Due to health and safety concerns for the public in light of COVID-19, Nevada Governor Steve Sisolak and his administration took actions starting on March 17, 2020 with regard to the operations of essential and non-essential businesses. On March 20, 2020, the Nevada Department of Public Safety, Division of Emergency Management adopted emergency regulations in Nevada Administrative Code Chapter 414 to define essential and non-essential businesses as well as the parameters for businesses to conduct business in Nevada during the public health emergency.  

On March 26, 2020, the Nevada Health Response posted guidance on essential and non-essential businesses impacted by the emergency regulations. Attached you will find the guide from the Nevada Health Response. Please use this guide to help you determine if a certain establishment is considered essential or non-essential and the applicable operating guidelines.

Additionally, the City of Reno, City of Sparks, and Washoe County prepared the table below to provide clarifying information on topics/questions not specifically addressed in the Nevada Health Response guide. The table below should be used in conjunction with the attached guide.

Restrictions remain in effect until April 30, 2020, unless otherwise directed by the State of Nevada.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Clarifying Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Laws and Regulations</td>
<td>Unless specifically suspended by the applicable governing agency, all other laws and regulations that normally govern business operations remain in effect during the public health emergency.</td>
</tr>
<tr>
<td>Social distancing requirements</td>
<td>Any business, regardless of other operating requirements, must comply with social distancing guidance issued by the CDC document, “Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.”</td>
</tr>
</tbody>
</table>
| Combination of essential and non-essential services | If the essential and non-essential services are in multiple rooms/spaces:  
  - The areas for non-essential services must be closed to the public.  
  - Non-essential goods and services may only be sold through | If the essential and non-essential services are in one room/space and more than 50% of the interior floor area is dedicated to essential services:  
  - The business may remain open to the public under the essential licensed | If the essential and non-essential services are in one room/space and less than 50% the interior floor area is dedicated to essential services:  
  - The areas for non-essential services must be closed to the public. |
| Non-essential retail businesses | Operations may be modified to operate only as an online or phone order business delivering purchased products directly to customers in accordance with the following guidelines:  
- Retail locations are closed to the public.  
- Ordering and payment is completed via phone, email, online service, or similar remote payment method; and  
- All products are shipped or delivered. | The areas open to the public for essential services must follow the guidelines as outlined in the Nevada Health Response guide. | 
| Curb-side pickup for non-essential businesses and services | Curb-side pickup is not allowed for non-essential businesses and services, with the exception of packaged alcohol sold in conjunction with meals provided by appropriately licensed pubs/wineries/bars/breweries. Such operations must be operated in accordance with restaurant and food establishment guidelines. | Non-essential goods and services may only be sold through shipping or direct delivery with no on-site customers.  
- The areas open to the public for essential services must follow the guidelines as outlined in the Nevada Health Response guide. | 
| Off-premise alcohol sales | If the business is licensed appropriately to sell off-premise/packaged alcohol:  
- Onsite pickup of packaged alcoholic beverages is only allowed in conjunction with meals provided by appropriately licensed facilities in accordance with restaurant/food establishment guidelines. Refills of used containers, such as growlers, are not allowed; Packaged alcohol must be sold in new containers.  
- Onsite pickup of packaged alcoholic beverages is prohibited for facilities without an operating restaurant or food establishment.  

Existing laws and regulations continue to govern shipping, delivery, and electronic ordering/payment of off-premise/packaged alcohol. | 
| Limited on-site functions for non-essential businesses and services | Business and services that are required to close must reduce on-site employees to the minimum necessary to complete essential on-site functions such as security, cleaning, accounting, and other operations that cannot be conducted effectively from an off-site location. Limited non-public operations should institute strict social distancing practices as set for in the Nevada Health Response Guide. | 
| Establishments selling firearms and/or ammunition | Imposing restrictions on the lawful sale of firearms and ammunition is not allowed per state law (NRS 414.155).  
Establishments selling firearms and/or ammunition:  
- Are recommended to follow the operating guidelines of essential licensed businesses in the Nevada Health Response guide; and  
- Must follow the guidelines in this table under Combination of essential and non-essential services for those goods/services not associated with firearms and ammunition sales. | 
<p>| Shooting ranges | Commercial shooting ranges are considered a non-essential recreational activity. |</p>
<table>
<thead>
<tr>
<th>Essential stays in hotels, RV parks, commercial lodging, and dormitories,</th>
<th>Local agencies will not further define or limit which stays are considered essential and will allow essential stays to exceed the 28 day limit otherwise applicable to lodging facilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential products or services with limited availability</td>
<td>The applicable local government agency may approve alternative arrangements for establishments that provide essential products and services that are not otherwise available to the community and cannot reasonably comply with the operational guidelines.</td>
</tr>
<tr>
<td>Businesses providing meals from mobile facilities</td>
<td>Businesses providing meals from mobile facilities, such as food trucks, are allowed in accordance with operating guidelines for restaurants and food establishments.</td>
</tr>
</tbody>
</table>
| Definition of products for essential operations of households | Includes necessary products such as:  
  ● Appliances necessary for the storage and preparation of feed  
  ● Equipment necessary for the heating, cooling, and upkeep of households |

