

March 13, 2020

Dear Father,

Like so many, the last several days and weeks have been spent learning about the coronavirus (COVID-19) and how it is impacting our communities and the world around us. As a church, many people gather daily at parishes, schools, charitable agencies and the like. For our own safety and with due consideration of the safety of others there are many precautions and temporary measures that we must take.

In an effort to assist pastors, administrators and priests the offices of the diocesan curia, consisting of department heads covering many aspects of church life, have worked hard to provide clear and constructive guidance. The result is attached in the form of guidelines and norms to follow until Holy Thursday. Contained herein you will find answers to questions regarding Mass obligation, liturgy, spiritual care and best practices.

Additionally, I have attached some reference material. The information provided by the CDC is as of this date. Please note, it is likely that the CDC and local health departments will update their sites to reflect more current information and guidance.

Sincerely in Christ,

Most Reverend Peter J. Jugis



Coronavirus Guidelines for Pastors and Administrators

A 30-day guide from March 13th through Holy Thursday, 2020

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- VIII. **Spiritual**
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I. General

In response to the Coronavirus, the Curial Cabinet and the Chancery collaborated to develop a plan for our Central Administration and to offer guidance for parishes and diocesan entities. The following are the principles that guided us in our effort. We are sharing the details of our thinking so that you and your staff might apply them when addressing issues that are not covered in this document.

Objectives:

- Help people be safe
- Do not make the situation worse
- Be aware of indirect consequences
- Exercise prudence
- Convey a proper and measured tone
- Provide clear and decisive communications

Rules Created from the Above Objectives:

- Define reliable source of information as local and federal agencies, specifically the Centers for Disease Control and local health departments
- Minimize contact with the virus
- Minimize contact with those who present with symptoms
- Minimize close contact with public
- Promote prevention education
- Promote institutional cleaning and disinfecting
- Define a time frame for these guidelines: we will use 30 days consistent with the Federal Government's travel restriction time frame
- Minimize non-essential events and activities
- Mitigate financial burdens
- Encourage burden-sharing
- Allay unnecessary fears
- Make available work-from-home options
- Special consideration for those who are vulnerable, as defined by the CDC
- Look for opportunities for spiritual and corporal works of mercy

II. Liturgical

Sunday Mass and Holy Communion

- The obligation of the faithful to attend Sunday Mass is waived until further notice.
- The faithful are to follow the guidance of public health professionals and should refrain from attending Mass or any public space if they have been at risk of exposure or experiencing symptoms of sickness. We ask that the faithful exercise caution with due regard for themselves and their neighbor's health and well-being.
- For now, priests are to continue offering public Masses for the well-being of all the faithful.

- During Mass celebrants should not extend the Sign of Peace, distribute Holy Communion from the chalice, or otherwise invite people to extend a greeting at Mass or other liturgical gatherings.
- All those who distribute Holy Communion should wash their hands beforehand. As a further precaution they ought to clean their hands again by using an alcohol-based antibacterial solution before distributing Holy Communion. After distributing Holy Communion, they should purify their fingers using an ablution cup, and then proceed to use soap and/or alcohol-based anti-bacterial solution again.
- Clergy and Extraordinary Ministers of Holy Communion who are vulnerable or symptomatic should refrain from distributing the Sacred Host at Mass and otherwise. Vulnerable and symptomatic priests are legitimately excused from the obligation of distributing Holy Communion and may defer to other sacred and extraordinary ministers.
- Regarding the manner of reception of Holy Communion, as the moderator of the liturgy for the whole diocese, the Bishop takes seriously his responsibility to protect the rights and obligations of the clergy and the laity alike. The manner of receiving Holy Communion is the prerogative of the communicant. Therefore, the options for the faithful during the Rite of Holy Communion are:
 1. Receive in the hand
 2. Receive on the tongue
 3. Elect to make a spiritual communion

It is the responsibility of the faithful to prudently decide in accord with reason and piety which option is best. When distributing Holy Communion, contact with the communicant should be avoided in a reverent manner.

