

**CITY COUNCIL OF MONTEREY PARK
AND THE CITY COUNCIL ACTING ON BEHALF OF THE SUCCESSOR AGENCY OF THE
FORMER REDEVELOPMENT AGENCY
AGENDA**

SPECIAL MEETING

**NOTE THAT THIS MEETING WILL BE CONDUCTED TELEPHONICALLY PURSUANT TO
EXECUTIVE ORDER NO. N-25-20 ISSUED ON MARCH 12, 2020.**

**ACCORDINGLY, COUNCILMEMBERS WILL BE PROVIDED WITH A CONFERENCE CALL
NUMBER; THEY WILL NOT BE PHYSICAL PRESENT AT COUNCIL CHAMBERS.**

**PURSUANT TO THAT ORDER, THE PUBLIC MAY PROVIDE PUBLIC COMMENT IN THE
LOCATION SET FORTH BELOW.**

**NOTE THAT CITY HALL IS CURRENTLY CLOSED TO THE PUBLIC. YOU WILL NOT BE
ADMITTED TO CITY HALL.**

**Wednesday
March 18, 2020
12:00 p.m.**

MISSION STATEMENT

**The mission of the City of Monterey Park is to provide excellent services
to enhance the quality of life for our entire community.**

Documents related to an Agenda item are available to the public in the City Clerk's Office located at 320 West Newmark Avenue, Monterey Park, CA 91754, during normal business hours and the City's website at www.montereypark.ca.gov.

PUBLIC COMMENTS ON AGENDA ITEMS

You may speak up to 5 minutes on Agenda item. You may combine up to 2 minutes of time with another person's speaking. No person may speak more than a total of 10 minutes. The Mayor and City Council may change the amount of time allowed for speakers.

Per the Americans with Disabilities Act, if you need special assistance to participate in this meeting please call City Hall at (626) 307-1359 for reasonable accommodation at least 24 hours before a meeting. Council Chambers are wheelchair accessible.

This Agenda includes items considered by the City Council acting on behalf of the Successor Agency of the former Monterey Park Redevelopment Agency which dissolved February 1, 2012. Successor Agency matters will include the notation of "SA" next to the Agenda Item Number.

PUBLIC PARTICIPATION

In accordance with Executive Order No. N-25-20 and guidance from the California Department of Public Health on gatherings, remote public participation is allowed in the following ways:

Public comment will be accepted **in person** during the meeting at the West Entrance (Police/Parking structure) of City Hall located at 320 W. Newmark Ave, Monterey Park.

Public comment will be accepted by email to mpclerk@montereypark.ca.gov during the meeting, before the close of public comment , and read into the record during public comment.

Public comment may be submitted by telephone during the meeting, before the close of public comment , by calling 1 (646) 749-3122. Then enter access code 850797317 then press pound (#). When prompted to enter voice pin press pound (#) again. You will be joined in the meeting. Please refrain from speaking or introducing yourself until prompted by the City Clerk.

CALL TO ORDER **Mayor**

ROLL CALL **Peter Chan, Mitchell Ing, Stephen Lam, Hans Liang, Teresa Real Sebastian**

AGENDA ADDITIONS, DELETIONS, CHANGES AND ADOPTIONS

PUBLIC COMMUNICATIONS. Pursuant to Government Code Section 54954.3(a), the public may address the City Council only on matters listed on the Agenda. Those wishing to speak on an agenda item must utilize one of the methods listed above. No other public comment will be accepted. .

ORAL AND WRITTEN COMMUNICATIONS

1. DECLARATION OF EMERGENCY: COVID-19 PANDEMIC

It is recommended that the City Council consider:

- (1) Adopting a Resolution declaring a local emergency resulting from the COVID-19 Pandemic and ratifying the City Manager’s administrative Declaration of Emergency dated March 11, 2020; and
- (2) Taking such additional related action that may be desirable.

CEQA (California Environmental quality Act):

The Resolution itself and the actions anticipated by the Resolution were reviewed pursuant to the California Environmental Quality Act (Public Resources Code §§ 21000, et seq., “CEQA”) and the regulations promulgated thereunder (14 Cal. Code of Regulations §§15000, et seq., the “CEQA Guidelines”). Based upon that review, this action is exempt from further review pursuant to CEQA Guidelines § 15269(a) because the protection of public and private property is necessary to maintain service essential to the public, health and welfare.

