



The HOLY SYNOD of the ORTHODOX CHURCH IN AMERICA

SYNODAL DIRECTIVES ***Towards a Re-opening of our Churches*** ***Effective May 1, 2020***

1. **Preface.** These directives were approved by the Holy Synod of Bishops of the Orthodox Church in America meeting on May 1, 2020. They address the basic issues regarding the re-opening of our churches. It should be noted at the outset that they presume only a partial and gradual re-opening. A complete re-opening of the church buildings for liturgical, educational, and social gatherings may not be possible for some time. Even then, the lingering effects of this pandemic will be with us. Nevertheless, without a doubt, we long for a full opening of our temples, resuming the fullness of parochial life, whenever this might take place. This longing guides us in the formulation of these directives.
2. **Preliminary Work.** Prior to, and in conjunction with, the resumption of the liturgical life of our churches, preparatory work will have to take place. Above all, pastoral work will have to be done at all levels to help the clergy and the faithful work through anxieties and any spiritual issues that have arisen and will arise as we emerge from isolation and quarantine. Furthermore, the policies and procedures adopted, with the blessing of the bishop, by dioceses, deaneries, and parishes might have to begin with small groups, non-Eucharistic services, in order to test procedures and let people become used to them. This interim period would allow Church leadership to gain familiarity with the procedures, and see what further issues might arise that need to be addressed.
3. **Diocesan Responsibilities.** Under the guidance of the bishop, diocesan administration, deans, and parish clergy must be fully aware of the civil directives that are in effect in their locale as well as these present directives to make sure that parishes, missions, and all Church institutions strictly observe all relevant directives. It should be underscored that the Holy Synod is seeking not only to ensure compliance with civil laws, but above all to care for the clergy and faithful, with the goal of the resumption of normal Church life. We look forward to this day as a joyous day of great celebration when we can all gather together.

4. **Stages for Opening the Churches.** The process of re-opening our church temples will be in accord with, and parallel to, the phases set forth by the federal government. The model for these directives is taken from US Federal Guidelines “Opening Up America Again.” It is understood that similar federal guidelines in Canada and Mexico might be substituted in those countries. The church-level stages outlined below represent further refinement of the phases enumerated in the Federal Guidelines, and are intended to give diocesan bishops greater flexibility regarding how and when to re-open the churches.

Federal Guidelines		Descriptions
Phase 1	Stage 0	Services are completely suspended; no Divine Services are served
Phase 1	Stage 1	Sunday liturgy served by limited cohort
Phase 1	Stage 2	Additional weekly liturgies served by limited cohort
Phase 1	Stage 3	The Divine Office is offered by a limited cohort
Phase 2	Stage 4	Adding parishioners to liturgical cohort according to limits set by civil directives; Allowance for Baptisms, Reception of Converts, in person Confession, Marriages, with strict limits on attendance
Phase 2	Stage 5	Allowance for in person meetings: Parish Council, Coffee Fellowship according to limits set by civil decrees Allowance for Baptisms, Reception of Converts, in person Confession, Marriages, with slight loosening for limits on attendance
Phase 2	Stage 6	Careful increase of the number of parishioners to liturgical cohort according to limits set by civil directives Allowance for Baptisms, Reception of Converts, in person Confession, Marriages, with equivalent loosening for limits on attendance
Phase 3	Stage 7	Continued increase of activity that leads to full re-opening

5. **Key points** to remember with reference to the above:
- A. The above chart is a guide for the bishop, in collaboration with his diocesan and parish leadership, to determine at what stage churches are currently, and under which conditions they may move to the next stage.
 - B. When parishes begin deliberately to resume liturgical life according to these stages, they must follow in every way the civil decrees and be ever mindful of the safety and health of the clergy, the faithful, and the local community.
 - C. There is no expectation for any parish to be at a particular stage at any particular time. In fact, diocesan bishops may need to suspend services (that is, revert to an earlier stage) if the situation within the communities

or regions of their dioceses or in the nation deteriorates, and, in response, the government issues new decrees.

- D. The Federal Guidelines mandate that personnel involved in the re-opening must be free of any COVID-19 or general influenza symptoms for fourteen days. Likewise, the local geographical area must be on a fourteen-day downward trajectory for newly documented cases, and the local healthcare systems should be in a position to handle new surges of cases.

