. If your team decides to provide Communion in Phase 2, the following guidelines must be followed:
 - Purchase prepackaged Communion elements.
 - Place kits on seats or pews before people arrive. Have extra prepackaged Communion elements available so people may take one without touching others (e.g., each kit 1 foot apart): position the table in such a way that social distancing is maintained.
 - Provide waste receptacles at the end of each inhabited pew so that the used Communion elements may be discarded immediately.
 - If you feel vulnerable and don't want to remove your facemask in order to prevent contamination, please take the blessed Communion elements home with you and partake there after thoroughly washing your hands and the elements container.
- Social/coffee hour should be resumed no earlier than Phase 3. At that phase, food should be served by servers wearing gloves and using utensils rather than offering open table buffets.
- Though you will be communicating to people that they should stay home if they feel sick or if someone at home is sick, identify a space that can be used to separate someone who becomes ill during a gathering until they can safely depart and return home. In the event of any medical emergency, call 911 and administer first aid following updated guidelines.

STAY INFORMED ABOUT LOCAL AND CDC GUIDELINES



There are three jurisdictions within the Baltimore-Washington Conference (D.C., Maryland and West Virginia). Each has or is developing a localized plan with health agencies to interpret CDC guidelines based on local data, including county guidelines. Additionally, the Centers for Disease Control (CDC) has created valuable resources for Faith-Based organizations including “Planning, Preparedness and Response Resources” and “Reopening Guidance for Cleaning and Disinfecting Public Spaces”. All of this is available at: bwcumc.org/gov

We are compiling all the resources your congregation needs to be well informed and equipped to engage in ministry at this time. For local and CDC guidelines, FAQs and more, visit: bwcumc.org/re-entry

CDC Resources

- Planning, Preparedness and Response Resources:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html>
- Interim Guidance:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>
- Reopening Guidance for Cleaning and Disinfecting Public Spaces:
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

Jurisdictional Resources

Maryland:

- Maryland Strong: Roadmap for Recovery:
https://governor.maryland.gov/wp75content/uploads/2020/04/MD_Strong.pdf
- Data:
<https://coronavirus.maryland.gov/>

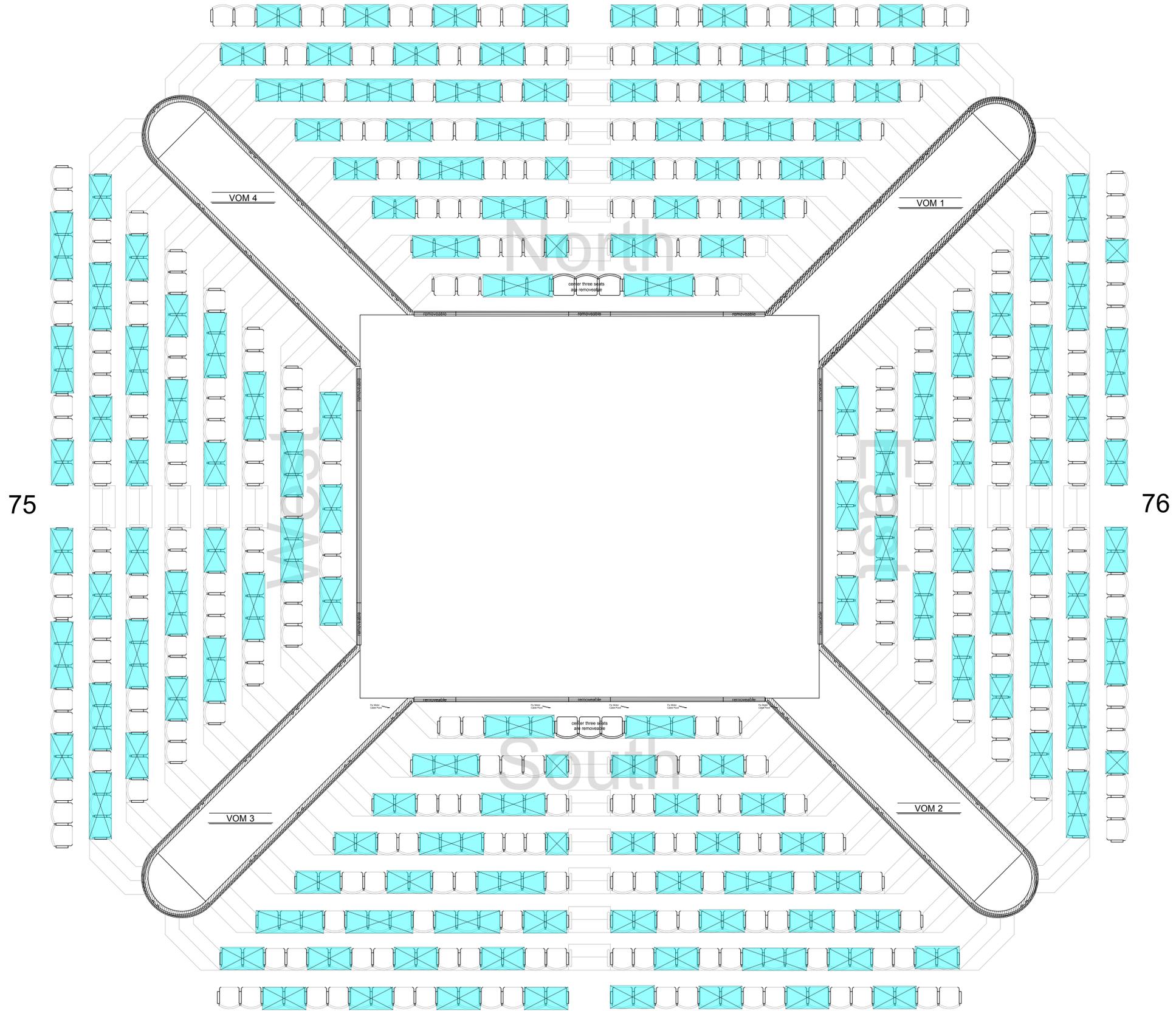
Washington, D.C.:

- Reopen D.C. under development:
<https://coronavirus.dc.gov/reopendc>
- Data:
<https://coronavirus.dc.gov/page/coronavirus-data>

West Virginia:

- West Virginia Strong: The Comeback:
<https://governor.wv.gov/Pages/The-Comeback.aspx>
- Data:
<https://dhhr.wv.gov/COVID-19/Pages/default.aspx>

82



75

76

82

The Kennedy Center

Concert Hall Venue

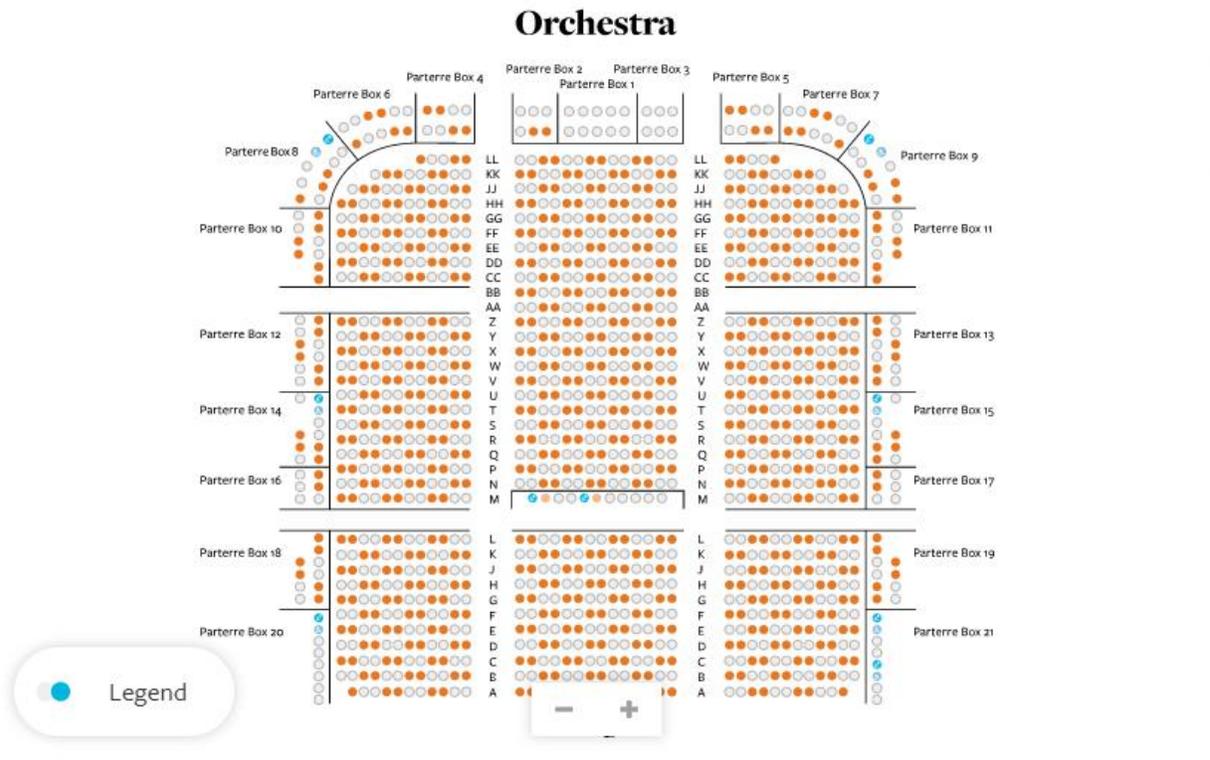
Test Moderate Physically Distanced House Map:

- Original Seating Capacity: 2,465
- Adjusted Seating Capacity: 1,150

PLEASE NOTE: This is a scenario-planning tool that is being tested and is not a final plan ready for implementation

Additional Notes:

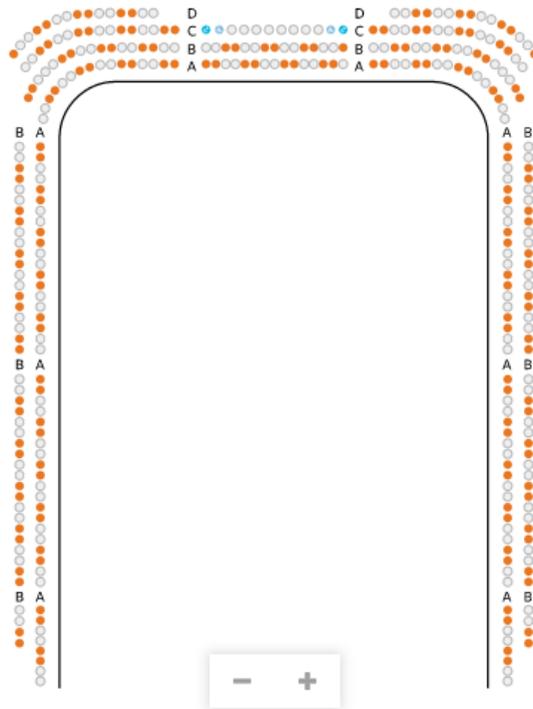
- We are also working to develop an alternative unavailable seat icon for those seats held for physical distancing so they are easily viewed as distinct from sold seats
- We are also working on creating a hover/tap state that shares those seats as being unavailable for sale to aid in physical distancing so patrons understand the context
- We are also testing seat attestations for all sellable seats that would have to be acknowledged if masks are required for attendance



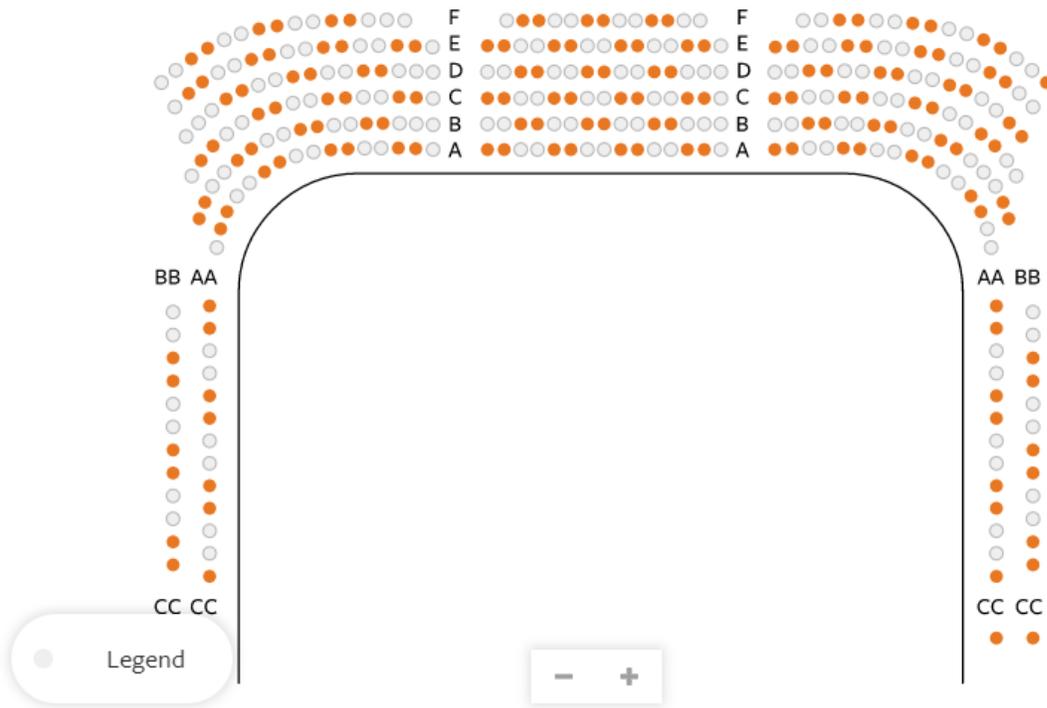
Box & Chorister



1st Tier



2nd Tier



The Kennedy Center

Concert Hall Venue

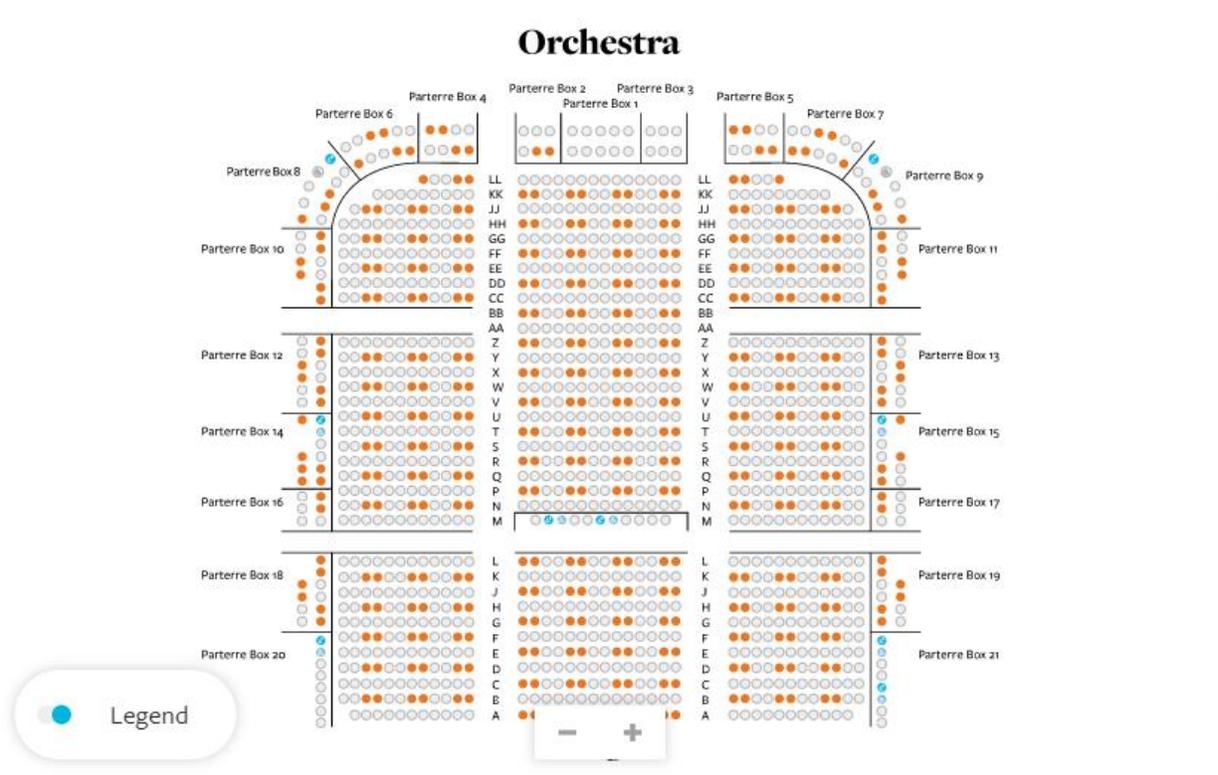
Test Strict Physically Distanced House Map