ADJOURN



City Council Staff Report

DATE: March 18, 2020

AGENDA ITEM NO: 1.

TO: The Honorable Mayor and City Council
FROM: Ron Bow, City Manager
SUBJECT: Declaration of Emergency: COVID-19 Pandemic

RECOMMENDATION:

It is recommended that the City Council consider:

1. Adopting a Resolution declaring a local emergency resulting from the COVID-19 Pandemic and ratifying the City Manager's Administrative Declaration of Emergency dated March 11, 2020; and
2. Take such additional, related action that may be desirable.

CEQA (California Environmental Quality Act):

The Resolution itself and the actions anticipated by the Resolution were reviewed pursuant to the California Environmental Quality Act (Public Resources Code §§ 21000, *et seq.*, "CEQA") and the regulations promulgated thereunder (14 Cal. Code of Regulations §§15000, *et seq.*, the "CEQA Guidelines"). Based upon that review, this action is exempt from further review pursuant to CEQA Guidelines § 15269(a) because the protection of public and private property is necessary to maintain service essential to the public, health and welfare.¹

EXECUTIVE SUMMARY:

On March 4, 2020, the Interim Fire Chief provided the City Council an update regarding the coronavirus identified as COVID-19. At that time, the City Council asked that the City Manager closely monitor the spread of COVID-19 and take appropriate action to protect public health and safety. On March 11, 2020, the World Health Organization ("WHO") declared COVID-19 to be a pandemic. WHO defines a pandemic as the worldwide spread of a new disease against which most people do not have immunity. In response, the City Manager declared an administrative emergency and implemented emergency policies and procedures ("EP&P") for mass gatherings, including City Council meetings. The City Council must ratify such actions within seven days after the administrative declaration of emergency. If adopted, the proposed Resolution would declare there to be a local emergency because of the COVID-19 Pandemic and ratify the actions undertaken by the City Manager since March 11, 2020.

¹ CEQA findings regarding an anticipated imminent emergency are valid (*see CalBeach Advocates v. City of Solana Beach* (2002) 103 Cal.App.4th 529).

BACKGROUND

During its March 4, 2020 regular meeting, the City Council considered an update regarding the COVID-19 coronavirus provide by Interim Fire Chief Matt Hallock. At that time, the City Council asked that the City Manager monitor the spread of, and response to, the spread of COVID-19. This was, in part, based upon Governor Newsom's declaration of a statewide emergency because of COVID-19.

On March 11, 2020, the WHO declared COVID-19 to be a pandemic. In response, the City Manager signed an administrative declaration of emergency (the "Declaration"). As part of the Declaration, the City Manager implemented emergency policies and procedures ("EP&P") for mass gatherings. Such EP&P were recommended by both the Centers for Disease Control ("CDC") and the California Department of Public Health ("CDPH"). The CDC and CDPH recommendations are attached for information.

The EP&P implement what CDPH identified as the "Scenario II" recommendations for mass gatherings. In short, the City Manager determined that the City of Monterey Park is likely to be at high risk for the spread of COVID-19 based upon its residents' close business and personal relationships with Asia. As may be seen, "mass gatherings" is defined by the CDPH as "events ... where large numbers of people are within an arm's length of one another. They do not include typical office environments or stores." This definition is included within the EP&P.

Among other things, the EP&P mirror CDPH's recommendations regarding mass gatherings in Scenario II situations including prohibiting individuals displaying respiratory illnesses from attending and encouraging persons who are at high-risk for infection from attending such mass gatherings. Based upon the CDPH's guidance, such individuals are those who are over 59 years old and individuals with underlying medical problems (including, without limitation, cardiovascular disease; diabetes; cancer; chronic lung disease; and immunosuppression). For essential mass gatherings (e.g., City Council meetings), the EP&P require the City to provide hand washing facilities at public buildings where such events take place.