**Reference Documents:**

Unless otherwise noted below, the reference documents can be found at: https://nvhealthresponse.nv.gov/news-resources/governor-directives-and-declarations/

1. March 12, 2020 Declaration of Emergency
3. March 18, 2020 Memorandum on mining, construction, and manufacturing industry sectors
   a. Available at: http://business.nv.gov/News_Media/COVID-19_Announcements/
   a. Available at: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce
5. March 20, 2020 Declaration of Emergency Directive 003
7. March 22, 2020 Memorandum regarding beer, wine and liquor sales
9. Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission (Attached)
Understanding Governor Sisolak’s Directive for Non-Essential Businesses

Q: What is an “ESSENTIAL BUSINESS”?

A: Essential businesses are those licensed businesses that are encouraged to continue operation but must adopt COVID-19 risk mitigation measures that reduce the risk of community disease spread. These businesses include:

- Essential healthcare services
- Businesses that sell or rent medical supplies
- Essential infrastructure operations like construction & manufacturing, agriculture, and utilities
- Grocery stores
- Retailers that sell food items and other household essentials
- Restaurants offering meals via take-out, drive-through, curbside pickup, or delivery
- Entities that provide food, shelter, or social services for vulnerable populations
- Businesses that ship or deliver goods directly to residences
- Licensed cannabis entities (delivery only)
- Pet supply stores and animal shelters
- Financial institutions
- Pawnbrokers
- Hardware stores and home improvement centers
- Auto supply, auto repair, and tire shops
- Laundromats and dry cleaners
- Warehouse and storage facilities
- Transportation services like taxis and rideshares
- Mail and shipping services
- Businesses that supply – on a curbside pickup or delivery basis – products necessary for people to work from home, like office supply and electronics stores
- Plumbers, electricians, exterminators, home security, and other similar service providers
- Professional or technical services
- Childcare facilities
- Residential facilities and shelters
• Media services
• Lodging
• Gas stations
• Propane services

For more information on essential businesses, click here: “ESSENTIAL BUSINESS”

Q: What is a “NON-ESSENTIAL BUSINESS”?

A: Non-essential businesses include, but are not limited to, those businesses that promote recreational social gathering activities, or promote extended periods of public interaction where the risk of transmission of COVID-19 is high. These businesses were ordered closed by 11:59pm on Friday, March 20, 2020.

• Casinos
• Recreational activities
• Beauty and grooming schools and services
• Retail facilities not defined as essential that can’t ship or deliver
• Dine-in restaurants
• Brothels and houses of prostitution
• Live entertainment venues
• Nightclubs
• Pubs, wineries, bars, and breweries that don’t sell food on a take-out, drive-through, curbside pickup, or delivery basis
• Sporting good and hobby shops
• Museums and art galleries
• Liquor stores
• Tattoo Parlors
• Smoke/e-Cigarette/Vape Shops

For more information on non-essential businesses, click here: “NON-ESSENTIAL BUSINESS”

Q: What does this Directive mean for services like police, fire, and public works?

A: The Governor’s Directive allows industries identified in the March 19, 2020 U.S. Department of Homeland Security Cyber & Infrastructure Security Agency Essential Critical Infrastructure Workforce memo to continue to operate with appropriate modifications to account for CDC workforce and consumer protection guidance. Those industries include law enforcement, public safety, first responders, public works, and essential government employees.
Q: Does this mean I cannot leave my house or visit area parks?