- Consideration should be given to passing the collection basket in a way that minimizes direct contact by parishioners.
- As per usual, Mass schedules are not to be changed without consultation with the Chancery. Consistent with our objective to minimize unnecessary public interaction, consolidating a Sunday Mass schedule would increase risk for those who choose to attend.

Other Sacraments

- The provisions made for Mass should be employed for the celebration of other sacraments and sacramentals including baptisms, penance, weddings, funerals, and Anointing of the Sick.
- Every effort should be made to provide Viaticum and Anointing of the Sick to those in extreme illness.

III. Staff and Volunteers

Attendance

- Staff and volunteers who have a presumptive positive test result for the Coronavirus, those who exhibit symptoms of the Coronavirus [according to the CDC](#), and those who have been exposed should not report to the workplace. They should be encouraged to work from home if their condition and nature of work allows.
- Staff and volunteers who live with, or who have been in close proximity to, those who meet the above conditions should not report to the workplace. They should be encouraged to work from home if their condition and nature of work allows.
- Staff who are in the vulnerable category based upon the [latest CDC guidance](#) should be allowed to work from home if requested.
- Staff and volunteers who have a presumptive positive test result for the Coronavirus and those who exhibit symptoms may not return to the workplace until/unless they provide assurance from a healthcare professional stating they are clear to return to work.

Payroll

- If staff identified above are unable to work from home, they may charge sick time for their work absence. If/when their available sick time is depleted, they should continue being paid based on their normal work schedule without recording a deficit in their sick time allotment.
- Staff who have a presumptive positive test result for the Coronavirus should be paid based on their normal work schedule in full without being required to use sick time.

General

- The Diocesan health insurance program is waiving deductibles, copays and coinsurance for all medical testing related to the Coronavirus.
- Pastors, principals and all supervisors are to develop contingency plans by carefully assessing the work being done to determine what functions can be accomplished remotely and, also, what functions are the most critical to the organization, so as to ensure that those are handled in the event there is extensive absenteeism. This would include providing additional staff training for essential functions and developing a burden-sharing plan.
- It is recommended to identify non-vulnerable and healthy volunteers willing to assist parish staff with implementing precautionary measures.

IV. Education: Schools and Faith Formation

Staff and Volunteers

- Refer to section III: Workplace and Staff

Student Attendance

- Students who have a presumptive positive test result for the Coronavirus, those who exhibit symptoms of the Coronavirus, and those who have been exposed should stay home.
- Students who live with, or who have been in close proximity to, those who meet the above conditions should stay home.
- Students who are in the vulnerable category based on the CDC guidance should be excused from school if requested.
- Students who fall into any of the above categories should continue classes at home if their condition and learning situation allows:
 - High school students would continue their classes through on-line learning and, therefore, would not be impeded from meeting the NC requirements for course completion and/or graduation.
 - For K-8 students who do not have access to online learning, all efforts should be made to allow them to work remotely, possibly using paper packets. If this could not be accomplished, these students would be afforded the status of Excused Absences and, therefore, would not be subject to any punitive actions.
- Students who have a presumptive positive test result for the Coronavirus and those who exhibit symptoms may not return to school or class until/unless they provide assurance from a healthcare professional stating they are clear to return to the classroom.

Student Activities

- Non-essential activities involving more than 100 individuals are to be cancelled or postponed such as field trips, sporting events, drama productions and other events. For activities involving less than 100 individuals, consideration should be given to cancelling or postponing. Parents should be consulted when financial investments of parents are involved. However, the ultimate decision is the administrator's responsibility.

Suspension of Classes

- In the event a student has a presumptive positive test result for the Coronavirus, please consult with the Chancery about suspending on-campus classes.

V. Parish Events and Activities

- Non-essential activities involving more than 100 individuals are to be cancelled or postponed. For activities involving less than 100 individuals, consideration should be given to cancelling or postponing or using technology to hold virtual meetings. The latter may be a good option for the final stages of RCIA.

VI. Financial

We call upon the faithful to continue their stewardship of treasure by continuing their financial support of our parishes during these trying times. We encourage parishioners who may not be able to attend Mass to continue their weekly offertory gifts to the parish through the mail or online. The diocesan Development Office is available to help with more communication to your parishioners about their giving. If you would like to avail yourself of this assistance, please contact Jim Kelley at jkkelley@charlottediocese.org.