Much has happened since the City Manager's declaration of emergency. On March 12, 2020, the Governor issued Executive Order No. N-25-20 which, among other things, suspended certain requirements of the Brown Act regarding telephonic meetings. Following the Governor's actions, the President declared a national emergency on March 13, 2020 (effective March 1, 2020) in response to the COVID-19 outbreak. There have been a multitude of subsequent state and local responses since March 11th.

Pursuant to the emergency powers listed in California law and the Monterey Park Municipal Code ("MPMC"), the City Manager implemented the following on March 13, 2020:

- Closed all public facilities to the public including City Hall. Employees continue to report to work and are available for phone and email communications during regular hours of operation. Online services continue to be provided;
- The Senior Lunch Program will continue, with modifications. Specially, boxed lunches may be picked up at the Langley Center;
- Dial-a-Ride program continues except that trips will only be provided for essential requirements including medical appointments and grocery store or pharmacy trips;
- All private and public events are cancelled through the end of April. This includes all special events such as the Cherry Blossom Festival. On March 16, 2020, the City Manager extended these cancellations through May 2020; and
- All regular public meetings are cancelled until further notice. Special meetings, such as this one, may be called upon 24-hours notice and will be conducted in accordance with the Governor's Executive Order No. N-25-20.

The COVID-19 Pandemic continues to impact all facets of our community. Declaring a local emergency will provide flexibility to the City for rapidly responding to this crisis. Doing so will help protect the City's residents and visitors.

FISCAL IMPACT:

Unknown at this time. The City Manager's office will provide a report within 30 days after the City Council's action.

Respectfully submitted by:



Ron Bow
City Manager

Reviewed by:



Kelly Gordon
Interim Police Chief

Reviewed by:



Matt Hallock
Interim Fire Chief

ATTACHMENT(S):

1. Draft Resolution with administrative declaration of emergency dated March 11, 2020.
2. Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

ATTACHMENT 1
Draft Resolution

RESOLUTION NO. 20__-__

**A RESOLUTION ADOPTED BY THE CITY COUNCIL FOR THE CITY OF
MONTEREY PARK CONFIRMING THE EXISTENCE OF A LOCAL
EMERGENCY.**

BE IT RESOLVED by the Council of the City of Monterey Park as follows:

SECTION 1: The City Council finds as follows:

- A. On or about March 11, 2020, the World Health Organization (“WHO”) declared the coronavirus identified as COVID-19 to be a pandemic: the worldwide spread of a new disease against which most people do not have immunity.
- B. The declaration by WHO on March 11, 2020 follows the Governor’s Proclamation of a State of Emergency on March 4, 2020. A copy of that Proclamation is attached as Exhibit “A.”
- C. COVID-19 Pandemic is causing extreme peril to the safety of persons and property.
- D. The dangers presented by the COVID-19 Pandemic caused the City Manager to proclaim the existence of a local emergency beginning on March 11, 2020 in accordance with the Monterey Park Municipal Code (“MPMC”) as specified in attached Exhibit “B” (“Declaration of Emergency”).
- E. Based upon information provided to the City Council by the City Manager including, without limitation, set forth in the staff report accompanying this Resolution, it is apparent that local resources are unable to completely cope with the effects of this emergency.

SECTION 2: The City Council has reviewed the state of the community and ratifies the City Manager’s Declaration of Emergency including, without limitation, the Emergency Policies and Procedures for Mass Gatherings.

SECTION 3: In accordance with MPMC Chapter 2.52, and applicable law, the City Council declares that due to COVID-19 Pandemic a local emergency exists within the City of Monterey Park’s territorial limits.

SECTION 4: The City Manager, as the Director of Emergency Services, is empowered to carry out all emergency powers conferred upon him/her as the Emergency Services Director by local and state laws, and by all other lawful authority, as may be necessary to protect life and property.

SECTION 5: During the existence of this local emergency, the powers, functions, and duties of the Emergency Services Director and the emergency organization of this City will be those prescribed by state law, by ordinance, and resolutions of this City approved by the City Council.

SECTION 6: Since local resources are unable to cope with the effects of this emergency, the City Council directs the Emergency Services Director to forward a copy of this resolution to the Governor of California with the request that he/she proclaim the City of Monterey Park to be in a state of emergency.