A: No; so long as you are maintaining a safe distance of six feet from people who aren’t part of your household, it is okay to go outside for exercise, a walk, or fresh air. Congregating outdoors without maintaining safe social distancing is not permitted.

**ESSENTIAL BUSINESSES pursuant to Declaration of Emergency Directive 003 and accompanying Emergency Regulations**

The following businesses are defined as essential and may continue to operate as described below.

**All essential licensed businesses must:**
- Comply with social distancing guidance issued by the CDC document, “Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission”;
- Cease operating and shut down all gaming machines, devices, tables, games, and any equipment related to gaming activity, except for licensed online gaming or mobile wagering operations; and
- Cease all door-to-door solicitation, even if the good or service offered for sale is considered essential (does not prohibit the delivery of a good or service that has been ordered by a resident or business);
- Provide curbside, pickup, or delivery of goods whenever possible;
- To the extent practicable, ensure that customers receiving orders outside the establishment maintain adequate social distancing practices by not congregating within a minimum of six feet of separation between each other;
- To the extent practicable, disallow the formation of lines in which people congregate in a way that violates social distancing guidelines;
- Whenever possible, adopt contactless payment systems;¹

If an essential licensed business is unable to provide take-out, drive-through, curbside pickup, or delivery services, it must, to the extent practicable, limit access to its premises so that customers can maintain a minimum of six feet of separation between each other AND must implement sanitization and disinfection policies in compliance with the CDC’s recommendations.

---

¹ Contactless payment systems are credit cards and debit cards, key fobs, smart cards, or other devices, including smartphones and other mobile devices, that use radio-frequency identification (RFID) or near field communication (NFC, e.g., Samsung Pay, Apple Pay, Google Pay, Fitbit Pay, or any bank mobile applications that supports contactless) for making secure payments, as opposed to the direct transfer of cash between buyer and seller.
Essential healthcare operations including:
- Hospitals
- Medical offices
- Clinics
- Healthcare suppliers
- Home health care providers
- Mental health providers
- Dentists
- Orthodontists
- Oral surgeons
- Physical or occupational therapists
- Speech therapists and pathologists
- Chiropractors
- Licensed homeopathic medical providers
- Biomedical facilities
- Non-governmental emergency service providers
- Optometrist and ophthalmologist offices
- Offices for certified nurse-midwives
- Veterinary services
- Pharmaceuticals

Businesses that sell or rent medical supplies:
Rental medical equipment and supplies must be cleaned and sanitized in accordance with CDC sanitization recommendations.

Essential infrastructure operations including:
- Construction
- Agriculture
- Farming
- Housing construction
- Airport operations
- Water
- Sewer
- Gas
- Electrical
- Mining
- Public transportation
- Solid waste collection and removal
- Recycling services
- Energy, including solar
- Internet
- Telecommunications
- Manufacturing
- Food processing
- Propane services

In addition to the COVID-19 risk mitigation measures outlined above, these businesses must maintain strict social distancing practices to facilitate a minimum of six feet of separation between workers and adopt policies and practices that ensure minimum contact between the workforce and the general public. Social distancing restrictions do not supersede any safety practices imposed on the industry by state or federal law. These businesses must also follow all applicable COVID-19 risk mitigation policies and any precautionary measures and guidance issued by the Nevada Department of Business and Industry and any other state regulatory body.

Grocery & Retail stores including:
- Supermarkets
- Food banks
- Food pantries
• Soup kitchens
• Convenience stores
• Farm and produce stands
• Pet supply stores
• Hardware stores, including home improvement centers
• Office supply stores including businesses that supply products necessary for people to work from home (curbside pickup or delivery to consumer basis only)
• Other retail sale of canned and dry goods, fresh produce, frozen foods, fresh meats, fish, and poultry
• Retailers that sell food items and other household consumer products for cleaning and personal care to promote safety, sanitation, and essential operation of households.

In addition to the COVID-19 risk mitigation measures outlined above, these businesses must:

- require food workers to strictly abide by all applicable hygiene guidelines including handwashing and glove requirements;
- follow CDC sanitization recommendations, including disinfecting surfaces routinely and at frequent intervals;
- and prohibit self-serve food and beverage, such as condiments and samples.