6. **Conditions for Re-opening.** Before churches are re-opened, the diocesan bishop, in collaboration with diocesan and parish leadership, should consider the following:

- A. Recommended **Preventative Measures** which are provided in *Appendix A*.
- B. Recommended **considerations and cautions** which are provided in *Appendix B*.
- C. Recommended **questions** to be asked before churches are opened or move to a further stage. These are provided in *Appendix C*.
- D. All civil guidelines insist that proper hygiene be maintained, as determined by Federal, State, Provincial, and local guidance. Particular attention should be given to **CDC guidance**, such as the guidelines for cleaning church buildings found in *Appendix D*. The **US Federal Guidelines** are included as *Appendix E*.

7. **Pastoral Concern for Vulnerable Populations.** Prior to re-opening, careful assessment regarding the health of the clergy, the faithful, and the local community needs to be made. In churches that are able to re-open, priests will need to be mindful of, and offer pastoral care to, the members of their communities who are unable to come back to services immediately because they belong to one of the vulnerable population categories, they are under travel restrictions, or they are sick themselves with the virus. Additionally, there may be members who do not yet feel safe returning to Church services and legitimately absent themselves. Finally, for the time being, special attention will have to be given to families with small children. Because of social distancing guidelines, small children who cannot remain close to a parent during services will have to remain home. The following restrictions are also to be observed:

- A. Clergy, with the blessing of their bishop, and faithful who do not feel safe leading services or attending them may stay home.
- B. Anyone who presently has COVID-19 and has not recovered, or presents symptoms of it, must refrain from coming to church.
- C. Anyone who cares for someone who has been diagnosed with, or presents symptoms of, COVID-19 must refrain from coming to church.
- D. If people come to church while presenting symptoms of COVID-19, or if people come who live with or care for those who are sick with COVID-19, it will be necessary for the church to be sanitized, and those who were present must quarantine for a minimum of 14 days before returning to church.

- E. Additionally, the elderly and those with pre-existing and underlying conditions as defined by civil government are to refrain from coming to church. Clergy within this group must seek the blessing of their diocesan bishop to attend and serve, if they so desire.
 - F. Healthcare professionals and other necessary workers who may be exposed to populations who have the virus must seek a blessing from their diocesan bishop concerning the possibility of serving or attending church.
 - G. In all of the above circumstances, priests should find safe ways to offer pastoral care, and seek to provide opportunities for the faithful to visit the churches in order to light a candle and pray, providing social distancing is observed and necessary cleaning takes place.
8. **Monasteries.** Monasteries are to refrain from their traditional ministry of hospitality at this present time.
9. **Civil Directives.** We must continue to adhere to the civil guidelines, beginning with those from the federal government, especially the most recent, “Opening Up America Again” in the United States, and then the particular and localized guidelines from the civil authorities, recognizing that there is diversity state to state, county to county, and municipality to municipality. While many civil authorities have been leery of imposing the civil decrees on Churches out of consideration of the principle of “separation of Church and state,” they expect Church communities to respond in a way that is consonant with the public welfare. The Holy Synod intends to follow the spirit in which these decrees are given.

APPENDIX A: PREVENTATIVE MEASURES

In order remain vigilant in all ways, the churches should strictly maintain the following preventative measures:

1. Members of the Church should become familiar with the symptoms of the novel coronavirus, COVID-19 (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell), and, if these symptoms present themselves, both seek medical help immediately and self-isolate.
2. In terms of preventing the spread of this virus, the best advice is to follow CDC directives, which currently include: wash hands thoroughly and frequently, cover your coughs and sneezes, avoid sharing personal items, wear a mask, and maintain a social distance of six feet.
3. Churches must have hand sanitizer readily available at entrances, outside elevators, and other points of ingress. They should be sure that restrooms are properly stocked with soap, and sanitized frequently, recorded with an accompanying log sheet.
4. Everyone except clergy and singers must wear facemasks in accord with civil directives (clergy may wear plastic face shields at the distribution of communion).
5. Churches must be cleaned routinely between, especially objects that are routinely touched, like door handles, or furniture. Doors should be propped open so that door knobs or handles do not need to be used. It might, in fact, be more practical to have a designated person, an usher or greeter with gloves minding the door.
6. Icons, the blessing cross, and other sacred vessels should be venerated without physical contact.
7. When giving blessings, bishops and priests should not offer their hands to be kissed.
8. No service books should be distributed or left out for common use.
9. Unless zapivka can be offered in a safe, individual manner, it should not be offered.
10. Unless antidoron can be presented in a safe, individual manner, it should not be distributed.
11. Priests should modify their censuring patterns and processions to limit exposure, or wear a mask during censings and processions in the Church building.