- Original Seating Capacity: 2,465
- Adjusted Seating Capacity: 750

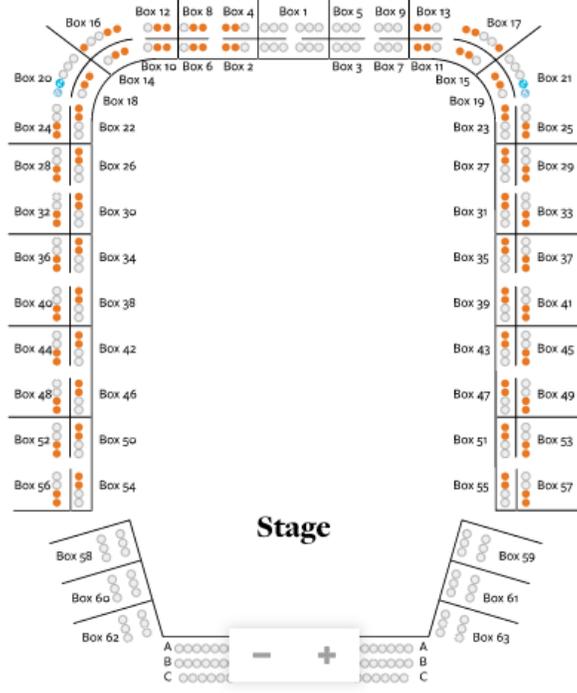
PLEASE NOTE: This is a scenario-planning tool that is being tested and is not a final plan ready for implementation

Additional Notes:

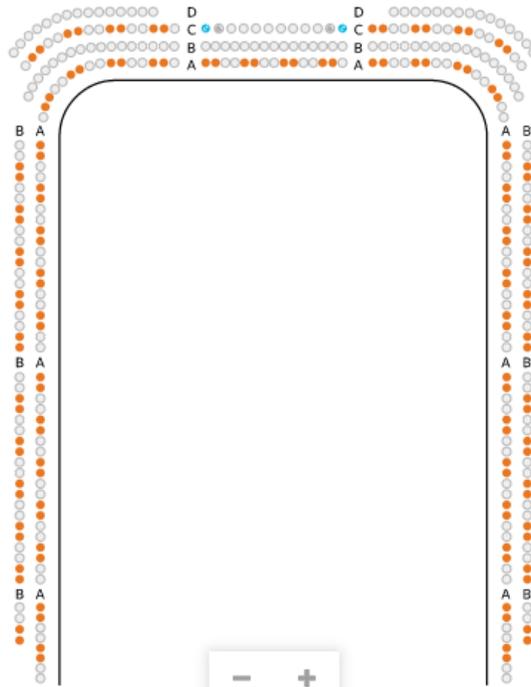
- We are also working to develop an alternative unavailable seat icon for those seats held for physical distancing so they are easily viewed as distinct from sold seats
- We are also working on creating a hover/tap state that shares those seats as being unavailable for sale to aid in physical distancing so patrons understand the context
- We are also testing seat attestations for all sellable seats that would have to be acknowledged if masks are required for attendance



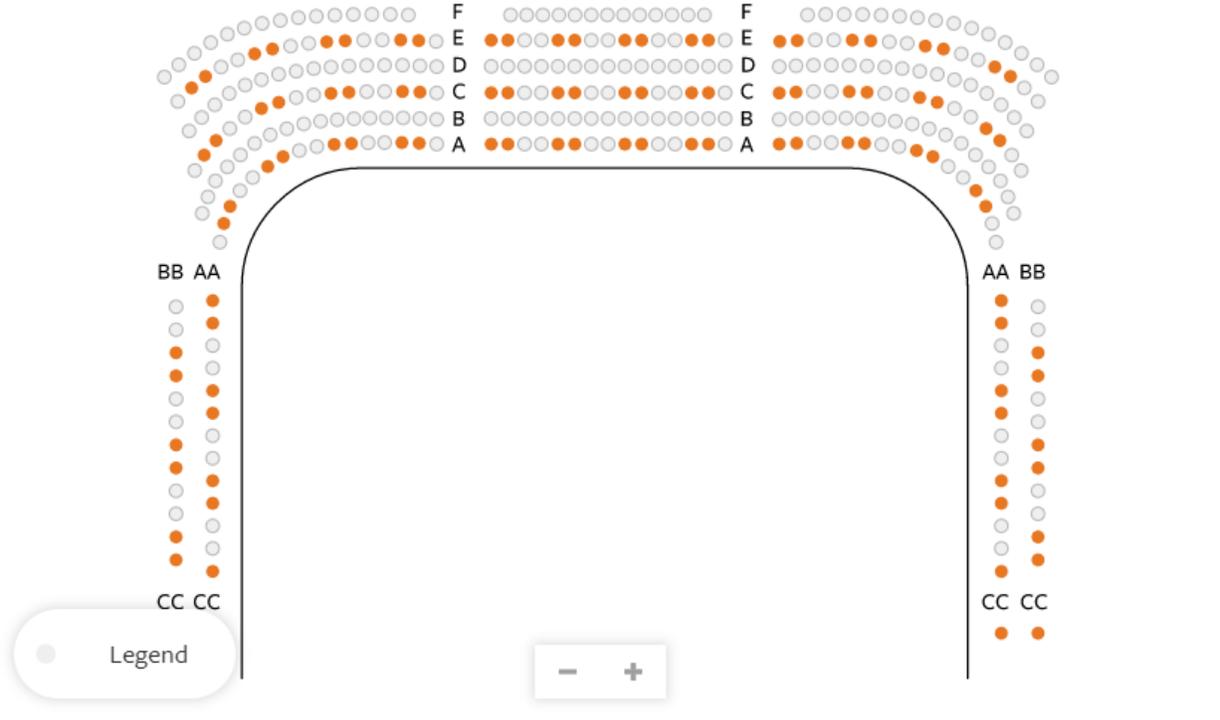
Box & Chorister



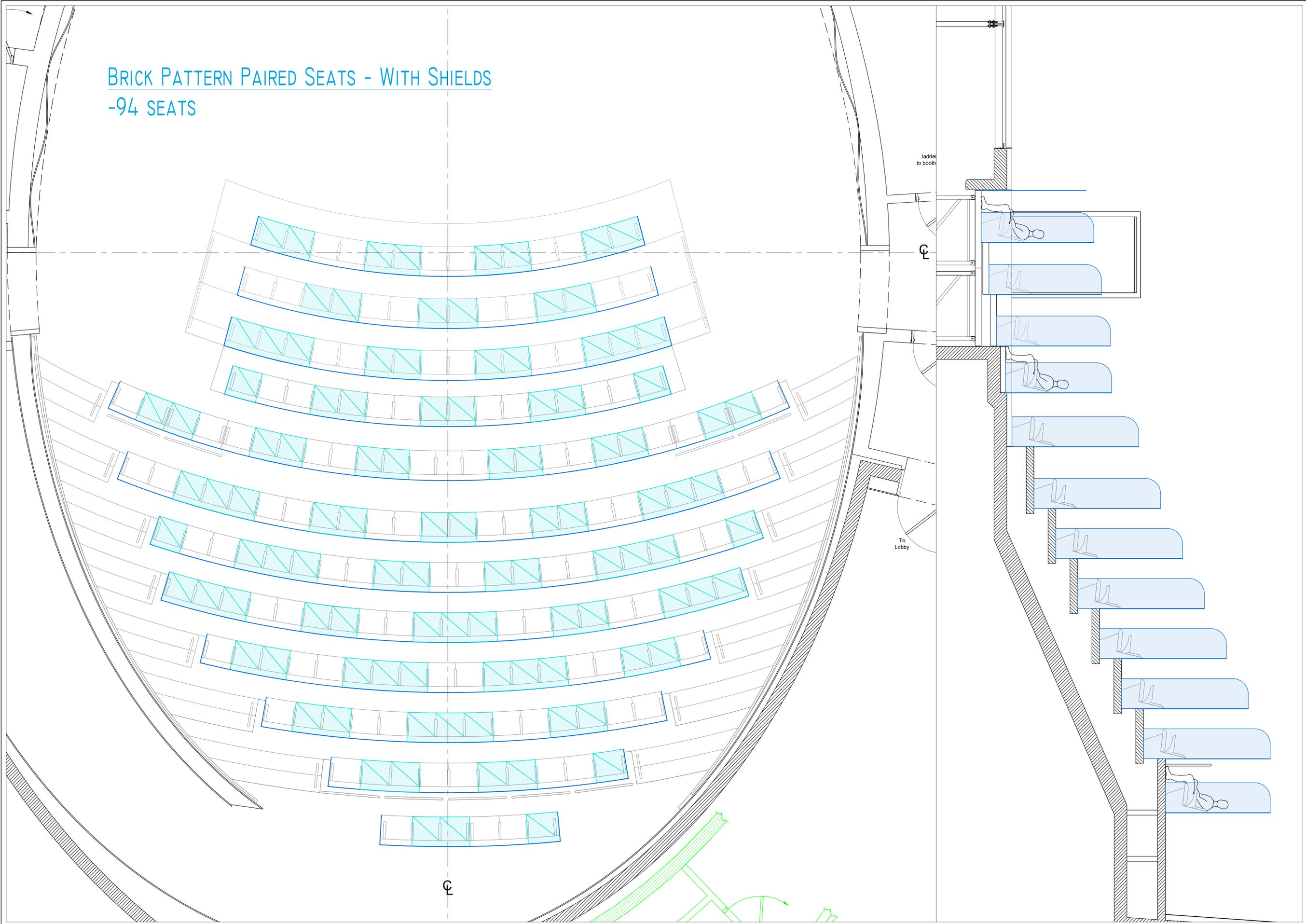
1st Tier



2nd Tier



BRICK PATTERN PAIRED SEATS - WITH SHIELDS
-94 SEATS



KOGOD AUDIENCE PLAN

BRICK PATTERN PAIRED

DIRECTOR: N/A

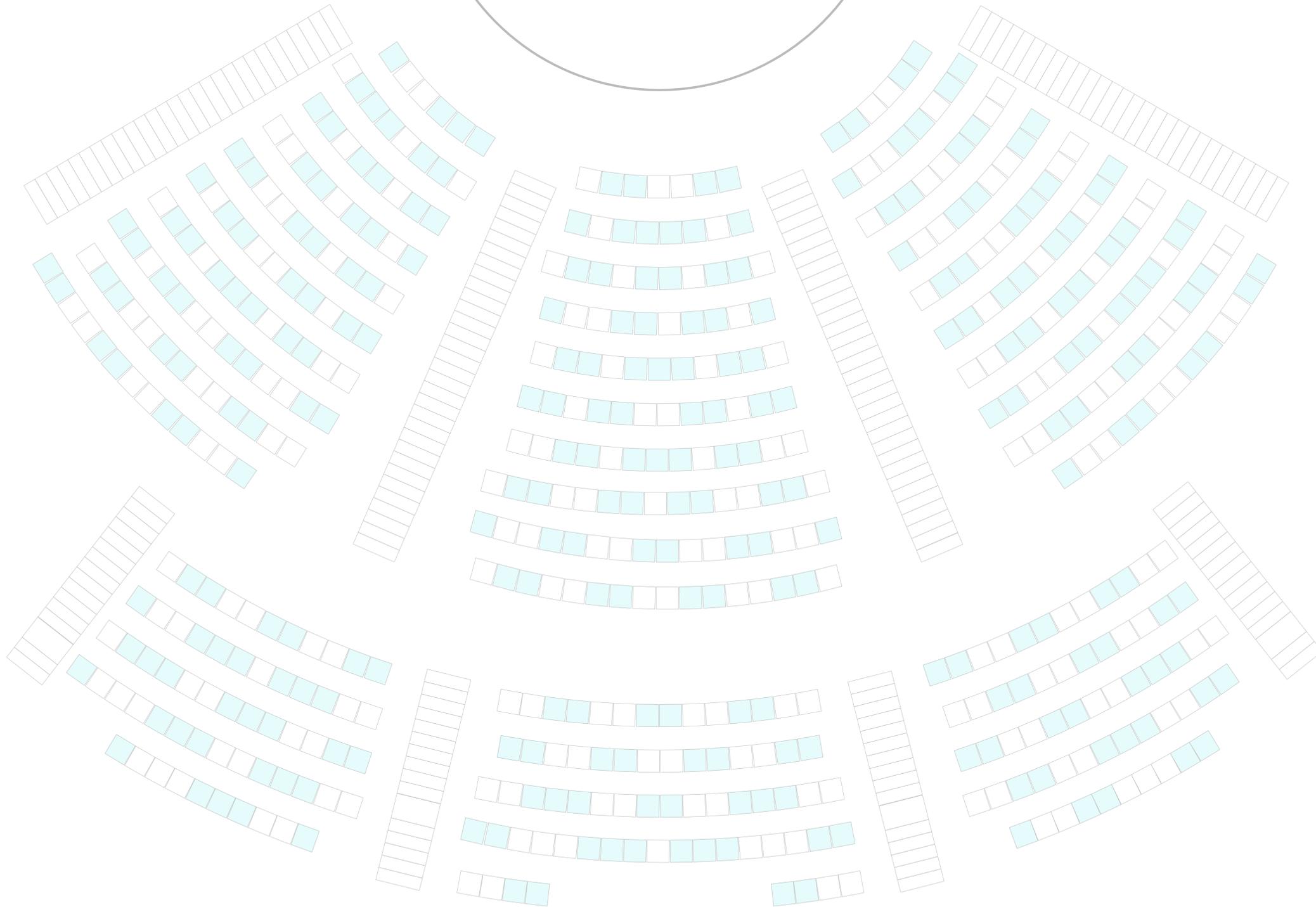
SCENE DESIGNER: N/A

TECH. DIRECTOR: NATALIE BELL
 ASST. TECH. DIRECTOR: ZACH FULLENKAMP
 DRAFTED BY: NATALIE BELL
 DATE DRAFTED: 05/4/2020
 SCALE*: 3/8" = 1' - 0"
 DATE PLOTTED: 4 MAY 2020