SECTION 7: Since local resources are unable to cope with the effects of this emergency, the City Council directs the Emergency Services Director to forward a copy of this resolution to the Governor of California and request that the Governor request a Presidential Declaration of Emergency from the President of the United States.

SECTION 8: The City Manager is designated as the authorized representative for public assistance and as the authorized representative for individual assistance of the City of Monterey Park for the purpose of receiving, processing, and coordinating all inquiries and requirements necessary to obtain available state and federal assistance.

SECTION 9: This local emergency will continue to exist until otherwise determined by City Council Resolution.

SECTION 10: This Resolution will take effect immediately upon adoption.

PASSED AND ADOPTED this ____ day of March, 2020.

Hans Liang, Mayor

ATTEST:

Vincent D. Chang, City Clerk

APPROVED AS TO FORM:



Karl H. Berger, Assistant City Attorney

EXHIBIT A

Governor's Proclamation of a State of Emergency

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

PROCLAMATION OF A STATE OF EMERGENCY

WHEREAS in December 2019, an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), was first identified in Wuhan City, Hubei Province, China, and has spread outside of China, impacting more than 75 countries, including the United States; and

WHEREAS the State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and with local health departments since December 2019 to monitor and plan for the potential spread of COVID-19 to the United States; and

WHEREAS on January 23, 2020, the CDC activated its Emergency Response System to provide ongoing support for the response to COVID-19 across the country; and

WHEREAS on January 24, 2020, the California Department of Public Health activated its Medical and Health Coordination Center and on March 2, 2020, the Office of Emergency Services activated the State Operations Center to support and guide state and local actions to preserve public health; and

WHEREAS the California Department of Public Health has been in regular communication with hospitals, clinics and other health providers and has provided guidance to health facilities and providers regarding COVID-19; and

WHEREAS as of March 4, 2020, across the globe, there are more than 94,000 confirmed cases of COVID-19, tragically resulting in more than 3,000 deaths worldwide; and

WHEREAS as of March 4, 2020, there are 129 confirmed cases of COVID-19 in the United States, including 53 in California, and more than 9,400 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California, the United States, and worldwide to increase; and

WHEREAS for more than a decade California has had a robust pandemic influenza plan, supported local governments in the development of local plans, and required that state and local plans be regularly updated and exercised; and

WHEREAS California has a strong federal, state and local public health and health care delivery system that has effectively responded to prior events including the H1N1 influenza virus in 2009, and most recently Ebola; and

WHEREAS experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly individuals who are elderly or already have underlying chronic health conditions; and

WHEREAS it is imperative to prepare for and respond to suspected or confirmed COVID-19 cases in California, to implement measures to mitigate the spread of COVID-19, and to prepare to respond to an increasing number of individuals requiring medical care and hospitalization; and

WHEREAS if COVID-19 spreads in California at a rate comparable to the rate of spread in other countries, the number of persons requiring medical care may exceed locally available resources, and controlling outbreaks minimizes the risk to the public, maintains the health and safety of the people of California, and limits the spread of infection in our communities and within the healthcare delivery system; and

WHEREAS personal protective equipment (PPE) is not necessary for use by the general population but appropriate PPE is one of the most effective ways to preserve and protect California's healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

WHEREAS state and local health departments must use all available preventative measures to combat the spread of COVID-19, which will require access to services, personnel, equipment, facilities, and other resources, potentially including resources beyond those currently available, to prepare for and respond to any potential cases and the spread of the virus; and

WHEREAS I find that conditions of Government Code section 8558(b), relating to the declaration of a State of Emergency, have been met; and

WHEREAS I find that the conditions caused by COVID-19 are likely to require the combined forces of a mutual aid region or regions to appropriately respond; and

WHEREAS under the provisions of Government Code section 8625(c), I find that local authority is inadequate to cope with the threat posed by COVID-19; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes, including the California Emergency Services Act, and in particular, Government Code section 8625, **HEREBY PROCLAIM A STATE OF EMERGENCY** to exist in California.