APPENDIX B: CONDITIONS AND CAUTIONS TO BE CONSIDERED BEFORE OPENING CHURCHES

Before churches are re-opened, the diocesan bishop, in collaboration with diocesan and parish leadership, should consider the following conditions and cautions:

1. Opening can only be done after a thorough cleaning of the church building.
2. Ways should be found for everyone in the parish community to come to church for a service on a rotating basis, or at least to visit the church in order to pray and perhaps receive the reserved sacrament.
3. Methods of calculating how many people can safely be in church, and then identifying where people can be six feet away from each other, or other family groupings, should be found. In order to do this, parishes may have to measure the square footage of the church, and calculate how many people can fit into that space, while remaining socially distanced. This will only give a rough estimate since other factors will need to be considered, such as families living together that may stand or sit more closely than those who do not.
4. The best system for determining how people are to come in for services in limited numbers should be found. Precise records of who comes on which day will have to be kept so that those who attended can be contacted if necessary. Using online forms, or having one of the faithful sign them in, for example, could be employed. Those attending will have to be told the following:
 - a. Where they can enter the church
 - b. Where they can hang their coats and place any personal belongings
 - c. Where they must sanitize or wash their hands
 - e. That their Personal Protective Equipment (PPE) will be inspected
 - f. An individual may be designated to light candles for people
 - f. That an usher will lead them to a designated place
 - g. That masks will be available to them (parishes are strongly encouraged to have supply of masks readily available).
5. For the purposes of screening people as they come in, churches will need an usher or a doorkeeper, who can ensure that the faithful are following the directives of the Church.
6. In certain places, temperature checks at the door might be necessary.
7. The number of people in altar must be limited; the placement of singers and choir need to match social distancing requirements. Since those reading loudly or singing may be sources of the virus through the projection of their voices, all choirs should be moved to the optimal location to keep such possibility to a minimum (for example, moving the choirs to the front of the nave).
8. Signs should be posted on the front door of the church explaining the directives and stating the assumed risk of those entering by age and preconditions.
9. Consideration of “at-risk” groups must be taken into account.

APPENDIX C

QUESTIONS TO ASK BEFORE RE-OPENING

Prior to addressing any of these questions, each church (parish, institutions, mission, mission station, or chapel) needs to understand and follow strictly the directives from the Holy Synod and the Diocesan Bishop, and the civil decrees. Churches should be sure that they have the express blessing, which is given directly to the church or from a diocesan-wide blessing, from their Diocesan Bishop to re-open, and at what stage they can be re-opened.

Questions to be asked before Churches are re-opened:

1. Do the civil directives allow for re-opening?
2. Is the priest a member of the vulnerable population as defined by the civil authorities (is he over 65? Does he have pre-existing medical conditions?)? Does he have a wife or household member who works in healthcare who is in contact with COVID-19 patients?
3. Has the church building been thoroughly cleaned? Is a plan in place for the regular cleaning of the church after each service?
4. Does the church have a plan to accommodate faithful in the church building that meets the requirements for social distancing? Does the choir have such a plan?
5. Does the church have necessary equipment for re-opening (hand sanitizer, cleaning supplies, PPE)?
6. Does the church have the necessary personnel trained to assist in the services (an usher, or a greeter, for example)?
7. Does the church have a plan to make sure all members of the congregation who are able may come to services?
8. Is a plan, blessed by the bishop, in place for the distribution of communion?