REVISIONS
1
2
3
4

DRAWING #:
CP
0-0

KREEGER BRICK SEATING IN PAIRS
 -225 SEATS (NOT AN ACCURATE REPRESENTATION OF SEAT LOCATIONS)



PRODUCTION: **KREEGER SOCIAL DISTANCED SEATING**

DRAWING: **BRICK PATTERN IN PAIRS**

SCENIC DESIGNER: **N/A**

DIRECTOR: **N/A**

TECH. DIRECTOR: **NATALIE BELL**
 ASST. TECH. DIRECTOR: **ZACH FULLENKAMP**
 DRAFTED BY: **NATALIE BELL**
 DATE DRAFTED: **05/05/2020**
 SCALE*: **1" = 1' - 0"**
*UNLESS OTHERWISE NOTED
 DATE PLOTTED: **05 MAY 2020**

REVISIONS	
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DRAWING #:
CP
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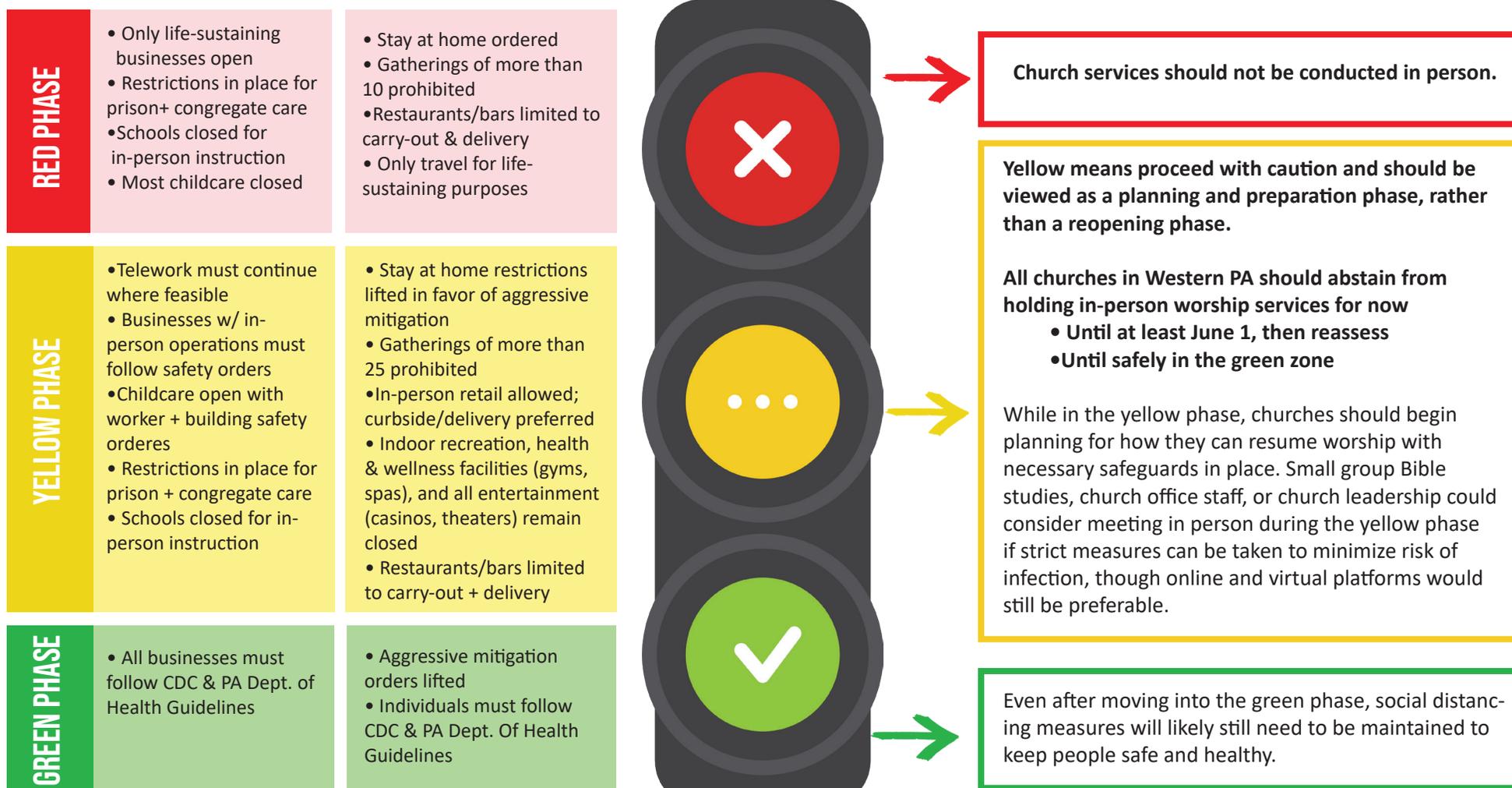
CHURCH REOPENING GUIDELINES

WESTERN PA CONFERENCE OF THE UNITED METHODIST CHURCH

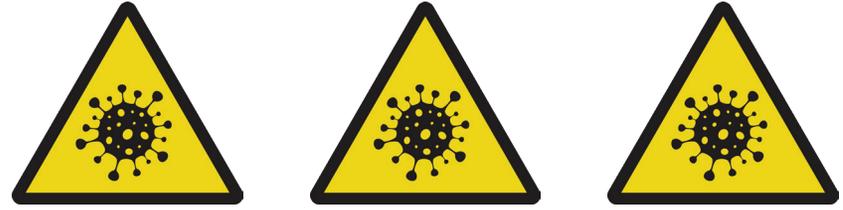


Governor Wolf has released a plan to reopen Pennsylvania and to start lifting stay-at-home orders beginning May 8, 2020. This will occur in three phases (red, yellow, and green) and certain precautions must be taken in each stage. Regions of the state may move from the red phase to the yellow phase if averaging less than 50 COVID-19 cases per 100,000 residents over a 14-day period.

Areas of our Conference will move into the yellow phase at different times, but for all it should be viewed as a time for planning and preparation to return to in-person worship. The prohibition on gatherings of more than 25 will remain in place through the reopening process UNTIL there is robust testing, community-wide surveillance, contact tracing, or other means to mitigate the spread of the virus. Here's what it will look like for our churches as areas move to different phases of the plan.



CAUTION ADVISED DURING YELLOW PHASE



There are multiple medical reasons to remain cautious:

- Widespread testing for COVID-19 is still not readily available in PA or in the United States
- Public health resources remain limited for contact tracing
- Only ~1% of US population has been tested to-date as of May 1, which means we do not know the true prevalence of COVID infection across the country and in our communities
- Asymptomatic individuals carrying the COVID-19 virus are a significant source of infection transmission

Strict restrictions under yellow phase mean it is not yet safe to gather for worship in person:

- Gatherings of 25 or more are still prohibited
- Schools in PA remain closed for the remaining academic year
- Restaurants are open for take-out/delivery only
- Entertainment venues, such as theaters and casinos remain closed

The church has moral obligation to protect the health and safety of all people, particularly the most vulnerable.

- There is currently immense pressure to reopen the economy, and while many in our country are suffering from loss of income or health insurance, churches should not rush back too hastily and put peoples' lives at risk.
- Reopening should be guided by current scientific research and advice from public health and medical experts.

It would be very difficult to maintain social distancing/minimize risk of infection that would be required, even in small groups:

- Highest risk individuals should continue sheltering in place (those age 60 and older and those with chronic medical conditions)
- Masks are required (What if someone shows up with out a mask? Will extras be available or would said individual be turned away?)
- Ensuring no more than 25 people present
- Seating/pews must be assigned to maintain at least 6 feet between congregants
- No handshakes or hugs
- Forego communion and passing offering plates
- No singing due to risk of producing droplet/aerosolized particles
- Commonly touched surfaces must be disinfected (Are EPA approved cleaning products that kill the virus readily available? Who will be responsible for cleaning?)
- Bibles and hymnals should be removed from sanctuary
- Bulletins should not be printed or distributed
- Difficulty of maintaining social distancing in confined areas, such as bathrooms and hallways
- Church leaders would need to track those in attendance if someone were to become sick or exposed
- Childcare/nursery should not be offered. Difficult for young children to abide by social distancing guidelines.

Note: These recommendations may change with new guidance from the Governor and public health officials.

PLANNING GUIDE FOR EVENTUAL CHURCH OPENING

DON'T MAKE DECISIONS IN ISOLATION. Form a “re-entry” team that includes the pastor, staff and key lay leadership in the church. If possible, include a medical professional, and representatives from the Trustees and Hospitality team (greeters, etc.). Be aware of local government and health guidelines for your community.

DO NOT ABANDON GOOD PRACTICES THAT KEEP PEOPLE HEALTHY!

Follow public health and guidelines as you return to your church building.

- Maintain 6 feet of social distancing, not just inside the building, but from the moment people leave their cars.
 - Encourage people to park with space between cars (every other space if marked)
- Have no physical contact between people (hugging, shaking hands, etc.)
- Wear face masks while in the worship space. Ask people to bring masks with them, but have a supply available for those who do not have one.
- Remind people to use hand sanitizer each time after touching or using anything in the worship space. Remind them not to touch their face after touching any surface. Provide hand sanitizer for those who do not have it or install touchless hand sanitizers dispensens at entrances/exits.

USE POSITIVE, ENCOURAGING LANGUAGE TO COMMUNICATE HOSPITALITY WHILE MAINTAINING HEALTH AND SAFETY STANDARDS.

Remember that people may still be anxious and fearful. Communicate needed information in three ways:

- 1) Verbal instruction
- 2) Digital communication (prior and during worship)
- 3) Posted signage in key places throughout the church building

CONSIDER HOW SPACE CAN BE USED DIFFERENTLY.

- Meet outside when you are able.
- Schedule small groups in large spaces
- Consider Drive-In worship settings using low-frequency FM transmitters.
 - Coordinate with local law enforcement or officials.
 - Utilize volunteers or signage to direct parking. Park cars in every other parking space (if marked)
 - Make sure everyone, including volunteers, staff, and clergy, follow social distancing guidelines at all times.
 - No one should leave vehicles for any reason.
 - No bathroom facilities should be available.
 - No playground usage.
 - Do not hand out bulletins. If needed, email the bulletin to people prior to the service so they have the option of printing them at home.
 - Do not permit anyone to exchange anything while at the service.

DON'T STOP VIRTUAL MINISTRY! Some people may not be comfortable with coming back to in-person worship for health concerns or fear of exposure to the coronavirus. Many churches have gained new followers through virtual worship: If these services are ended before healthy relationships are developed, they may fall away. Churches may need to return to virtual ministry if there is a resurgence of the virus. Continuing virtual ministry allows an easy transition back to this platform.

PREPARE THE WORSHIP SPACE AND THE CONGREGATION

- Clean all surfaces before worship/gathering.
 - Make sure that cleaning products are effective against the coronavirus. Alcohol based surface cleaners are considered adequate.
 - Items like microphones and keyboards may be difficult to clean. Check manufacturer's instructions for appropriate cleaning.
 - Have a plan in place to clean all surfaces between services. This may require a change in scheduled worship times.
- Post signs with seating instructions at the entrance to the worship space.
 - Use every other or every third pew. If possible, rope off pews to maintain appropriate distance between worshipers.
 - Allow families to sit together but maintain distance from others
- Provide a no-contact method of receiving the offering.
 - Place a bin or box at the entrances/exits for people to leave offering
 - Remind counters to wash hands immediately following the handling of money.
- Do not offer nursery as it would create a high risk situation. Plan for families to worship together.
- Do not have the choir sing at in-person worship; it's difficult and risky to do with social distancing standards.
- Remove Bibles, hymnals and other materials from the pew racks to eliminate surfaces where germs can be passed.
 - Encourage people to bring their own Bibles to worship.
 - Avoid use of printed bulletins.
 - If projection is available, use it for the order of worship (prayers, hymns,etc.).
 - If projection is not available, consider emailing or mailing the order of worship to people in advance to print at home.
 - Microphones should not be shared by participants.
- Practice extreme caution if planning to offer Baptism or Holy Communion. If it can't be done following public health guidelines, it is best to delay until restrictions are lifted.
- Develop a method to track worship attendance. This is especially important in case someone gets sick and contact tracing must be done.
- Consider limiting restroom usage to one person at a time in the space. Post signs to notify people of this practice. Make adjustments in the space to keep health guidelines in place.

As the PA plan unfolds, different parts of the Conference may be on different timelines under the red, yellow and green state plan. Everyone must adhere to current state and federal guidelines for their region. As you consider having gatherings in your building, think seriously about the safety and well-being of your people. While government guidelines may allow churches to open, it may or may not be the best decision for your church. Although many yearn to be together in worship again, it is Christ-like to consider the health and safety of others over personal desires to get back to normal.

Please visit our website at wpaumc.org for more information.



EXCERPT FROM BIPARTISAN POLICY CENTER REPORT

Loosening COVID-19 Social Distancing Interventions: Lessons Learned from Abroad

- **Criteria for Loosening Social Distancing Interventions** – Few countries have explicit transparent quantitative criteria to guide decision-making. In Germany, as mentioned above, the basic reproduction number, or R_0 , is continuously monitored by the federal and state governments and must be kept under 1 to manage hospital capacity. The Outbreak Management Team, which advises the government of Netherlands on measures that should be met before social distancing interventions are gradually eased, also recommends the R_0 should be below 1 for a period of time. It also generally recommends 1) the healthcare system, including ICUs, should be no longer working at or above its capacity and should have had time to recover; 2) testing capacity should be sufficient; 3) contact tracing capacity should be sufficient to analyze large numbers of data; 4) and measurement systems should be available to evaluate the effect of the strategy. In Switzerland, the gradual relaxation of measures depends on criteria including the number of new infections, hospital admissions and deaths, and hospital occupancy rates.

Implications for United States: Guidelines for Opening America Up Again specifies gating criteria based on a downward trajectory of influenza-like illness and COVID-like cases reported within a 14-day period, a downward trajectory of documented cases or percentage of positive tests within a 14-day period, and hospital capacity without crisis care. While some plans recommend a sustained reduction of cases for 14 days, other state plans such as Maryland's call for first, a reduction in the hospitalization rate, including the current ICU bed usage rate, for COVID-19 patients and second, a reduction in the number of daily COVID-19 deaths. The trajectory of cases or other metrics such as the doubling time of cases may be somewhat limiting until there is a more robust testing infrastructure in place.

Recommendation: States, with the assistance of the federal government, should develop and utilize a uniform and consistent set of quantitative metrics to determine loosening of social distancing interventions that include indicators of epidemic spread, health care capacity, and public health capacity.

- **Timeframe Between Phases** – Various countries have specified time lengths between phases of re-opening the economy. For example, Switzerland, the Czech Republic, and Denmark all plan to allow 2-3 weeks between opening up various sectors (e.g., business, schools).

Implications for United States: The time period between stages in Guidelines for Opening America Up Again are similar to the initial gating criteria: 14-day reduction in symptoms and cases. Some states reportedly are considering shorter timeframes between phases of opening up nonessential businesses.