**Restaurants and Food establishments:**
Establishments that offer meals on a take-out, curbside pickup, delivery, or drive-through basis only and food distribution pods to provide meals to students. In addition to the COVID-19 risk mitigation measures outlined above, these businesses must:

- require food workers to strictly abide by all applicable hygiene guidelines including handwashing and glove requirements;
- follow CDC sanitization recommendations, including disinfecting surfaces routinely and at frequent intervals;
- and prohibit self-serve food and beverage, including as condiments shared between unrelated customers and samples not distributed by a food worker.

**Licensed cannabis entities including:**
• Dispensaries (delivery only; no curbside pickup)
• Producers
• Cultivators

In addition to the COVID-19 risk mitigation measures outlined above, licensed cannabis entities must ensure that producers and cultivators strictly adhere to social distancing protocol. Guidance on cannabis delivery services shall be issued by the Department of Taxation in conjunction with the Cannabis Compliance Board.
Financial Institutions including:
• Banks
• Pawnbrokers

Services for vulnerable people:
Businesses and other entities that provide food, shelter, or social services for economically disadvantaged individuals, vulnerable populations, or victims of crime

Auto services including:
• Auto supply
• Automobile repair facilities
• Tire shops
• Sales on a Limited Basis

Transportation services including:
• Taxicabs
• Rideshare services

Taxis and rideshare services may only serve one customer or group of customers that originate at the same address at the same time or are members of the same household. “Pooling” customers is prohibited.

Maintenance services including:
• Plumbers
• Electricians
• Exterminators
• Home security
• Other service providers who provide services necessary to maintain the safety, sanitation, and essential operation of residences or businesses

Professional or technical services including:
• Legal
• Accounting
• Tax
• Payroll
• Real estate
• Property management services

Residential facilities including:
• Shelters for seniors, adults, and children
• Retirement homes
• Assisted living facilities
**Media including:**
- Newspapers
- Television
- Radio
- Other media services

**Lodging including:**
- Hotels and motels
- Short-term rentals
- RV parks
- Campgrounds
- Dormitories
- Commercial lodging

**Additional Essential Services including:**
- Child care facilities
- Mail and shipping services, including P.O. Boxes.
- Businesses that ship or deliver goods directly to residences
- Gas stations, with or without attached convenience store
- Animal shelters
- Laundromats and Dry Cleaners
- Warehouse and Storage facilities

**NON-ESSENTIAL pursuant to Declaration of Emergency Directive 003 and accompanying Emergency Regulations**

The following businesses are defined as non-essential and must be closed as of 11:59pm on Friday, March 20, 2020.

**Recreational activities including but not limited to:**
- Recreation and Community Centers
- Sporting Event Venues
- Fitness Facilities and Gyms
- Clubhouses
- Racetracks
- Zoos and aquariums (must close to the public but may maintain essential operations by staff members for the health and safety of animals)
- Golf and country clubhouses not to include golf activities outside clubhouse settings
Casinos
- Gaming machines and gaming operations, except online gaming or mobile wagering operations

Beauty and Grooming Schools and Services:
- Spas
- Hairdressers
- Barbers
- Nail Salons
- Tanning and air brush salons
- Massage not provided by a physical therapist
- Waxing
- Diet and weight loss centers
- Other cosmetic services

Retail facilities not defined as essential and that are unable to sell goods through shipping or direct delivery.

Restaurant services providing in-house dining only.

Pubs, wineries, bars and breweries that don’t provide meals on a take-out, curbside pickup, delivery, or drive-through basis.

Brothels and houses of prostitution

Live entertainment venues, including theaters and adult entertainment establishments

Liquor Stores

Other Non-Essential Businesses including but not limited to:
- Nightclubs
- Sporting good and Hobby Shops
- Tattoo Parlors
- Smoke Shops
- Vape/e-Cigarette Shops
Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

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

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

Goals

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

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

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

Implementation is based on:

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

Guiding principles

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

For more information: www.cdc.gov/COVID19
### Table 1. Local Factors to Consider for Determining Mitigation Strategies