IT IS HEREBY ORDERED THAT:

1. In preparing for and responding to COVID-19, all agencies of the state government use and employ state personnel, equipment, and facilities or perform any and all activities consistent with the direction of the Office of Emergency Services and the State Emergency Plan, as well as the California Department of Public Health and the Emergency Medical Services Authority. Also, all residents are to heed the advice of emergency officials with regard to this emergency in order to protect their safety.
2. As necessary to assist local governments and for the protection of public health, state agencies shall enter into contracts to arrange for the procurement of materials, goods, and services needed to assist in preparing for, containing, responding to, mitigating the effects of, and recovering from the spread of COVID-19. Applicable provisions of the Government Code and the Public Contract Code, including but not limited to travel, advertising, and competitive bidding requirements, are suspended to the extent necessary to address the effects of COVID-19.
3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.
4. The time limitation set forth in Penal Code section 396, subdivision (b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price gouging protections shall be in effect through September 4, 2020.
5. Any state-owned properties that the Office of Emergency Services determines are suitable for use to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services for this purpose, notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.
6. Any fairgrounds that the Office of Emergency Services determines are suitable to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services pursuant to the Emergency Services Act, Government Code section 8589. The Office of Emergency Services shall notify the fairgrounds of the intended use and can immediately use the fairgrounds without the fairground board of directors' approval, and

notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

7. The 30-day time period in Health and Safety Code section 101080, within which a local governing authority must renew a local health emergency, is hereby waived for the duration of this statewide emergency. Any such local health emergency will remain in effect until each local governing authority terminates its respective local health emergency.
8. The 60-day time period in Government Code section 8630, within which local government authorities must renew a local emergency, is hereby waived for the duration of this statewide emergency. Any local emergency proclaimed will remain in effect until each local governing authority terminates its respective local emergency.
9. The Office of Emergency Services shall provide assistance to local governments that have demonstrated extraordinary or disproportionate impacts from COVID-19, if appropriate and necessary, under the authority of the California Disaster Assistance Act, Government Code section 8680 et seq., and California Code of Regulations, Title 19, section 2900 et seq.
10. To ensure hospitals and other health facilities are able to adequately treat patients legally isolated as a result of COVID-19, the Director of the California Department of Public Health may waive any of the licensing requirements of Chapter 2 of Division 2 of the Health and Safety Code and accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250. Any waiver shall include alternative measures that, under the circumstances, will allow the facilities to treat legally isolated patients while protecting public health and safety. Any facilities being granted a waiver shall be established and operated in accordance with the facility's required disaster and mass casualty plan. Any waivers granted pursuant to this paragraph shall be posted on the Department's website.
11. To support consistent practices across California, state departments, in coordination with the Office of Emergency Services, shall provide updated and specific guidance relating to preventing and mitigating COVID-19 to schools, employers, employees, first responders and community care facilities by no later than March 10, 2020.
12. To promptly respond for the protection of public health, state entities are, notwithstanding any other state or local law, authorized to share relevant medical information, limited to the patient's underlying health conditions, age, current condition, date of exposure, and possible contact tracing, as necessary to address the effect of the COVID-19 outbreak with state, local, federal, and nongovernmental partners, with such information to be used for the limited purposes of monitoring, investigation and control, and treatment and coordination of care. The

notification requirement of Civil Code section 1798.24, subdivision (i), is suspended.

13. Notwithstanding Health and Safety Code sections 1797.52 and 1797.218, during the course of this emergency, any EMT-P licensees shall have the authority to transport patients to medical facilities other than acute care hospitals when approved by the California EMS Authority. In order to carry out this order, to the extent that the provisions of Health and Safety Code sections 1797.52 and 1797.218 may prohibit EMT-P licensees from transporting patients to facilities other than acute care hospitals, those statutes are hereby suspended until the termination of this State of Emergency.

14. The Department of Social Services may, to the extent the Department deems necessary to respond to the threat of COVID-19, waive any provisions of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of facilities or homes within the Department's jurisdiction set forth in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.), the California Child Day Care Facilities Act (Health and Safety Code section 1596.70 et seq.), and the California Residential Care Facilities for the Elderly Act (Health and Safety Code section 1569 et seq.). Any waivers granted pursuant to this paragraph shall be posted on the Department's website.