Recommendation: Given the incubation period of the virus is estimated to be between 2-14 days and the time from presenting symptoms to being tested can range from a few days to over a week, two weeks between phases seem the absolute minimum policymakers should wait to assess the impacts of infection spread prior to further opening up of the economy.

- **Sequencing Sectors of Economy** – Various countries are sequencing the opening of their economy based on the level of risk of transmission in specific sectors. For example, Austria has opened smaller shops and garden centers first with plans to open up bigger shops and malls as early as May, followed by hotels and restaurants; the Czech Republic is largely following a similar sequence. Other countries appear to be also taking into account the level of economic importance and disruption to a sector in terms of unemployment. For example, in addition to prioritizing highly automated factories with a low risk of transmission, Germany is considering parts of the manufacturing sector as a priority for opening, given its high value-add to the economy. Spain has also reportedly allowed restarting of construction and manufacturing, although many businesses remain closed. Italy has announced it will begin lifting a nationwide lockdown on May 4 with construction and manufacturing being the first sectors allowed to restart.

Implications for United States: Experts have categorized nonessential businesses based on their contact intensity, number of contacts, and modification potential to allow for social distancing. This should guide policymakers with decisions about opening up various sectors based on risk of transmission.^{xli} Other experts have created frameworks mapping transmission risk by business disruption and recommended prioritizing those sectors with low transmission risk and high business disruption contingent upon occupational safety requirements being met.

Recommendation: Prior to these decisions being made, it is critical that CDC and the Occupational Safety and Health Administration update their guidance for employers to prepare and respond to COVID-19, and it is incumbent that these entities be required to follow the recommended best practices for conducting social distancing.



IDS



Policy and Public Health Recommendations for Easing COVID-19 Distancing Restrictions

Version: 4/16/20

Everyone in the U.S. is eager to return to their way of life before the onset of the COVID-19 pandemic. Easing social distancing restrictions prematurely or without careful forethought and planning will negate the progress we are starting to see and cause unnecessary mortality. Decisions to ease COVID-19 distancing restrictions must be based on the best available scientific data. Easing restrictions too quickly can increase spread of infection and mortality, overwhelm health care facilities, and prolong economic suffering. This document focuses on the health care system and public health issues that must be addressed before any social distancing policies can be eased. There are additional important elements to be considered including guidance on resuming activities safely for educational systems and the business sector.

IDS and HIVMA have developed recommendations for incremental steps to easing physical distancing measures based on testing, public health and workforce capacity. This workforce will encompass not only those at traditional points of health care delivery, including hospitals and clinics, but also critical partners in public and community and rural health who will be essential to executing this plan on the ground. We emphasize that leadership from the Centers for Disease Control and Prevention will be critical for building the capacities necessary to safely and incrementally re-open the country, orchestrating the implementation of these plans and monitoring the need to adjust our strategy in response to disease activity. Our recommendations will be updated as additional information becomes available.

Easing strict social distancing rules should be done on a systematic, progressive basis. Changes should be guided by regional and community data from across the U.S. and must take into consideration local and regional preparedness levels as well as strong public messaging for maintaining individual personal hygiene and social distancing practices. Available published studies indicate that physical distancing combined with good hand and environmental hygiene can reduce transmission of respiratory viruses in both the workplace and home. A stepwise approach to reopening should reflect early diagnosis and enhanced surveillance for COVID-19 cases, linkage of cases to appropriate levels of care, isolation and/or quarantine, contact tracing, and data processing capabilities for state and local public health departments. The phases of this approach are outlined below.¹

STEPS TO REOPENING

- 1. Widespread Testing and Surveillance:** Widespread, sustained availability of accurate diagnostic testing, including validated nucleic acid amplification assays (NAAT) and anti-SARS-CoV-2 antibody detection with known performance characteristics, should enable comprehensive case surveillance, and ensure a reliable estimate of incidence and identify individuals who may be immune to reinfection.

¹ National Coronavirus Response: A Road Map to Reopening. Gottlieb et al. American Enterprise Institute. March 28, 2020. <https://www.aei.org/research-products/report/national-coronavirus-response-a-road-map-to-reopening/>.

Continued physical distancing behaviors should be maintained until transmission is measurably slowed to a manageable “baseline” level ($R_0 < 1$) such that cases are reduced to a level that allows resumption of comprehensive and rapid case identification and the ability to conduct thorough contact tracing. Contact tracing is the practice of identifying, testing and isolating persons who have had contact with individuals with COVID-19, which has been effective in controlling other respiratory infections like tuberculosis and was highly effective in controlling the outbreak of SARS in 2003, another coronavirus.

- 2. Ability to Diagnose, Treat and Isolate:** Phase in the reopening of states and regions based on the ability to safely, successfully and rapidly diagnose, treat and isolate individuals with COVID-19 and individuals who have been in contact with them (including provision of appropriate isolation and quarantine locations and support services), with an emphasis on populations vulnerable to health inequality and adverse health outcomes.
- 3. Scale Up of Health Care Capacity and Supplies:** Ensure health infrastructure can be safely and rapidly scaled up to manage recurrent episodic outbreaks. Adequate supplies of personal protective equipment and critical care resources (e.g., ventilators, ECMO, dialysis) must be available to ensure health care system and first responder readiness.
- 4. Maintain Appropriate Physical Distancing:** Some degree of physical distancing measures will likely need to remain in place to prevent recurrent outbreaks (e.g., masks, face shields, limited gatherings, continued distancing for susceptible adults) and communities should be prepared for the potential need to significantly enhance distancing measures if cases begin to increase, health care system capacity is threatened, or case and contact tracing is not adequately interrupting transmission.
- 5. Effective Treatment and Prevention:** Fully lift physical distancing restrictions when safe and effective tools for mitigating the risk of COVID-19, including effective treatments and a protective vaccine, are available and can be deployed to key populations at risk.
- 6. Preparedness:** Rebuild enhanced U.S. pandemic preparedness with investment into R&D, infrastructure (including stockpiles of personal protective equipment and adequate manufacturing capabilities), workforce, and clear governance structures.

In order to advance through the phases described above, rapid and full implementation of a number of administrative, policy and supply chain interventions will be necessary. Key recommendations are highlighted below.

KEY RECOMMENDATIONS

- 1. Nationwide scale-up of routine COVID-19 diagnostic testing to allow massive expansion of rapid diagnostic tests in every community, including:**
 - Broad access to tests (e.g. nucleic acid amplification, point-of-care) that have high clinical sensitivity and specificity;

- Information on immunologic (antibody) response to COVID-19 coupled with large-scale deployment of validated serologic tests in order to understand patterns of exposure and levels of protective immunity in local populations, including “asymptomatic” infection prevalence and transmission, in order to target public health responses based on local risk; and
 - An adequate supply of safe, short-term testing facilities that do not disrupt health care capacity (e.g. drive-through testing and pop-up sites) in areas considering lifting distancing restrictions.
2. Development of a testing pathway(s) that facilitates:
 - Identification of patients most susceptible to infection and severe illness;
 - Administration of tests;
 - Rapid analysis of test results;
 - Tracking of persons potentially exposed to individuals who test positive; and
 - Communication of test results to patients, health care providers and public health authorities.
 3. Massive investment in and expansion of the public health workforce to conduct testing, surveillance, contact tracing, coordination and support for the community and healthcare facilities.
 4. Rapid expansion of the availability of rapid diagnostic tests in every community and adoption of new technologies dedicated to case identification and contact tracing in each state.²
 5. A national strategy to ensure supply chains that are responsive to surge needs for specialized swabs, pipettes, reagents, and other essential testing materials, as well as personal protective equipment for persons conducting the testing and health care system preparedness.
 6. The creation of a national multi-agency public/private task force including members of the U.S. Department of Health and Human Services and the CDC as well as federal, academic and industry representatives and subject matter experts to inform the White House Coronavirus Task Force on an evidence-based process of easing social distancing measures over time. This task force would be charged with evaluating and ensuring sufficient test production capacity; tracking supply against need; assuring a clear and predictable pathway for test coverage and payment; and establishing preparedness standards.³
 7. Federal funding for the development of an effective COVID-19 surveillance program and requirements for testing to be covered by health insurers with resources to cover testing for the uninsured to ensure appropriate patient sampling.

² A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US. Johns Hopkins Center for Public Health Security/Association of State and Territorial Health Officials (ASTHO). http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/a-national-plan-to-enable-comprehensive-COVID-19-case-finding-and-contact-tracing-in-the-US.pdf.

³ Managing the COVID-19 Epidemic – Beyond the Initial Response. Duke Margolis Center for Health Policy. March 26, 2020. https://healthpolicy.duke.edu/sites/default/files/atoms/files/covid-19_testing_roadmap.pdf.



National Covid-19 Testing Action Plan

Pragmatic steps to
reopen our workplaces
and our communities

Foreword to National Covid-19 Testing Action Plan

Covid-19 has infected hundreds of thousands of Americans and affected millions more around the world. Across America, shuttered schools have put 30 million children at risk of going hungry. Closed businesses have left more than 20 million workers without income. And while locking down our economy is crucial for saving lives now, it has tremendous consequences for the poorest among us – as people of color and low-income Americans are disproportionately losing livelihoods, and lives. In the face of an ineffective nationally-coordinated response, insufficient data, and inadequate amounts of protective gear and testing, we need an exit plan.

Testing is our way out of this crisis. Instead of ricocheting between an unsustainable shutdown and a dangerous, uncertain return to normalcy, the United States must mount a sustainable strategy with better tests and contact tracing, and stay the course for as long as it takes to develop a vaccine or cure. Any plan to do so must win the faith of private and public sector leaders across the country, and of individual Americans that they and their loved ones will be safer when we begin to return to daily life.

The Rockefeller Foundation exists to meet moments like this. In the past two weeks we have brought together experts and leaders from science, industry, academia, public policy, and government – across sectors and political ideologies – to create a clear, pragmatic, data-driven, actionable plan to beat back Covid-19 and get Americans back to work more safely.

Our National Covid-19 Testing Action Plan lays out the precise steps necessary to enact robust testing, tracing, and coordination to more safely reopen our economy – starting with a dramatic expansion of testing from 1 million tests per week to initially 3 million per week and then 30 million per week, backed by an Emergency Network for Covid-19 Testing to coordinate and underwrite the testing market, a public-private testing technology accelerator, and

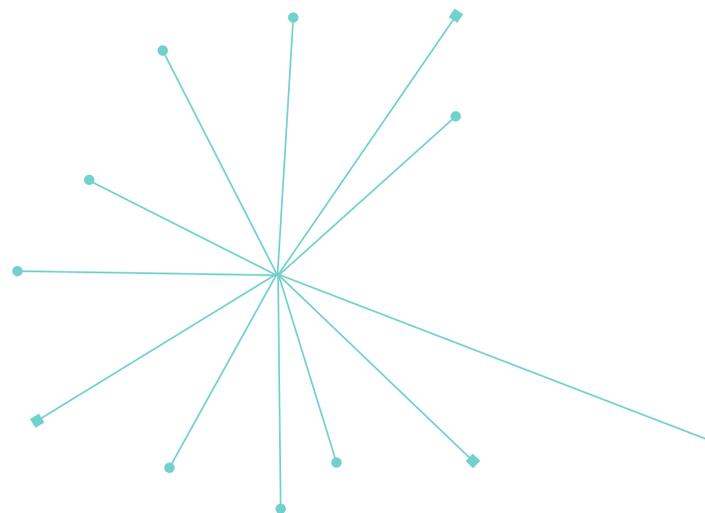
a national initiative to rapidly expand and optimize the use of U.S., university, and local lab capacity. The plan also includes: launching a Covid Community Healthcare Corps so every American can easily get tested with privacy-centric contact tracing; a testing data commons and digital platform to track Covid-19 statuses, resources, and effective treatment protocols across states and be a clearinghouse for data on new technologies; and a Pandemic Testing Board, in line with other recommendations, to bridge divides across governmental jurisdictions and professional fields.

Together, we can do this. This action plan benefits from and builds on prior proposals, current efforts, and the broad participation of experts from so many fields. Enacting it will require strong leadership and collaboration: across states, cities, and federal government, and from businesses, nonprofits, universities, community groups, and individuals.

Though our country's needs are great, so is our ability to meet them. With urgency, action, and partnership, we can channel our energy to respond, recover, and eventually rebuild – together.

Dr. Rajiv J. Shah

President, The Rockefeller Foundation



Action Plan Summary

Pandemics sicken and kill people in three ways:

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

With the first wave of infections from the Covid-19 pandemic cresting in much of the country, American political and business leaders rightly are considering plans to reopen the economy. This Action Plan is intended to serve as a resource guide for that all-important project.

The bad news is that the U.S. is not yet administering enough coronavirus tests each week to adequately monitor the entire U.S. workforce or rapidly detect recurrent Covid-19 outbreaks. Such outbreaks can be expected for the foreseeable future given the low level of population immunity¹ as well as the virus's contagiousness and wide geographic dispersion. The location and size of recurrent outbreaks are difficult to predict. Close monitoring of the medically vulnerable, institutionalized, poor and imprisoned is vital.

The good news is that in the coming weeks the country could have the tools needed to allow governors and other officials to lift the most severe lockdowns and begin a phased reopening of some businesses. The goal is to allow enough economic activity to forestall a full-blown depression while keeping Covid-19 infection rates low enough to prevent hospitals from being overwhelmed and thereby causing a wider and more deadly health crisis.

This will be a delicate balancing act. Adjustment inevitably will need to be made based on close monitoring of the pandemic. Reopening the economy will be most successful if we move decisively to both increase testing capacity and optimally deploy testing supplies.

The goal of the Action Plan is to build a state-led national program of Covid-19 testing that supports reopening the economy through the goals of work-force monitoring, early detection of recurrent outbreaks, and diagnostic and home testing.

This would be the largest public health testing program in American history. Success will depend on the active engagement of the government, business, philanthropy, and the public.