APPENDIX D
CENTER FOR DISEASE CONTROL GUIDELINES
attached immediately following

APPENDIX E
US FEDERAL GUIDELINES
attached immediately following

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.** **Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label)
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
- OR
- 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



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

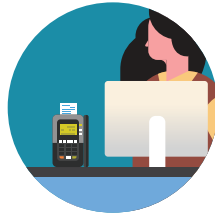
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a sick person.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

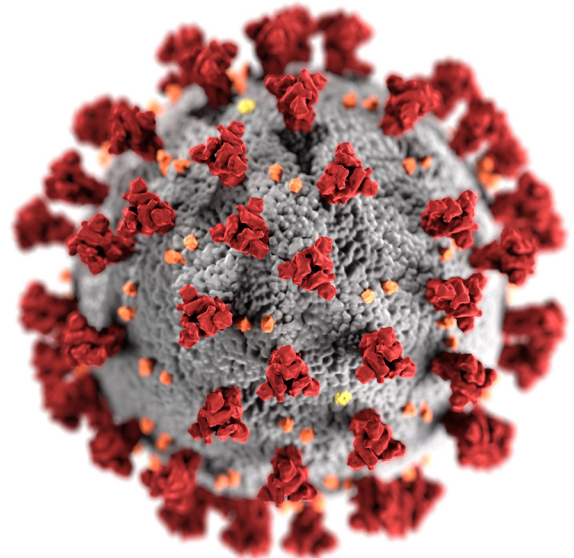
Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting a sick person's bedroom/bathroom, review CDC's guidance on [disinfecting your home if someone is sick](#).



GUIDELINES

**OPENING UP
AMERICA AGAIN**





Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of covid-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

*State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.



Core State Preparedness Responsibilities

TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)

HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- ✓ Ability to surge ICU capacity

PLANS

- ✓ Protect the health and safety of workers in critical industries
- ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- ✓ Protect employees and users of mass transit
- ✓ Advise citizens regarding protocols for social distancing and face coverings
- ✓ Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity



OPENING UP AMERICA AGAIN

Proposed Phased Approach

BASED ON **UP-TO-DATE DATA** AND READINESS

MITIGATES RISK OF RESURGENCE

PROTECTS THE MOST VULNERABLE

IMPLEMENTABLE ON **STATEWIDE OR COUNTY-
BY-COUNTY** BASIS AT GOVERNORS' DISCRETION



Guidelines for All Phases: Individuals

CONTINUE TO PRACTICE GOOD HYGIENE

- ✓ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- ✓ Avoid touching your face.
- ✓ Sneeze or cough into a tissue, or the inside of your elbow.
- ✓ Disinfect frequently used items and surfaces as much as possible.
- ✓ Strongly consider using face coverings while in public, and particularly when using mass transit.

PEOPLE WHO FEEL SICK SHOULD STAY HOME

- ✓ Do not go to work or school.
- ✓ Contact and follow the advice of your medical provider.

Continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.



Guidelines for All Phases: Employers

Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:

- ✓ Social distancing and protective equipment
- ✓ Temperature checks
- ✓ Testing, isolating, and contact tracing
- ✓ Sanitation
- ✓ Use and disinfection of common and high-traffic areas
- ✓ Business travel

Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.



OPENING UP AMERICA AGAIN

Phase One

FOR STATES AND REGIONS
THAT SATISFY THE GATING CRITERIA



Phase One

INDIVIDUALS

ALL VULNERABLE INDIVIDUALS* should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

*See Appendix 1 for Definition of Vulnerable Individuals

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase One

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

If possible, **RETURN TO WORK IN PHASES.**

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize **NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION.**

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase One

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



OPENING UP AMERICA AGAIN

Phase Two

FOR STATES AND REGIONS WITH NO EVIDENCE OF
A REBOUND AND THAT SATISFY THE GATING
CRITERIA A SECOND TIME



Phase Two

INDIVIDUALS

ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

NON-ESSENTIAL TRAVEL can resume.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase Two

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

NON-ESSENTIAL TRAVEL can resume.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase Two

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen.

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

GYMS can remain open if they adhere to strict physical distancing and sanitation protocols.

BARS may operate with diminished standing-room occupancy, where applicable and appropriate.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



OPENING UP AMERICA AGAIN

Phase Three

FOR STATES AND REGIONS WITH NO EVIDENCE OF
A REBOUND AND THAT SATISFY THE GATING
CRITERIA A THIRD TIME



Phase Three

INDIVIDUALS

VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

Phase Three

EMPLOYERS

Resume **UNRESTRICTED STAFFING** of worksites.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase Three

SPECIFIC TYPES OF EMPLOYERS

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.

GYMS can remain open if they adhere to standard sanitation protocols.

BARS may operate with increased standing room occupancy, where applicable.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Appendix

Vulnerable Individuals

1. Elderly individuals.

2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.