<table>
<thead>
<tr>
<th>Factor</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
<td>• Level of community transmission (see Table 3)</td>
</tr>
<tr>
<td></td>
<td>• Number and type of outbreaks (e.g., nursing homes, schools, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services</td>
</tr>
<tr>
<td></td>
<td>• Epidemiology in surrounding jurisdictions</td>
</tr>
<tr>
<td>Community Characteristics</td>
<td>• Size of community and population density</td>
</tr>
<tr>
<td></td>
<td>• Level of community engagement/support</td>
</tr>
<tr>
<td></td>
<td>• Size and characteristics of vulnerable populations</td>
</tr>
<tr>
<td></td>
<td>• Access to healthcare</td>
</tr>
<tr>
<td></td>
<td>• Transportation (e.g., public, walking)</td>
</tr>
<tr>
<td></td>
<td>• Planned large events</td>
</tr>
<tr>
<td></td>
<td>• Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)</td>
</tr>
<tr>
<td>Healthcare capacity</td>
<td>• Healthcare workforce</td>
</tr>
<tr>
<td></td>
<td>• Number of healthcare facilities (including ancillary healthcare facilities)</td>
</tr>
<tr>
<td></td>
<td>• Testing capacity</td>
</tr>
<tr>
<td></td>
<td>• Intensive care capacity</td>
</tr>
<tr>
<td></td>
<td>• Availability of personal protective equipment (PPE)</td>
</tr>
<tr>
<td>Public health capacity</td>
<td>• Public health workforce and availability of resources to implement strategies</td>
</tr>
<tr>
<td></td>
<td>• Available support from other state/local government agencies and partner organizations</td>
</tr>
</tbody>
</table>
Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

<table>
<thead>
<tr>
<th>Factor</th>
<th>None to Minimal</th>
<th>Minimal to moderate</th>
<th>Substantial</th>
</tr>
</thead>
</table>
| **Individuals and Families at Home**
  “What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19” | • Know where to find local information on COVID-19 and local trends of COVID-19 cases.
  • Know the signs and symptoms of COVID-19 and what to do if symptomatic:
    » Stay home when you are sick
    » Call your health care provider’s office in advance of a visit
    » Limit movement in the community
  • Limit visitors
  • Know what additional measures those at high-risk and who are vulnerable should take.
  • Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
  • Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
    » Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible.
    » Establish ways to communicate with others (e.g., family, friends, co-workers).
    » Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events.
  • Know about emergency operations plans for schools/workplaces of household members. | • Continue to monitor local information about COVID-19 in your community.
  • Continue to practice personal protective measures.
  • Continue to put household plan into action.
  • Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. | • Continue to monitor local information.
  • Continue to practice personal protective measures.
  • Continue to put household plan into place.
  • All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials. |
<table>
<thead>
<tr>
<th>Factor</th>
<th>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None to Minimal</td>
</tr>
<tr>
<td>Schools/childcare</td>
<td>“What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</td>
</tr>
<tr>
<td>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</td>
<td>• Implement social distancing measures:</td>
</tr>
<tr>
<td>• Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site.</td>
<td>• Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering.</td>
</tr>
<tr>
<td>• Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.</td>
<td>• Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times)</td>
</tr>
<tr>
<td>• Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.</td>
<td>• Limit inter-school interactions</td>
</tr>
<tr>
<td>• Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.</td>
<td>• Consider distance or e-learning in some settings</td>
</tr>
<tr>
<td>• Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.</td>
<td>• Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).</td>
</tr>
<tr>
<td>• Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).</td>
<td>• Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.</td>
</tr>
<tr>
<td>• Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).</td>
<td>• Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.</td>
</tr>
<tr>
<td>• Clean and disinfect frequently touched surfaces daily.</td>
<td></td>
</tr>
<tr>
<td>• Ensure hand hygiene supplies are readily available in buildings.</td>
<td></td>
</tr>
<tr>
<td>Factor</td>
<td>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Assisted living facilities, senior living facilities and adult day programs</td>
<td><strong>None to Minimal</strong>&lt;br&gt;• Know where to find local information on COVID-19.&lt;br&gt;• Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic.&lt;br&gt;• Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available.&lt;br&gt;• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette).&lt;br&gt;• Clean frequently touched surfaces daily.&lt;br&gt;• Ensure hand hygiene supplies are readily available in all buildings.</td>
</tr>
<tr>
<td></td>
<td><strong>Minimal to moderate</strong>&lt;br&gt;• Implement social distancing measures:&lt;br&gt;  » Reduce large gatherings (e.g., group social events)&lt;br&gt;  » Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times)&lt;br&gt;  » Limit programs with external staff&lt;br&gt;  » Consider having residents stay in facility and limit exposure to the general community&lt;br&gt;  » Limit visitors, implement screening&lt;br&gt;• Temperature and respiratory symptom screening of attendees, staff, and visitors.&lt;br&gt;• Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.</td>
</tr>
<tr>
<td></td>
<td><strong>Substantial</strong>&lt;br&gt;• Longer-term closure or quarantine of facility.&lt;br&gt;• Restrict or limit visitor access (e.g., maximum of 1 per day).</td>
</tr>
</tbody>
</table>
**Workplace**
“What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19”

- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.
- Review, update, or develop workplace plans to include:
  - Liberal leave and telework policies
  - Consider 7-day leave policies for people with COVID-19 symptoms
  - Consider alternate team approaches for work schedules.
- Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill).
- Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).
- Clean and disinfect frequently touched surfaces daily.
- Ensure hand hygiene supplies are readily available in building.

---

<table>
<thead>
<tr>
<th>Factor</th>
<th>None to Minimal</th>
<th>Minimal to moderate</th>
<th>Substantial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</td>
<td>• Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.</td>
<td>• Implement extended telework arrangements (when feasible).</td>
</tr>
</tbody>
</table>
|         | • Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. | • Implement social distancing measures:  
  - Increasing physical space between workers at the worksite  
  - Staggering work schedules  
  - Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.) | • Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals. |
|         | • Review, update, or develop workplace plans to include:  
  - Liberal leave and telework policies  
  - Consider 7-day leave policies for people with COVID-19 symptoms  
  - Consider alternate team approaches for work schedules. | • Limit large work-related gatherings (e.g., staff meetings, after-work functions). | • Cancel non-essential work travel. |
<p>|         | • Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill). | • Limit non-essential work travel. | • Cancel work-sponsored conferences, tradeshows, etc. |
|         | • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). | • Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible). | |</p>
<table>
<thead>
<tr>
<th>Community and faith-based organizations “What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</strong></td>
</tr>
<tr>
<td><strong>None to Minimal</strong></td>
</tr>
<tr>
<td>- Know where to find local information on COVID-19 and local trends of COVID-19 cases.</td>
</tr>
<tr>
<td>- Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic.</td>
</tr>
<tr>
<td>- Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.).</td>
</tr>
<tr>
<td>- Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness.</td>
</tr>
<tr>
<td>- Encourage staff and members to stay home and notify organization administrators of illness when sick.</td>
</tr>
<tr>
<td>- Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette).</td>
</tr>
<tr>
<td>- Clean frequently touched surfaces at organization gathering points daily.</td>
</tr>
<tr>
<td>- Ensure hand hygiene supplies are readily available in building.</td>
</tr>
</tbody>
</table>
### Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth)

What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)

- Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities).
- Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits.
- Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use.
- Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.
- Assess visitor policies.
- Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill).
- Encourage HCP to stay home and notify healthcare facility administrators when sick.
- In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.
- Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).

### Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting

<table>
<thead>
<tr>
<th>Factor</th>
<th>None to Minimal</th>
<th>Minimal to moderate</th>
<th>Substantial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare settings and healthcare provider</strong> (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) “What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)”</td>
<td>- Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities).&lt;br&gt;- Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits.&lt;br&gt;- Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use.&lt;br&gt;- Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.&lt;br&gt;- Assess visitor policies.&lt;br&gt;- Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill).&lt;br&gt;- Encourage HCP to stay home and notify healthcare facility administrators when sick.&lt;br&gt;- In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.&lt;br&gt;- Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).</td>
<td>- Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc.&lt;br&gt;- Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits.&lt;br&gt;- Actively monitor absenteeism and respiratory illness among HCP and patients.&lt;br&gt;- Actively monitor PPE supplies.&lt;br&gt;- Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent).&lt;br&gt;- Consider allowing asymptomatic exposed HCP to work while wearing a facemask.&lt;br&gt;- Begin to cross train HCP for working in other units in anticipation of staffing shortages.</td>
<td>- Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission.&lt;br&gt;- Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask).&lt;br&gt;- Cancel elective and non-urgent procedures&lt;br&gt;- Establish cohort units or facilities for large numbers of patients.&lt;br&gt;- Consider requiring all HCP to wear a facemask when in the facility depending on supply.</td>
</tr>
</tbody>
</table>
Table 3. Potential mitigation strategies for public health functions

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

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