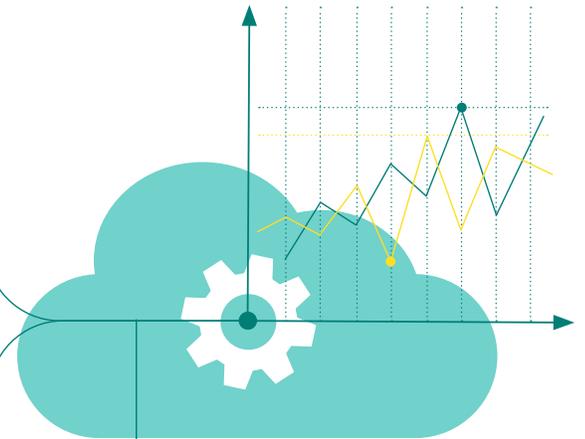
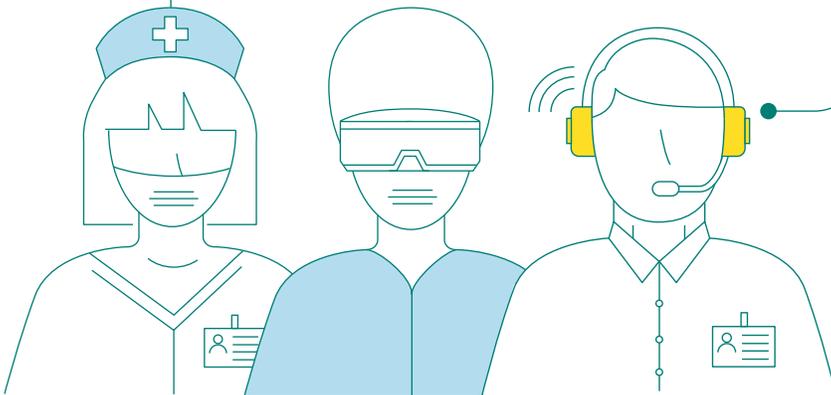
THE ACTION PLAN HAS THREE MAJOR OBJECTIVES

1. Launch a 1-3-30 Plan to Dramatically Expand Covid-19 Testing
2. Launch a Covid Community Healthcare Corps for testing and contact tracing
3. Create a Covid-19 Data Commons and Digital Platform

1 LAUNCH A 1-3-30 PLAN TO DRAMATICALLY EXPAND COVID-19 TESTING



2 LAUNCH A COVID COMMUNITY HEALTHCARE CORPS FOR TESTING AND CONTACT TRACING



3 CREATE A COVID-19 DATA COMMONS AND DIGITAL PLATFORM

1

Launch a 1-3-30 Plan to Dramatically Expand Covid-19 Testing

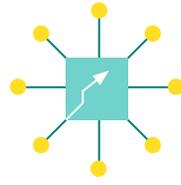
We are proposing our nation come together around the bold, ambitious, but achievable goal of rapidly expanding testing capacity to 30 million tests per week over the next six months. This 1-3-30 Plan would be achieved by: (1) creating an Emergency Network for Covid-19 Testing to coordinate and underwrite the testing market, (2) launching an eight-week National Testing Laboratory Optimization Initiative to increase output to 3 million tests per week from the current one million, and (3) investing in a Testing Technology Accelerator to further grow U.S. testing capacity from 3 million to 30 million tests per week.

The steady increase in U.S. testing that began in late February has now plateaued. During the first two weeks of April, the number of tests per day averaged 143,000 (~ 1 million tests per week) with no appreciable upward trend.² As of April 18, 2020, the U.S. had completed 3,698,534 tests of which 722,182 were positive (19.50%)

This undoubtedly reflects just the tip of the Covid-19 pandemic in the U.S. Current barriers to rapid increases in American test production, supply, distribution and administration include uncertainty over financing and payment; lack of coordination of local, state, and national purchases; uneven distribution of test kits; severe shortages of reagents; regulatory barriers; and a severe lack of staffing.

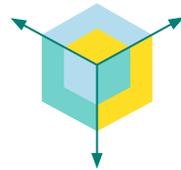
The 1-3-30 Plan aims to overcome these barriers and progressively expand testing from the current one million to three million and then to 30 million tests per week through three action steps.

ACTION STEPS



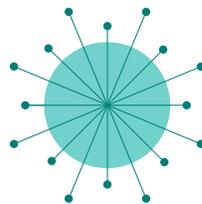
Create an Emergency Network for Covid-19 Testing (ENCT) to coordinate and underwrite the testing market.

To drive rapid scale-up of Covid-19 testing, the ENCT will engage with: producers of testing equipment, reagents, and other lab consumables; national, state and local purchasers; public and private healthcare funders; and financial institutions. The ENCT will also work to identify and resolve choke points in the test supply chain. The ENCT should convene a consensus group of national, state, business, and academic leaders on the use of testing for workplace monitoring and early detection of Covid recurrences. An overarching analysis of the testing supply chain both in the United States and globally should be undertaken immediately.



Launch an eight-week National Testing Laboratory Optimization Initiative to increase current U.S. testing from 1 million to 3 million per week within the next eight weeks.

This will be achieved by unleashing the untapped potential of existing test capacity at national, university, and local labs. Importantly, this program would bolster the capacities and resources of thousands of small laboratories around the country. Supply constraints will be identified and eliminated.



Invest in a public-private Testing Technology Accelerator to further grow U.S. testing capacity from 3 million to 30 million per week within six months.

This increase will depend on realizing and rolling out the best mix of new technologies for higher efficiency laboratory testing, point-of-care office testing, and home-testing. In addition, some of this increase can be achieved through process efficiencies and lab techniques such as batch sampling. The powers of the Defense Production Act may will be need to be invoked given the inherent commercial uncertainties in this 10-fold production increase.

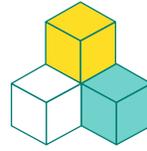
2

Launch a Covid Community Healthcare Corps for testing and contact tracing

The taking and preparation of samples, analysis of testing, and human-centered privacy-protected contact tracing will require a massive amount of manpower that can be stood up in the next few weeks by federal, state, and local hiring authorities with funding offered via block grants to states.

The number of tests needed to successfully prevent recurrent outbreaks while allowing some relaxation of social distancing will depend on the vigilance of contact tracing. With the kind of high-precision contact tracing used in South Korea, just 2.5 to 5 million tests per day would be required. With the imprecise tracing of a country like Taiwan, 30 million tests per day would be needed – a level far beyond present capacities.

ACTION STEPS



A Covid Community Healthcare Corps (CCHC) should be launched at state public health departments, an effort that will involve massive investments in manpower and equipment.

At least 100,000 people and perhaps as many as 300,000 must be hired to undertake a vigorous campaign of test administration and contact tracing, and they must be supported by computer systems networked with regional and national viral data-sets and as many electronic health records from local hospital systems as can be provided. The CCHC should designate staff to distribute, administer and oversee testing.



A national system to track Covid-19 status must be created.

Policy makers and the public must find the balance between privacy concerns and infection control to allow the infection status of most Americans to be accessed and validated in a few required settings and many voluntary ones.



Digital apps and privacy-protected tracking software should be widely adopted to enable more complete contact tracing.

Whenever possible, incentives should be used to nudge the voluntary use of these apps rather than require them.

3

Create a Covid-19 Data Commons and Digital Platform

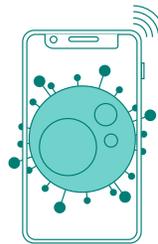
Real-time analyses of resource allocations, disease tracing results and patient medical records will enable policy makers and researchers to make best use of available resources to identify the most promising areas for surges in testing volumes to snuff out Covid-19 recurrent outbreaks and identify the most promising therapeutic treatments and algorithms.

ACTION STEPS



Integrate and expand Federal, state, and private data platforms to cover the full range of data required to monitor the pandemic, deploy resources, and remove bottlenecks.

This effort would support recent Department of Health and Human Services Federal and State collaboration with leading edge data technical firms to develop an integrate, real-time data platform so testing levels can be aligned at regional levels with illness burden. This platform can enhance procurement, distribution and deployment of tests as those tests evolve in quantity and function. It should also enable state and local authorities to track testing results and capacities to identify spot shortages. This will help identify any supply and demand constraints so that testing levels can be aligned at regional levels with illness burdens.



Innovative digital technologies can improve workforce monitoring and early detection of recurrent outbreaks.

When integrated into national and state surveillance systems, such innovations may enable the same level of outbreak detection with fewer tests. Promising techniques include anonymous digital tracking of workforces or population-based resting heart-rate and smart thermometer trends; continually updated epidemiological data modeling; and artificial intelligence projections based on clinical and imaging data.



Digital health records and insurance claims data of hospitalized Covid-19 patients should be used to improve Covid-19 diagnosis and treatment.

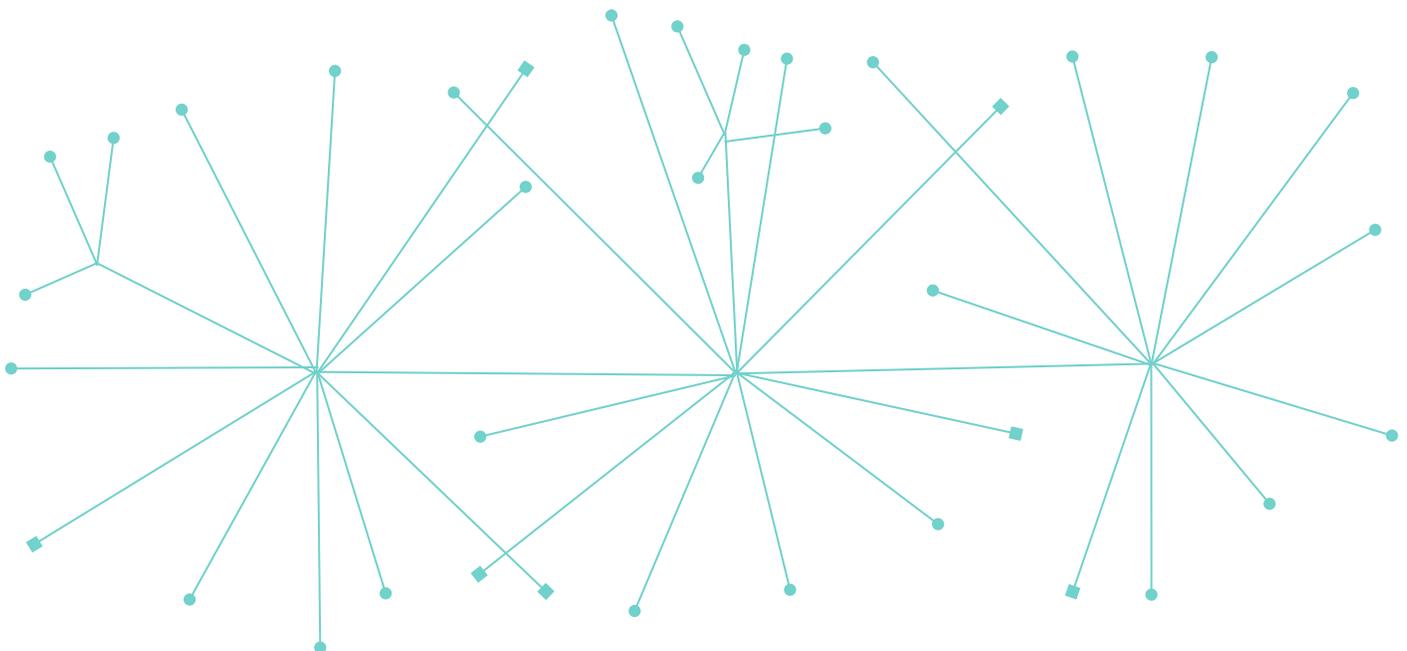
This requires that such data be aggregated and examined, while anonymizing personal identification, to determine optimal treatment paradigms and give leads for structured clinical trials.

The Way Forward

Recent reports from the American Enterprise Institute³, Center for American Progress⁴, Duke Margolis Center⁵, Harvard University Safra Center for Ethics⁶, and Johns Hopkins University⁷ each provide unique, complementary perspectives toward a comprehensive approach for relaxing social distancing and reopening our communities and our economy.

Monitoring the pandemic and adjusting social distancing measures will require launching the largest public health testing program in American history. Successful implementation of a national plan to fast-track Covid-19 testing should allow the country to reopen and respond to recurrent outbreaks. The effort will ultimately grow to billions of dollars per month although innovations in testing technology should eventually drop costs. But with widespread business closures costing the country \$350 billion to \$400 billion each month, the expense will be worth it. This testing infrastructure is intended to tide the country over until a vaccine or therapy is widely available.

Coordination of such a massive program should be treated as a wartime effort, with a public/private bipartisan Pandemic Testing Board established to assist and serve as a bridge between local, state, and federal officials with the logistical, investment and political challenges this operation will inevitably face. Harvard's Edmond J. Safra Center for Ethics has done an excellent job of outlining possible options (Appendix A). We recommend a combination of federal and state appointed members who would actively serve throughout the crisis.

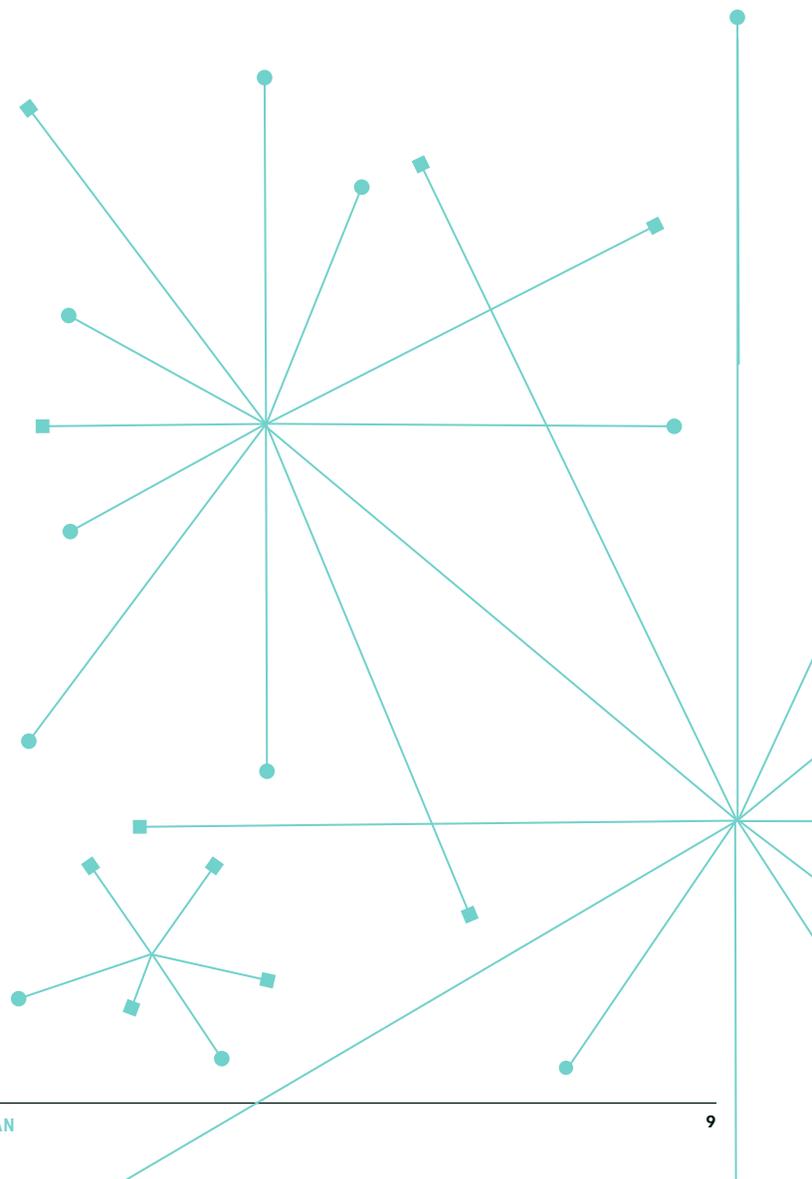


The Covid-19 pandemic caught the United States unprepared, with inadequate emergency stockpiles of protective equipment, ventilators and vital medicines. In addition, the country has little of the industrial capacity needed to manufacture vaccines, antibiotics and other crucial supplies that may go wanting when international borders close.

In some ways, the complaisance that led to this unfortunate vulnerability may have arisen because of a window of viral calm unique in human history. The country's middle-aged leaders are the first generation ever whose parents did not face the bleak terror of polio outbreaks among their children's friends. They were the first to reach puberty without fear that mumps would render them sterile, the first to reach adulthood without fear that cervical cancer would end their or their partners' lives, the first to reach child-bearing age without fear that rubella would cause birth defects in their children and the last generation to be vaccinated against smallpox, history's great viral scourge.