I FURTHER DIRECT that as soon as hereafter possible, this proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this proclamation.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXHIBIT B

Declaration of Emergency
Emergency Policy & Procedure for Mass Gatherings
Under COVID-19 Emergency
Guidance on Preparing Workplaces for COVID-19



CITY OF MONTEREY PARK

City Manager's Office

DECLARATION OF EMERGENCY

The City Manager finds:

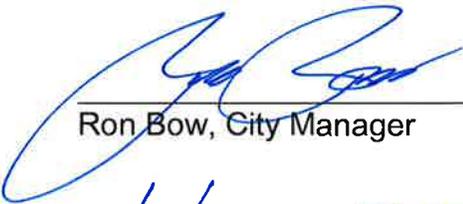
That conditions of extreme peril to the safety of persons and property have arisen within the City of Monterey Park, as a result of the coronavirus identified as COVID-19. On March 11, 2020, the World Health Organization ("WHO") declared COVID-19 to be a pandemic: the worldwide spread of a new disease against which most people do not have immunity.

The declaration by WHO on March 11, 2020 follows the Governor's Proclamation of a State of Emergency on March 4, 2020. A copy of that Proclamation is attached as Exhibit "A."

These conditions of extreme peril warrant and necessitate the proclamation of the existence of a local emergency.

Accordingly, pursuant to Monterey Park Municipal Code § 2.52.060(a)(1), a local emergency is proclaimed to exist within the City of Monterey Park. This action will be taken to the City Council for conformation within seven days.

In light of upcoming "mass gatherings" planned within the City including, without limitation, City Council meetings scheduled for March 18, 2020, April 1, 2020, and April 15, 2020, I am implementing the procedures in attached Exhibit "B," which is incorporated by reference, as recommended by the California Department of Public Health on March 7, 2020. Additional emergency policies will be implemented, subject to ratification by the City Council, as they are recommended by federal, State, and local authorities including, without limitation, the Monterey Park Police and Fire Departments.



Ron Bow, City Manager

3/11/2020, 7:00 PM
Date/Time

EMERGENCY POLICY AND PROCEDURE

MASS GATHERINGS UNDER COVID-19 EMERGENCY

I. Purpose

This emergency policy and procedure (“EP&P”) is adopted pursuant to Monterey Park Municipal Code (“MPMC”) § 2.52.060(a)(6)(A) to protect public health and safety during “mass gatherings” as defined in this EP&P.

II. Definitions

Unless the contrary is stated or clearly appears from the context, the following definitions govern the construction of the words and phrases used in this EP&P. Words and phrases undefined in this EP&P have the same meaning as set forth in applicable law.

“Administrative Emergency Declaration” means the administrative declaration of emergency signed by the City Manager on March 11, 2020 related to the COVID-19 pandemic.

“Essential Mass Gatherings” are those that are required by applicable law including, without limitation, City Council meetings.

“High Risk Persons” are those individuals with a higher risk of severe illness. Persons with higher risk of severe illness include individuals 59 years or older and individuals with underlying medical problems (including, without limitation, cardiovascular disease; diabetes; cancer; chronic lung disease; and immunosuppression).

“Mass Gatherings” are events, including public meetings held by the City’s legislative bodies, where large numbers of people are within an arm’s length of one another. These do not include typical office environments or stores. Mass Gatherings include both public and private events occurring at Public Facilities.

“Optional Mass Gathering” are all events other than essential mass gatherings. Such events may include, without limitation, private and public events held at Public Facilities for purposes of amusement, instruction, or other recreational activities.

“Public Facilities” include all City owned property where mass gatherings occur including, without limitation, City Hall, the Bruggemeyer Library, and the Langley Center.

III. Operational Requirements

A. Identification of Mass Gatherings

Every City Department director that may administer a mass gathering must, within five days of the Administrative Emergency Declaration, provide the City Manager with a list of mass

EMERGENCY POLICY AND PROCEDURE

MASS GATHERINGS UNDER COVID-19 EMERGENCY

gatherings anticipated or scheduled for the next 120 days. Every mass gathering must be categorized as either “essential” or “optional.”