VII. Sanitation

- Missals, hymnals, common books, and the like should be removed from churches and common use.
- Sanitize the top backside of pews where people commonly place their hands between liturgical events according to [CDC guidelines](#).
- Empty or remove holy water fonts available for common use. Holy Water should continue to be made available through a Holy Water tank/urn.
- Instruct ushers to open and close doors at scheduled events.
- Provide latex gloves for volunteers with the above tasks.

VIII. Spiritual

As priests we are called to shepherd the faithful through challenging times. As a precautionary measure many good, holy events will be postponed or cancelled. This, however, does not mean that we stop leading our flocks. To this end there are several things that can be done. Please see the memo from Bishop Jugis regarding liturgical and spiritual practices at the end of this document.

IX. Communications

It is important to have effective communication with your parishioners. This may be a good time to review and improve communications with your parishioners.

- **Website:** Post information prominently on your parish website's homepage, and keep it updated (use a timestamp or date reference to indicate the latest info).
- **Email:** Email your parishioners updates, particularly if the info is urgent or time-sensitive. MailChimp, Constant Contact, [Flocknote](#), [LPi](#) and OSV offer some easy-to-use, free/affordable options. LPi and Flocknote also offer apps with a range of communications choices like push notifications, texting, RSS feeds, and social media event integration).
- **Social Media:** Use your social media channels to send out frequent updates. (Note: Twitter is disseminated to your followers immediately, but Facebook posts may not be seen by your followers for 3-7 days, and even then, by only a fraction of people.)
- **Video/Audio:** Record homilies or full Masses and post them to your website, YouTube or Vimeo channel, or podcasting service. ([Tips on selecting and using a podcasting service](#).) Regularly share these links on your website, social media, and emails to parishioners.
- **Promote:** Promote all of the above in your parish bulletin every week. Encourage people to follow you on social media, sign up for email alerts and use the parish app, etc.
- **Dedicated Communications Person:** Doing all this consistently and successfully takes time and needs one person's attention. Identify one person, either an employee or trusted volunteer, to do this work at the pastor's direction. The diocese offers social media/communications guidelines for parishes' use – contact the diocese's Communications Office for assistance.
- For further ideas and information please contact Patricia Guilfoyle: plguilfoyle@CharlotteDiocese.org.

Memo from Bishop Jugis Regarding the Liturgical Prescriptions and Suggestions

In times of turmoil, sickness, wars, and natural disasters, the Church throughout the ages has led the way. As Christians, our hope lies in God alone. Especially during this Lenten period of the Church's year, we recall that the things of this world in one way or another will pass away. Therefore, the clergy of the Church take on a pivotal and decisive leadership role in times of widespread fear. By the following prescriptions and suggestions, I ask each of you to respond as a father to his family and guide your parishioners tenderly in these days.

Sunday Masses

In ordinary circumstances, Catholics are obliged to attend Mass on Sundays and holydays of obligation. This includes refraining from work that impedes the worship of God or due relaxation of mind and body (can. 1247). If it is impossible to assist at Holy Mass for some grave reason, the faithful are strongly encouraged to spend an appropriate time in prayer either personally or as a family (can. 1248§2). A "grave reason" that makes it impossible to attend Holy Mass is generally understood as risking one's health/safety or another's health/safety. Therefore, when one is sick, injured, or the sole caretaker of another person, these situations qualify as legitimate excuses to refrain from attending the Eucharistic celebration.

Though the obligation has been lifted to attend Holy Mass within the diocese, pastors of souls are encouraged to remind the faithful in these times that they do not incur the debt of a serious sin if, because of grave concerns for their health and well-being, they prudently decide to remain at home. Moreover, pastors should form the consciences of their parishioners so that they know to spend an appropriate amount of time in prayer on Sunday either by themselves or together with their household. Since they are leading their homes in the worship of God, they do not need to seek out sacramental confession once they prudently decide that there is no longer a risk to their own health or they are no longer a risk to other's health, and they return to join the Eucharistic assembly at their parish church.