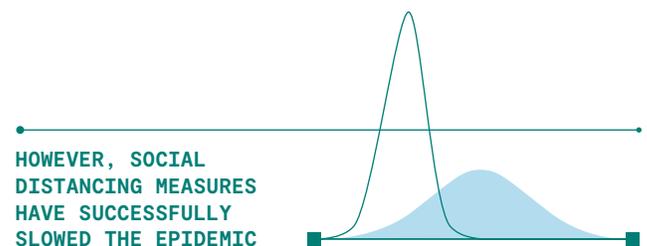
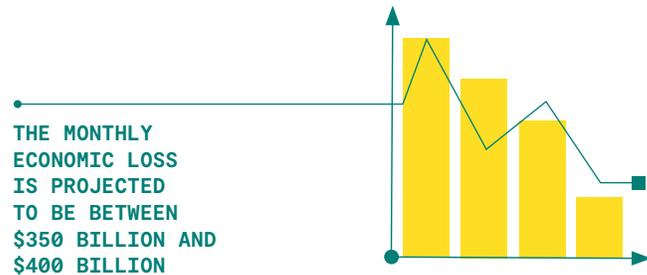
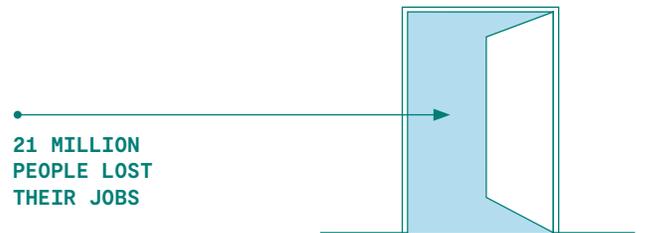
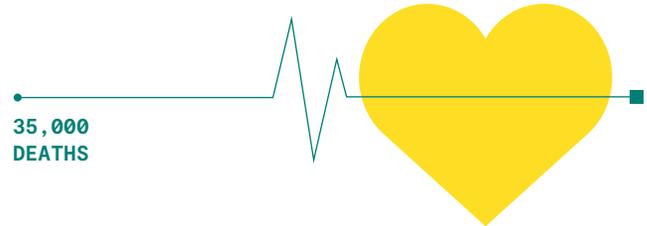
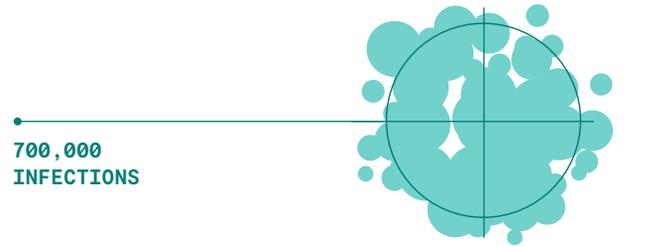
The century-long interval since a viral respiratory pandemic circled the globe with just the right mix of lethality and infectiousness may have led many to stop believing in the inevitability of such a plague. And while HIV/AIDS struck just as many were becoming sexually active, the concentration of infections in the United States among men who have sex with men and people who inject drugs may have increased a sense of invulnerability among those not in those high-risk groups.

But the AIDS epidemic demonstrates why Covid-19's assault could be lengthy and appallingly lethal. Nearly six years passed between the identification of AIDS and the emergence of the first effective treatment, and no meaningfully effective HIV vaccine is on the horizon despite nearly 40 years of diligent scientific effort.



The need for action is urgent. The number of confirmed Covid-19 infections in the country is approaching 700,000, with deaths nearing 35,000. Social distancing measures have successfully slowed the epidemic's implacable march but have led more than 21 million people to lose their jobs. The monthly economic loss is projected to be between \$350 billion and \$400 billion, with the gross domestic product expected to decline by as much as 7 percent in 2020. A growing number of Americans worry that lives are being spared in the immediate term at the cost of a long term economic slowdown rivaling that of the Great Depression. Indeed, what is sometimes lost in the debate between "saving lives" and "saving jobs" is that shutdowns increase alcoholism, depression, domestic abuse and a host of other social woes that together contribute to higher mortality – particularly among the poor. After the market crash of 2008, the United States saw a measurable decline in life expectancy. Depending on the severity and length of the shut-down, we run the risk of losing more lives from the economic downturn than from Covid-19.

Something has to change and fast. But how?

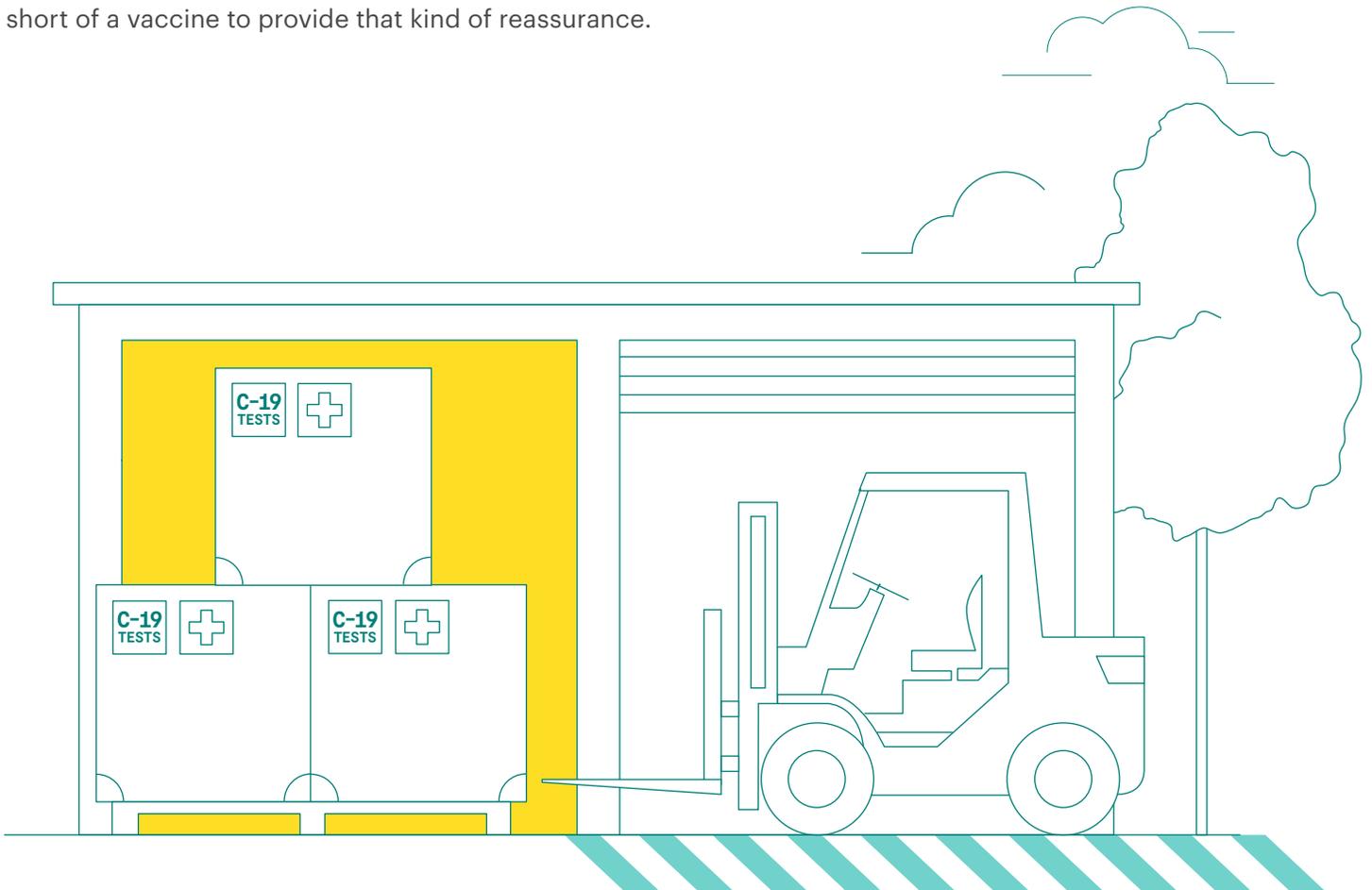


Action Plan

1

Scale Up Covid-19 Testing Capacity

Until Americans feel they can return to work without risking their or their family members' lives, the national economy will remain somewhere between comatose and moribund. Routine Covid-19 diagnostic tests – amplifications of nucleic acid sequences that are signatures of the virus – offer the best chance short of a vaccine to provide that kind of reassurance.



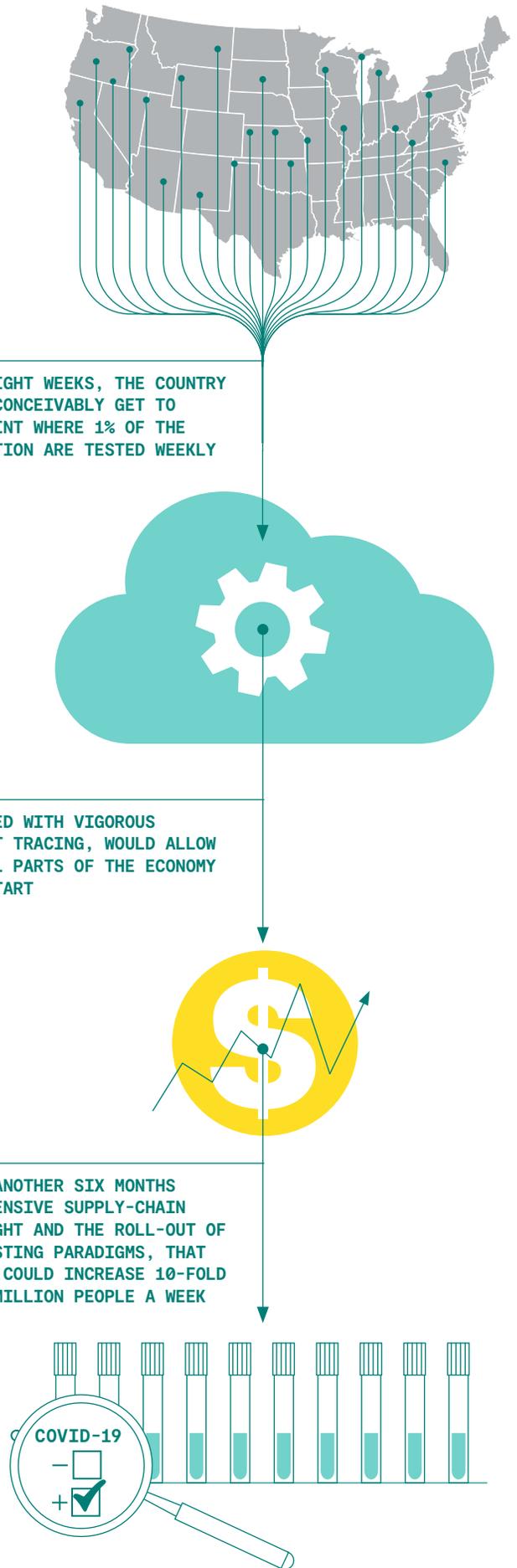
According to some epidemiological analyses, halting the epidemic entirely while allowing nearly everyone to return to work requires testing between 20 million and 30 million people daily. And in most cases, the tests should offer nearly instant results – or at least information quickly enough to allow someone to be tested before re-entering the workplace.

Unfortunately, the country's present Covid-19 testing capacity is less than 1/100th of that goal, and with most results delivered days and sometimes more than a week after being taken. And almost no one with experience in the diagnostic industry believes the epidemiologists' goal is reachable in the next five months with present technologies and infrastructure.

But over the next eight weeks, the country could conceivably get to the point where 3 million people – roughly one percent of the population – are tested weekly. It is a level that, combined with vigorous contact tracing, would allow crucial parts of the economy to restart. After another six months of intensive supply-chain oversight and the roll-out of new testing paradigms, that number could increase 10-fold to 30 million people a week. At least a year will be needed before the nation's labs will be capable of testing 30 million people every day.

Coronavirus Tests:

There are two type of coronavirus tests: molecular tests for SARS-CoV-2 infection and serological blood tests for antibodies. Molecular tests are usually taken with a nasal swab. The focus right now is choosing the right mix of molecular tests: highly accurate high-end PCR (polymerase chain reaction), middle point-of-care diagnostics (POC) and low-end home tests. Finding the optimal mix is important, but will evolve over time as new tests come on the market, with different levels of accuracy and costs. Serological tests are appropriate for population-based surveillance and research projects. Currently available serological tests should not be used for individual assessment of protection from future infection or back-to-work decisions.



Create an Emergency Network for Covid-19 Testing (ENCT) to coordinate and underwrite the testing market.

The Rockefeller Foundation and its finance partners will help create an emergency procurement network, the Emergency Network for Covid-19 Testing, that can leverage public-private credit guarantees, define pooled procurement requirements for critical testing and supplies and negotiate medium term (3-6 month) contracts with suppliers to make sure large volumes of critical supplies are accessible to purchasing cooperatives, health systems, state and local governments, working alone or together, and other buyers. The Foundation will also offer ongoing guidance to these networks.

The aim of the ENCT would be to support and complement the work of Federal and State agencies by engaging with producers of testing equipment, reagents, and other lab consumables; national, state and local purchasers; public and private health-care funders; and financial institutions. The intent is to overcome market, government, logistical, and diagnostic industry challenges that have plagued the dramatic scale up in Covid-19 diagnostic testing required to reopen the economy.

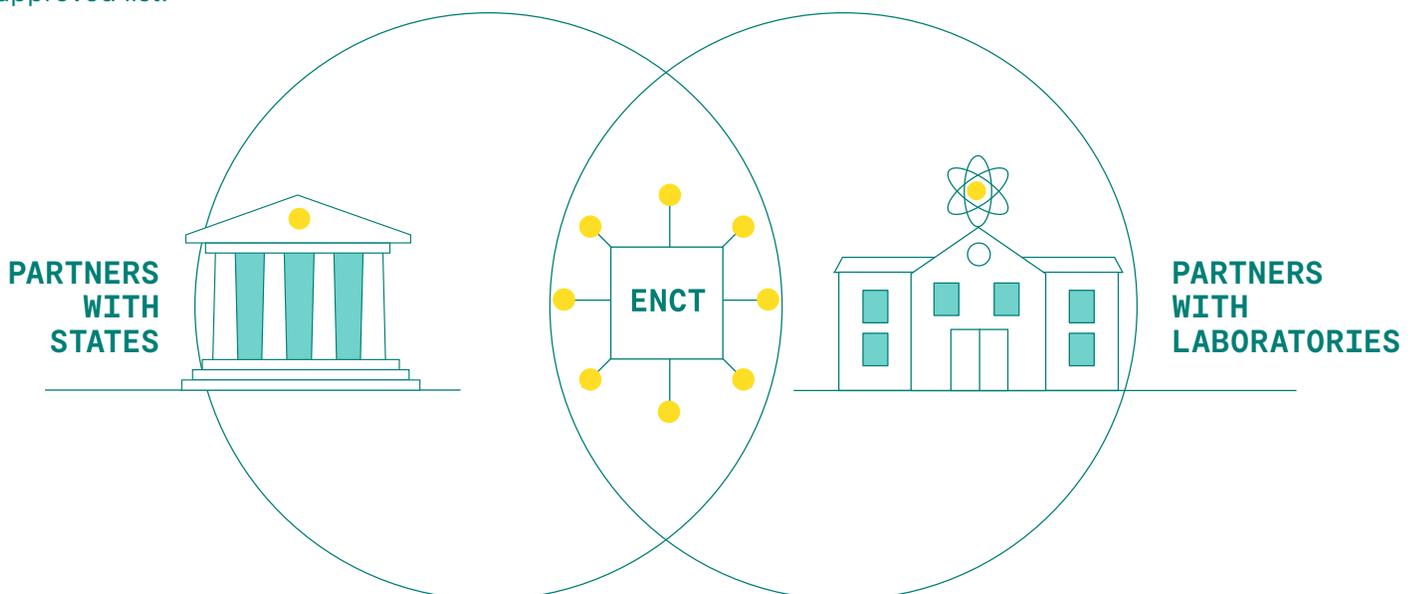


THE EMERGENCY NETWORK FOR COVID-19 TESTING WOULD PARTNER WITH STATES TO:

1. **Optimize the use of existing state and regional purchasing arrangements** and, as needed, work to restructure such arrangements to secure urgently needed Covid-19 testing equipment and supplies.
2. **Support financial guarantees** to equipment manufacturers and lab purchasers
3. **Create state or regional Covid Diagnostic Testing Control Centers** to coordinate lab needs, capacities and financing tools, and to solve problems as they arise.
4. **Offer computer equipment, interfacing, and expertise** to any participating CLIA labs that are not yet able to immediately accept test orders (requisitions) and report test results digitally.
5. **Guarantee a fair market reimbursement** (e.g. \$100) for all Covid-19 assays regardless of testing platform, previously established provider-lab contracts, payor relationships, and with no in-network or out-of-network payer distinctions.
6. **Provide a platform to qualify vendors** and then offer guarantees to labs that order from the approved list.