B. Essential Mass Gatherings – Regulations

To protect public health and safety, every mass gathering identified as “essential” must comply with the following:

1. Regardless of the presumed cause, persons displaying respiratory symptoms (cough or runny nose) or fever are prohibited from attending the mass gathering.
2. Any High Risk Person including, without limitation, City personnel, should be discouraged from attending a mass gathering.
3. Persons who are known to have travelled within the previous 14 days to areas identified by the Centers for Disease Control (“CDC”) as having a Level 3 Travel Health Notice due to COVID-19 are prohibited from attending a mass gathering.
4. To the extent practicable, all mass gatherings must be equipped with hand washing facilities and supplies including hand sanitizer that contains at least 60% alcohol, tissues, and trash baskets.
5. Department Directors should ensure that Public Facilities used for mass gatherings are regularly cleaned with detergent and water followed by a disinfectant that is EPA-approved for emerging viral pathogens.
6. Any attendees at mass gatherings must be encouraged to minimize close contact (e.g., no hand shaking or hugging). Additionally, persons attending mass gatherings must be encouraged to separate themselves by 6 or more feet.
7. Department Directors must provide alternative options for attending the mass gathering via phone, video, or web applications to the extent practicable.

The Police Chief and Fire Chief, or designees, are authorized to enforce these regulations in accordance with the MPMC.

C. Optional Mass Gatherings – Procedures

1. For each optional mass gathering, the Department Director will recommend to the City Manager whether the mass gathering should be modified (e.g., conducted as a video webinar), canceled, or postponed.

EMERGENCY POLICY AND PROCEDURE

MASS GATHERINGS UNDER COVID-19 EMERGENCY

2. For optional mass gatherings that are primarily intended for – or attended – by Higher Risk Persons, the Department Director must generally cancel the mass gathering.

Under all circumstances for optional mass gatherings, the City Manager must determine whether the Department Director's recommendation should be implemented or modified.

These EP&P are subject to ratification by the City Council. They will remain effective unless superseded by applicable federal or state law; or are terminated by the City Council or City Manager.

APPROVED:
City Manager



APPROVED AS TO FORM:
City Attorney





SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

TO: Public Event Organizers

FROM: California Department of Public Health

DATE: March 7, 2020

SUBJECT: Mass Gatherings Guidance on Novel Coronavirus or COVID-19

This guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). The California Department of Public Health (CDPH) will update this guidance as needed and as additional information becomes available.

Background

COVID-19 is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have now been confirmed in California. We are gaining more understanding of COVID-19's epidemiology, clinical course, immunogenicity, and other factors as time progresses, and the situation is changing daily. CDPH is in the process of monitoring COVID-19, conducting testing with local and federal partners, and providing guidance and resources to prevent, detect and respond to the occurrence of COVID-19 cases in California.

At this time, community transmission of COVID-19 has occurred in California. Public event organizers should prepare for possible impacts of COVID-19 and take precautions to prevent the spread of COVID-19 as well as other infectious diseases, including influenza and gastroenteritis.

Illness Severity

The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from mild to severe, including illness resulting in death. Older people and people with certain underlying health conditions like heart disease, lung disease and diabetes, for example, seem to be at greater risk of serious illness.

Context

Mass gatherings¹ and large community events bring people from multiple communities into close contact with each other and have the potential to increase COVID-19

¹ Mass gatherings are events, including religious services, where large numbers of people are within an arm's length of one another. They do not include typical office environments or stores.



transmission. One method to slow the spread of respiratory virus infections, including COVID-19, is by increasing social distancing (reduce close contact).

The goals of this guidance are: (1) to protect people attending and working at the event and the local community from COVID-19 infection; and (2) to reduce community transmission and introductions of COVID-19 into new communities.

Below CDPH outlines two (2) scenarios that should be considered by event organizers.