Since Apostolic times, the faithful have gathered with their clergy on Sunday to offer together the Holy Sacrifice of the Mass. Intrinsic to this great celebration is the petition that God protect humanity and spare us from all evil. During times of famine, war, and sickness, as in ages past, our churches should remain open so that the faithful can pray, receive the sacraments, and implore God's healing graces. Pastors of souls should receive the faithful who come on Sunday along with their anxieties, and they should preach the Gospel in a way that calms their fears and comforts them in their distress.

Scheduled Sacraments throughout the Week

Many parishes are cancelling non-essential meetings and gatherings in an effort to mitigate the spread of COVID-19. It is timely to remind ourselves that the parish church is the primary place where pastors carry out their ministry in teaching, governing, and sanctifying. These are essential elements of parish life. I encourage all pastors to continue the public celebration of Mass during the week and hearing the confessions of your parishioners. Because communal penance services may be canceled, I ask you to increase the times you offer confession.

Scheduled adoration throughout the week should be continued when the parish has committed adorers who can sustain the devotion. This is the time in which we do not run from our churches, but we go to God and entrust our communities to his good and perfect will.

Particular Devotions in Times of Sickness

The current state of the world is one of fear and panic. The devil plays off of our fear and preoccupations. For this reason, I encourage that at every Mass, after the final blessing, all celebrants lead their congregation in the Prayer to St. Michael the Archangel: “St. Michael the Archangel, / defend us in battle / against the wickedness

During the Universal Prayer at Mass you may wish to use the following prayer invoking the intercession of St. Roch and St. Rosalie known for their help in times of widespread sickness: “Merciful Father, / through the intercession of Blessed Mary, St. Roch, and St. Rosalie, / deliver us from the current attack and subsequent suffering / we are enduring from the coronavirus. / May we seek to assist those in need in body or spirit / and ourselves turn away from sin and trust in You. / We ask this in the name of the Divine Physician, / Jesus Christ Our Lord.”

Furthermore, that we might spiritually join together as a diocese at the altar, I request that at public celebrations of the Mass on Wednesdays during Lent the Mass “For the Sick” from the section “For Various Needs and Occasions” in the back of the Roman Missal be used. These Wednesday Masses are to continue up to and including April 1. For priests who celebrate the Extraordinary Form of the Roman Rite, the Votive Mass “Pro infirmis” with the collects appointed for many sick people are to be used. For both forms of the Mass, these votive Masses cannot be offered on March 19 or March 25, because they are impeded by the solemnities.

Pastors in a close group of parishes or in a vicariate may choose to host at one parish church an extended prayer vigil, such as a 40 Hours celebration or some other continual devotion, with which the faithful may freely associate.

Devotional prayers are also encouraged such as the Rosary and Divine Mercy Chaplet, as well as useful litanies such as the Litany of the Sacred Heart, the Litany of Loreto, and the Litany of St. Joseph.

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

Symptoms* can include

FEVER



COUGH



***Symptoms may appear 2-14 days after exposure.**

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.

SHORTNESS OF BREATH



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

Background

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

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

Goals

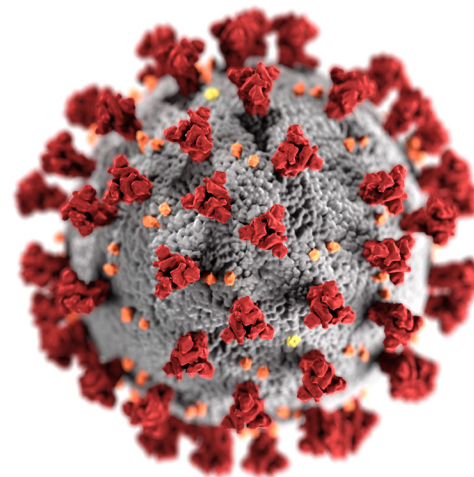
The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

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

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

Implementation is based on:

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



Guiding principles

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



For more information: www.cdc.gov/COVID19

Table 1. Local Factors to Consider for Determining Mitigation Strategies

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

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

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

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

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

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

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

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

Table 3. Potential mitigation strategies for public health functions

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

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

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