THE EMERGENCY NETWORK FOR COVID-19 TESTING WOULD PARTNER WITH LABORATORIES TO:

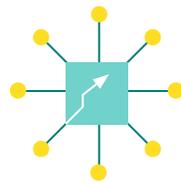
1. **Report all Covid-19 test results to health care providers as well as to state digital platforms** within 24 hours of receiving samples while ensuring HIPAA compliance.
2. **Report daily test volumes** and 5 day forward-looking capacity estimates.
3. **Provide Covid-19 Diagnostic Testing Control Centers specific plans** to increase present Covid-19 test volumes according to the estimated needs of each state.



Diagnostic tests have long been used almost exclusively to identify illnesses and help the sick. In a viral pandemic, testing is used to slow infections, benefiting society as much or more than the individual patient. In most cases, positive tests for Covid-19 do little to change treatment or life decisions for people suspected of having the virus, since treatments are symptom-specific and quarantine recommendations almost universal.

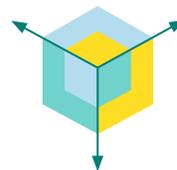
For these reasons, Covid-19 diagnostic tests when still in short supply must largely be reserved for front-line medical, municipal, grocery and other workers in vital sectors since presymptomatic people can become super-spreaders. As more tests become available, they should be distributed according to a detailed hierarchy of economic, medical and social need. Mildly and moderately symptomatic patients should be next on the priority list, since positive results will lead them and many of their family members to self-quarantine. As a result, drive-through and clinic testing programs should be expanded. Among the last on the priority list should be hospitalized patients, since x-rays and other diagnostic tools can effectively suggest a Covid-19 infection and treatment decisions will not change with a test's confirmation until effective treatments become available. Refusing to test the most desperately ill will be difficult for family members and others to accept, but it is the right course.

ACTION: **SCALE UP COVID-19 TESTING CAPACITY**



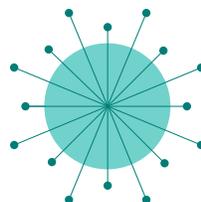
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Expand current U.S. testing from 1 million to 3 million per week within the next eight weeks.

This will be achieved by maximizing the use and throughput of existing testing at national, university, and local labs. Most important, a crash program to bolster the capacities and resources of thousands of small laboratories around the country must be undertaken. Supply constraints would be identified and eliminated.



Grow U.S. testing capacity from 3 million to 30 million per week within six months.

Some of this increase can be achieved through process efficiencies, lab techniques such as batch sampling, and a broad rollout of point-of-care and home-testing. Given the commercial uncertainties inherent in this 10-fold increase in production, however, it is likely that the Defense Production Act will be needed.

2

Establish a COVID Community Healthcare Corp

Testing millions of people per week will require hiring a large number of community health workers. The disease is so infectious that reaching and quarantining potential contacts quickly is an urgent priority and maximizes the effectiveness of testing. A human-centered approach to administering tests and contact tracing is labor intensive but does not require specialized skills training and protects privacy. A combination of shoe-leather contact tracing and new digital tools can help target relevant populations for testing while minimizing privacy risks.

South Korea successfully used aggressive contact tracing to target and maximize its own testing capacity to avoid just the sort of rapid spread and subsequent lockdowns that have bedeviled the United States. So contact tracing would seem in order. But the United States has had only limited contact tracing because of constrained resources. There are also heightened concerns about the privacy and the liberty of the infected and their contacts in the U.S..

In addition, such a workforce can be used to provide other services, such as providing meals on wheels and other necessary assistance.

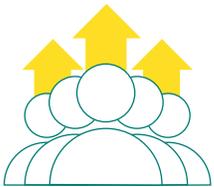


ACTION STEPS



Rapidly hire an additional 100,000 to 300,000 people using existing hiring authorities:

Considering the asymptomatic nature of much of the viral spread, Johns Hopkins University School of Public Health and The Association of State and Territorial Health Officials (ASTHO) estimates that about 100,000 would be needed for contact tracing alone. That is less than half the rate deployed in Wuhan. Testing administration and other services for vulnerable populations who are at-risk or under home isolation or quarantine would require additional workers, with estimates ranging as high as 300,000 needed to provide all essential services. At \$40,000 for wages and benefits per employee per year, the cost could range from \$4 billion to \$12 billion when training and administrative costs are included.



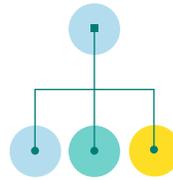
Direct hires, contractors and volunteers:

An “all of the above approach” must be taken to maximize the ease and speed of hiring. Peace Corps Volunteers forced to return from postings early, although limited in number to approximately 7,000, are prime candidates for rapid re-hiring. The Corporation for National and Community Service, the federal agency that oversees Americorps, the Senior Corps and the Volunteer Generation Fund, could be used. The National Guard can fill gaps, and non-profits can provide volunteers. (See Box)



Skills Training:

The skills needed for both test administration and contact tracing are not specialized, and training can be provided virtually through the CDC and their partner organizations such as the National Network of STD Clinical Prevention Training Centers, public health schools, and companies.

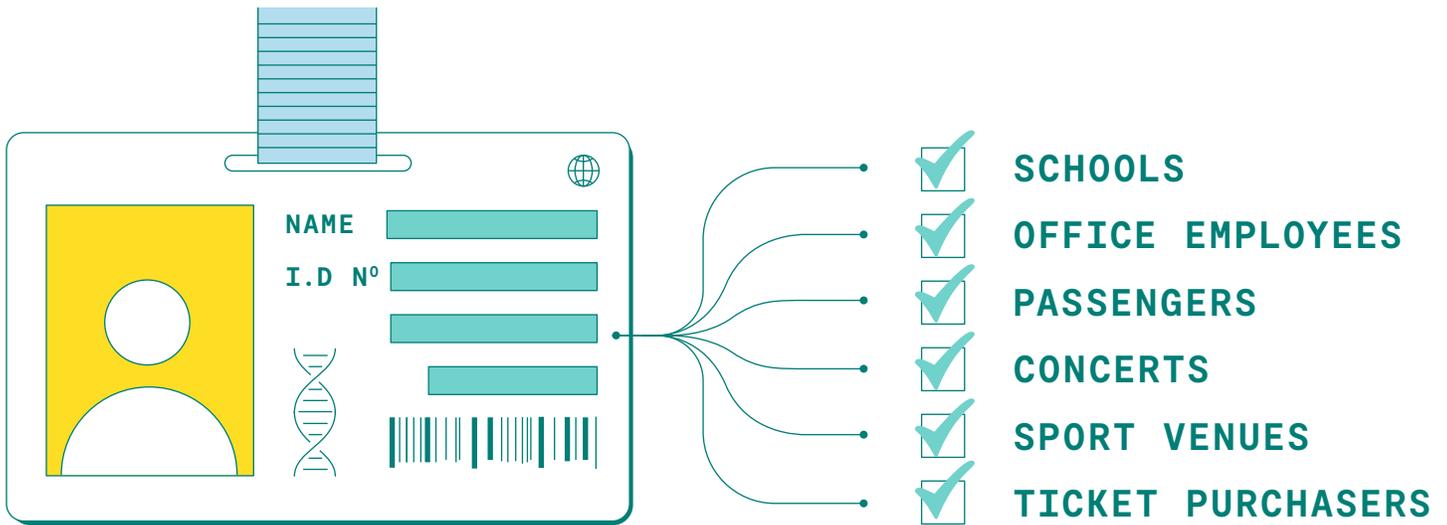


Management and oversight:

Covid-19 responders should be under the management of state and local authorities, particularly for contact tracing. Federal responders should be deployed by invitation and under the authority of governors and mayors. For core public health functions such as contact tracing, there should be a single, coordinated system in each jurisdiction, managed by local authorities.

Some privacy concerns must be set aside for an infectious agent as virulent as Covid-19, allowing the infection status of most Americans to be accessed and validated in a few required settings and many voluntary ones. The loss of privacy engendered by such a system would come at too high of a price if the arrival of a vaccine early next year was a certainty. But vaccine development and manufacture could take years, and when it comes certain populations may be excluded from receiving it for health reasons. In the meantime, infection status must be known for people to participate in many societal functions. Legislation protecting people from being fired over infection status must be passed.

Those screened must be given a unique patient



identification number that would link to information about a patient’s viral, antibody and eventually vaccine status under a system that could easily handshake with other systems to speed the return of normal societal functions. Schools could link this to attendance lists, large office buildings to employee ID cards, TSA to passenger lists and concert and sports venues to ticket purchasers. Such connections should be made in a way that protects personally identifying information whenever possible. For example, accessing the viral and antibody status of an individual can be done by using a cryptographic hash of an individual’s private information without actually sending any personally revealing details.

This infection database must easily interoperate with doctor, hospital and insurance health records in an essential and urgent national program to finally rationalize the disparate and sometimes deliberately isolated electronic medical records systems across the country. Analytics across myriad platforms must be operationalized so that population-level health

information can be used to identify at-risk populations, perform contact tracing, facilitate decision support, and evaluate interventions for effectiveness.

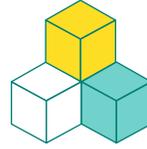
Unfortunately, obtaining the necessary clinical data to bring these powerful analytic tools to bear has been difficult due to information-blocking tactics of electronic health records (EHR) vendors. Among the longtime tactics used by such vendors has been charging unreasonable fees for data access, requiring providers to sign restrictive contracts, and claiming patients’ clinical data is proprietary.

On March 9, the Department of Health and Human Services (HHS) released two long-awaited final rules that would prohibit information blocking in health care and advance more seamless exchange of health care data. But publication in the Federal Register, necessary to activate the rules, has been inexplicably delayed. This delay must end.

The Rockefeller Foundation's Equity and Economic Opportunity and Health Initiatives is piloting a Community Health Workers Corps (CHW's) in Baltimore as a dual response to the pandemic and as a way to create quality employment opportunities for up to 1,000 displaced workers. A public/private partnership composed of the City of Baltimore, State of Maryland, University of Maryland, Johns Hopkins and various private sector partners are all coordinating and collaborating in launching the CHW Corps. Investing in the launch of a health workers corps would allow every community to not only have testing and contact tracing capability but also have a "social distancing/public health workforce." CHW's could undertake everything from sanitizing spaces to enforcing separation to spraying sanitizer on people's hands regularly, particularly where crowds gather. As trusted members of their cities they would also have a close understanding of the community served. Pending some approvals, the target launch is June 1, 2020.

Similarly, The Rockefeller Foundation has been working with The Community Organized Relief Effort (CORE) in Los Angeles to scale up testing in LA County, statewide, and ultimately nationwide through the training of volunteers to administer tests and record results.

ACTION: LAUNCH A COVID COMMUNITY HEALTHCARE CORPS FOR TESTING AND CONTACT TRACING



A Covid Community Healthcare Corps (CCHC) should be launched at state public health departments, an effort that will involve massive investments in manpower and equipment.

At least 100,000 people and perhaps as many as 300,000 must be hired to undertake a vigorous campaign of test administration and contact tracing, and they must be supported by computer systems networked with regional and national viral datasets and as many electronic health records from local hospital systems as can be provided. The CCHC should designate staff to distribute, administer and oversee testing.



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Digital apps and privacy-protected tracking software should be widely adopted to enable more complete contact tracing.

Whenever possible, incentives should be used to nudge the voluntary use of these apps rather than require them.

3

Create a Data Commons and Digital Platform

Federal, State, and Private Data Platforms

There is a need to develop a real-time common data-sharing platform to better understand available testing capacity. This could take the form of a state-by-state heat map of laboratories to help governors and other elected officials make informed decisions on how to allocate scarce resources. States should be encouraged to use a common platform, as there are multiple competing platforms in place, limiting the effectiveness of existing data. This should be in done in partnership with the National Governors Association. To further encourage the uptake of this data commons, a set of compelling use cases should be put forward for how certain states have optimized data and its impact on curtailing the impact of Covid-19.

Analytical tools can be developed to help anticipate shortages of lab materials and equipment and to ensure efficient ordering and distribution of supplies. And as epidemiological modeling is improved and married with digital tracking information, it can become more predictive and anticipate outbreaks or non-compliance with public health guidance to direct surges in testing capacity. This work will require



careful attention to geographic and racial imbalances in existing data collection procedures so that bias is not baked into models. The integration of diverse data sets from public health systems, social media, and mobility data into a shared platform with open-source modeling tool development and appropriate security and compliance controls will accelerate the experimentation and development of prediction algorithms that power the monitoring and decision-making components of the digital platform.

Marrying much of this information into easy-to-understand dashboards to improve decision-making by both public and private sector leaders will be an ongoing challenge as a flood of data threatens to create a thickening fog of information. Such a platform should allow users to integrate multiple datasets on the fly, model interventions, and track disparate impact on minority communities.

Platforms and apps can be used not only to identify emerging hot spots but also for developing and operating back-to-work predictive models. Such models can help make decisions about which regions at which times should move from shelter-at-home to work, and, as necessary, back to shelter-at-home again.

DOING THIS QUICKLY AND ETHICALLY WILL REQUIRE AN UNPRECEDENTED EFFORT ON THE PART OF GOVERNMENT, INDUSTRY, AND ACADEMIA. THE DEVELOPMENT OF THESE TOOLS SHOULD FOLLOW FOUR PRINCIPLES



Earn public trust for new technologies through ethical action and transparency.

Companies like Apple and Google are leading the way by engaging directly with privacy advocates, allowing individuals to opt-in to new tools, and publishing extensive documentation. Others across the private and public sectors should follow their lead or risk losing buy-in from the populations at large.

Fit-bits, smartphones, smart thermometers and other digital tools can be used to uncover clusters of infections before patients flood local emergency rooms, allowing public health officials to redirect testing resources and rapidly initiate contact tracing. Apple and Google are working on a contact-tracing app to alert people – on an opt-in basis – if they’ve been in touch with someone known to have the novel coronavirus. An active symptom-checker app is in development. Even data such as Google searches for “I can’t smell” help to identify infection localities.



Whenever and wherever possible data should be open.

We know from prior crises that openness creates efficiency and enables collaboration. This will require marshaling not just an army of engineers and scientists but also an army of lawyers to negotiate data sharing agreements.



Computer upgrades: Local and state health departments are famously shoestring operations.

These departments will need rapid computer upgrades so they can receive listings of the newly infected directly from laboratory uploads, with contact information included as part of the record.



Focus relentlessly on user needs.

Now is not the time for fancy new features or sophisticated interfaces. Developers must do rapid user research to identify specific decisions and pain points where digital tools can help.

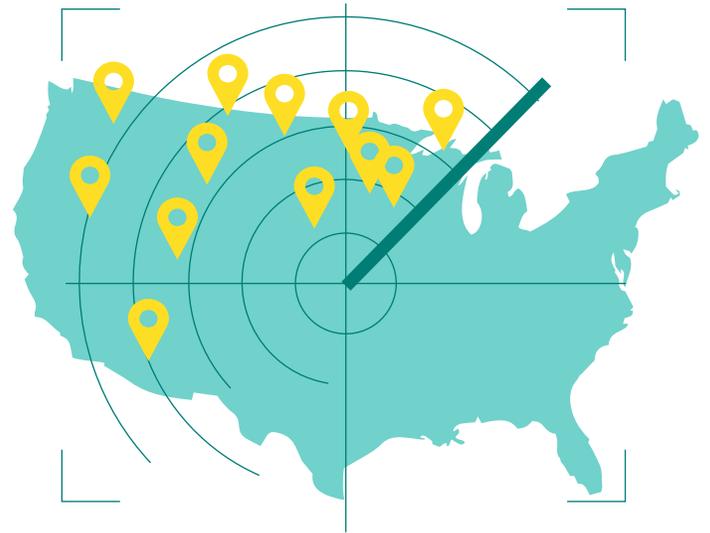


Build for interoperability and modularity.

New tools must play well with existing systems. This means developers should build on existing interoperability standards from the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC).

Connecting Clinical Research and Digital Technology

Fully controlling the Covid-19 epidemic requires that we test the majority of the population weekly. Since we are far from that kind of capacity, the United States must undertake immediate and intense efforts to invest in new tests and ways of providing near-immediate diagnostic results. We must also invest in research that analyzes the electronic medical records of hospitalized Covid-19 patients to determine best treatment strategies and pathways for clinical trials that must be undertaken immediately.



The reason for both is that this country's gravest test may arrive around Labor Day as students pile into school buses and classrooms with the beginning of the next school year. Children and teens are particularly efficient viral vectors for Covid-19, since they are often asymptomatic and tend to be less careful than adults about social distancing.

Another vital research target is determining whether people who were previously infected with Covid-19 can be infected again. Anecdotal reports from other countries suggest quick re-infection is possible. Research is needed to explore under what circumstances this troubling outcome could occur. This research should also confirm which antibodies and serological tests are truly predictive of past exposure as well as future immunity.

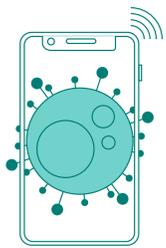
Additionally, much has been posited about the risk to healthy, young people. Therefore, this research program should also determine whether age or underlying health disorders mitigate immunity and complicate the predictive power of antibody assays.

ACTION: CREATE A COVID-19 DATA COMMONS AND DIGITAL PLATFORM



Federal, state, and private data platforms must be expanded to cover the full range of required Covid-19 data.

This will help identify any supply and demand constraints so that testing levels can be aligned at regional levels with illness burdens.



Innovative digital technologies can improve workforce monitoring and early detection of recurrent outbreaks.

When integrated into national and state surveillance systems, such innovations may enable the same level of outbreak detection with fewer tests. Promising techniques include anonymous digital tracking of workforces or population-based resting heart-rate and smart thermometer trends; continually updated epidemiological data modeling; and artificial intelligence projections based on clinical and imaging data.



Digital health records and insurance claims data of hospitalized Covid-19 patients should be used to improve Covid-19 diagnosis and treatment.

This requires that such data be aggregated and examined, while anonymizing personal identification, to determine optimal treatment paradigms and give leads for structured clinical trials.

International and U.S. Covid-19 Testing experiences

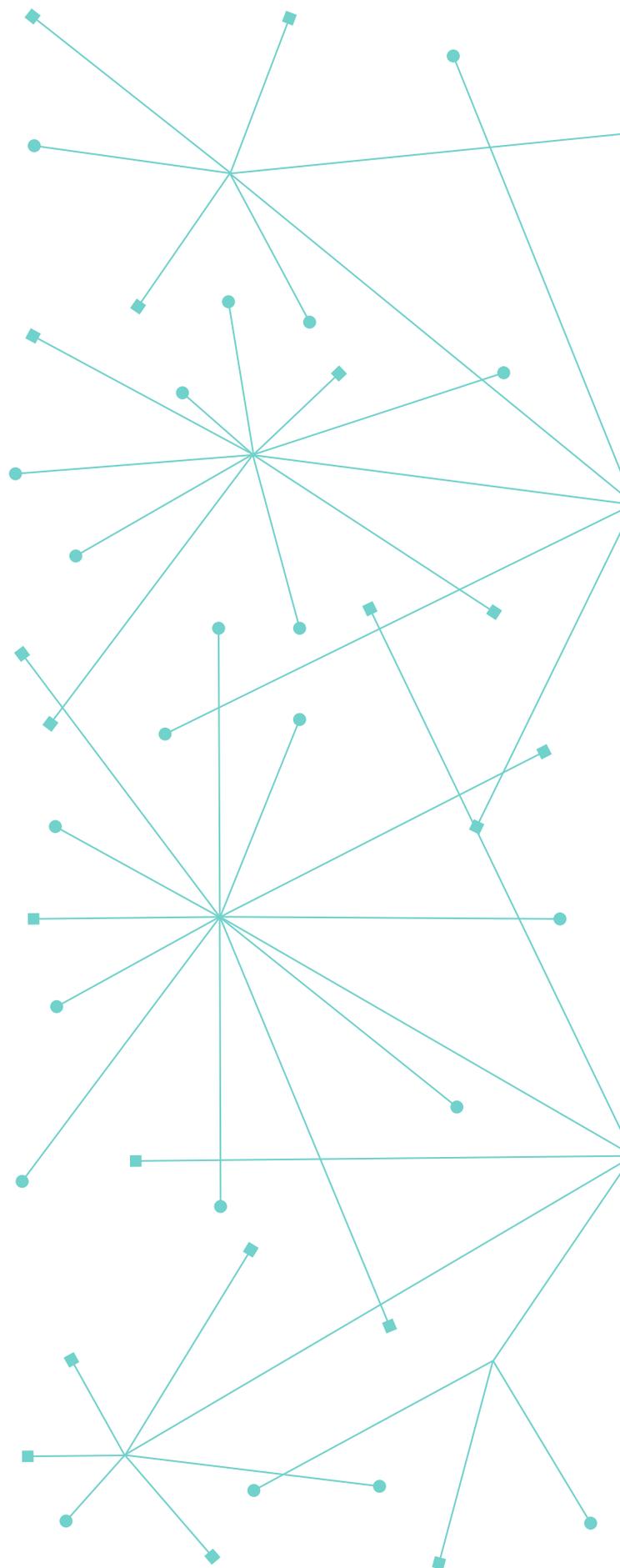
Experiences from countries that are making progress in containing the spread of Covid-19 point to the vital role of an early and aggressive public health response to SARS-CoV-2, the highly contagious virus that causes Covid-19. This includes administering testing on a large scale; isolating and monitoring infected people; and tracing recent contacts who may have been infected and testing them too. This public health response has also appeared to minimize the need for blunt, economically damaging restrictions such as lock-downs to reduce the spread of infections.

A detailed exploration of the exemplar countries and territories, notably South Korea, Singapore, Hong Kong, Iceland, Norway, South Africa, and Ghana, reveal emerging best practices for mounting an early and aggressive public health response to Covid-19: Start as early and quickly as possible, Scale diagnostic testing in at-risk populations, not just those with symptoms, invest in the health workforce, and leverage technology.

South Korea is one of the few countries to experience a serious Covid-19 outbreak and successfully flatten its curve through widespread testing and intensive contact tracing without shuttering its economy or overwhelming the health care system.⁹ South Korea offers a useful point of comparison with the United States, as both countries confirmed their first cases of Covid-19 within a day of each other. However, since then South Korea has registered a Covid-19 mortality rate that is half that of the United States, and South Korea has tested three times as many people for the virus per capita as the United States has.^{10,11} A crucial reason is that the Koreans prioritized quick action on Covid-19 testing.

Less than a week after the country detected its first case, health officials met with medical and pharmaceutical companies to discuss the production and approval of test kits. Within two weeks, even as confirmed cases remained below 100, thousands of test kits were shipping daily.¹² To spare hospitals and clinics from being overwhelmed by increased demand for testing, South Korean officials opened 600 testing centers. At drive-through stations, patients are tested without leaving their cars.¹³ When people test positive for Covid-19 in South Korea, health workers retrace their recent movements to find, test and isolate anyone the person may have had contact with. People ordered into self-quarantine must download an app that alerts officials if a patient leaves isolation.¹⁴

In recent weeks, there have been encouraging signs of a more aggressive and coordinated approach to testing and contract tracing in Massachusetts, Utah and Washington State.^{15,16,17} There have also been new efforts announced by major U.S. technology companies - Apple and Google have announced a joint effort to bolster contact tracing by building software into smartphones that relies on Bluetooth technology to track users' proximity to one another. Facebook is participating in a similar effort led by the Massachusetts Institute of Technology.¹⁸



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The Rockefeller Foundation is grateful to the following people who have contributed to this Action Plan through their participation in the video-conference Roundtable on Fast-Track Testing to Restart the Economy (April 9, 2020), through exchanges following the video-conference, or through other collaborations. Some may differ with aspects of it, or have stressed other matters of primary focus. All have contributed with the greatest sense of shared purpose at this time of national need.

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Proposal for a Pandemic Testing Board

Danielle Allen, Julius Krein,
Ganesh Sitaraman, & E. Glen Weyl

While stay-at-home orders are working to slow the spread of the coronavirus, the reopening of the economy and society could be achieved more safely and more swiftly under the following conditions: (1) deployment of a vaccine, which is projected to take 12-18 months, in which time there will be significant costs to the economy and harm to the social well-being of individuals and communities, or (2) a regime of almost universal testing. Widespread testing for both presence of the virus and for antibodies – on the order of millions of tests per day¹ will enable those who have antibodies or are not infected to re-enter the economy. It will also make it possible to quarantine only those who have been infected or who have been in contact with the infected, massively reducing the number of people who are required to stay-at-home.

The problem is that we cannot wait 12-18 months for a vaccine, and we do not have anywhere near the scale or coordination of resources needed to produce or deploy millions of tests per day. Further, travel and commerce will not truly be able to reopen unless there is sufficient global production and deployment of tests and ultimately vaccines. Although the Trump Administration established a **Supply Chain Stabilization Task Force** to source and deploy PPE, ventilators, and other equipment last week, so far as we are aware, there has not been a similar effort around testing.

We therefore propose the creation of a Pandemic Testing Board (PTB), akin to the War Production Board that the United States created in World War II, in order to massively scale up production and deployment of testing. The Pandemic Testing Board would consist of leaders from business, government, academia, and labor and would be tasked with two projects:

(1) Pandemic Testing Supply Initiative.

The PTB's goal would be to develop the scale of testing needed first to stabilize the United States, and then to offer exports to foreign countries that are facing shortages. It would have authority to identify supply chain elements necessary for manufacturing, procuring, scaling, and deploying any items related to testing, the power to procure these materials via contracting with producers and servicers, and the power to mandate production or services, akin to authorities in the Defense Production Act. Contracting firms would be required to follow all existing labor laws, including maintaining collective bargaining agreements.

(2) Pandemic Testing Deployment Initiative.

In order to deploy testing at scale, there will need to be sufficient personnel to test individuals outside of hospitals and doctors' offices. The PTB would:

- Craft recommendations for states to use the national guard to deploy testing in conjunction with business, labor, nonprofits, and academia
- If necessary, be authorized to create a Pandemic Response Corps, comprised of tested civilians, to assist in the testing
- Make recommendations on tracking the spread of the virus
- Before disbanding, craft recommendations on long-term preparedness.

¹ As of April 6 the US has tested at a rate of approximately 5316 tests per million, compared with 9062 per million in South Korea. Both the Center for American Progress and McKinsey recommend testing rates on par with those of South Korea. The American Enterprise Institute proposes raising testing to the level of 750,000 week. These levels of testing would support disease control in conjunction with a likely need for further applications of social distancing orders. Estimates of the level of testing that would be needed to replace collective quarantine orders with voluntary individual quarantine in a sustainable way from the Edmond J. Safra Center for Ethics Study Group (Harvard University) range from 5 million to 20 million tests a day, depending on the accuracy of contact tracing regimes used in support of testing. A serious commitment to testing would require the CDC and Department of Health and Human Services to engage the epidemiological community in full modeling of the possible testing pathways in order to determine the appropriate level to target.

Design of the Pandemic Testing Board

The Pandemic Testing Board could be designed in one of two ways:

- **Nationalist Model:** The board would consist of no more than 9 members, chosen either by the President or the director of the NIAID, and would be required to include members from business, labor, academia, and current government officials.
- **Federalist Model:** Congress would pass a law authorizing the states to create an interstate compact. The lead states would select a board of no more than 9 members including members from business, labor, academia, and government. On this model, the board would serve the states – rather than work through the federal government – but it would be funded by a congressional appropriation.

Transparency, Anti-Corruption and Ethics Measures, and Oversight

To ensure transparency, anti-corruption, and oversight, the PTB would be required to:

- **Transparency Measures**
 - Make immediately public all procurement contracts, including the terms, timing, and delivery
 - Make immediately public its deployment decisions
 - Produce a report to Congress and the American people detailing the PTB's activities and progress, on no less than a monthly basis
- **Anti-Corruption and Ethics Measures**
 - Prohibit contracting firms of raising CEO pay or offering bonuses for contracting years and two years thereafter
 - Prohibit stock buybacks for the contracting years and two years thereafter
 - Prohibit members of the PTB from purchasing stock in any company related to the PTBs activities for the duration of their time on the PTB plus an additional year

- **Oversight**

- The President or director of NIAID (if the nationalist model) or board (if federalist model) shall appoint an inspector general who will be tasked with (a) monitoring contracts for waste, fraud, and abuse, (b) producing a report of the PTB's progress every two months, (c) monitoring the anti-corruption and ethics requirements, and (c) conducting any other relevant oversight of the PTB's activities.

Appropriations

We recommend Congress appropriate sufficient resources to fund the Board and massively scaled up testing production and deployment.

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