Scenario I: CDPH recommends for mass gatherings and large community events in counties without evidence of community transmission, organizers should follow these steps:

- As the COVID-19 situation is evolving, event organizers should create an emergency contingency plan for how to modify, cancel, or postpone their mass gathering or large community event if a COVID-19 outbreak occurs in their community.
- Events may still need to be modified, canceled, or postponed if participants are traveling from communities with COVID-19 outbreaks.
- Event organizers should:
 - Collaborate and coordinate with community partners including the local public health department, hotels where participants are staying, airlines, the event venue, and other partners.
 - Use event messaging and communications to promote everyday preventive health messages to your participants and staff, which include:
 - Stay home when you are sick, except to get medical care.
 - Cover your coughs and sneezes with a tissue or sleeve, then throw the tissue in the trash.
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Clean frequently touched surfaces and objects daily.
 - Recommend that participants minimize close contact (e.g., recommending no hand shaking or hugging)

- Promote messages that discourage people who are sick from attending events. Create refund policies or remote participation capability such as live stream that permit participants the flexibility to stay home when they are sick, need to care for sick household members, or are at high risk for complications from COVID-19.
- Provide COVID-19 prevention supplies at your events, to the extent supplies are available. Plan to have extra supplies on hand for event staff and participants, including sinks with soap, hand sanitizers, and tissues. Promote proper and frequent hand hygiene.
- Isolate staff or participants in a designated space who become ill with symptoms consistent with COVID-19 at the event and provide a clean disposable procedure facemask, to the extent available, to wear for those who become ill. It is not necessary to distribute masks to healthy participants.
- Implement a strategy to prevent the theft of prevention supplies.
- CDPH does not recommend cancelation of community events at this time if no COVID-19 cases exist within the community.

Scenario II: CDPH recommends for mass gatherings and large community events in counties with evidence of community transmission, organizers should follow these steps:

- Event organizers should:
 - Anticipate that some non-essential events may need to be modified (e.g., conducted as a video webinar), canceled, or postponed.
 - Consider canceling non-essential events primarily for or attended by older adults and people with chronic medical conditions at higher risk for severe illness².
 - Stay informed about the local COVID-19 situation. Get up-to-date information about COVID-19 activity in California on the [California Department of Public Health web page](#).

² Current evidence indicates that the risk of severe illness increases with age. The median age of reported cases has been 59 years and the median age of critically ill cases has been 66 years. People with underlying medical problems, including cardiovascular disease, diabetes, cancer, chronic lung disease, and immunosuppression, are also likely at higher risk for severe illness.

- Discuss event details with local health officials and prepare to implement an emergency contingency plan based on their specific guidance.
- Collaborate and coordinate with event and community partners including the local public health department, hotels where participants are staying, airlines, the event venue, and other partners.
- Use event messaging and communications to provide COVID-19 updates and to promote everyday preventive health messages to your participants and staff.
- If a mass gathering or large community event does take place, in addition to basic prevention messages, CDPH recommends that event organizers should:
 - Instruct any participants or event staff to not attend if they have any respiratory symptoms (cough or runny nose) or fever regardless of the presumed cause.
 - Remind participants and staff to not attend if they have travelled within the past 14 days to an area identified by the CDC as having a Level 3 Travel Health Notice due to COVID-19.
 - Recommend that participants and staff at higher risk of severe illness not attend.
 - Ensure that event venues are well ventilated and are adequately equipped with facilities for hand washing and supplies including hand sanitizer that contains at least 60% alcohol, tissues, and trash baskets.
 - Increase the frequency of cleaning commonly used areas with detergent and water followed by a disinfectant that is EPA-approved for emerging viral pathogens.
 - [List N: Disinfectants for Use Against SARS-CoV-2](#)
 - Encourage participants to minimize close contact (e.g., recommend no hand shaking or hugging).
 - Maintain a registration list of participants and staff; this will significantly assist local public health in contact tracing in the event a COVID-19 case should later be identified as having attended the event.
 - Promote messages that discourage people who are sick from attending events. Create refund policies that permit participants the flexibility to stay home when they are sick, need to care for sick household members, or are at high risk for complications from COVID-19.

- Isolate staff or participants in a designated space who become ill with symptoms consistent with COVID-19 at the event and provide a clean disposable procedure facemask to wear for those who may become ill. It is not necessary to distribute masks to healthy participants. Establish procedures to help sick participants or staff leave the event as soon as possible without use of public transportation, shared rides, or taxis.
- Provide alternative options for attending the event via phone, video, or web applications.

Additional Resources.

- [Centers for Disease Control and Prevention Website](#)
- [California Department of Public Health Website](#)

EMERGENCY MEDICAL SERVICES AUTHORITY

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DATE: March 3, 2020

TO: California Emergency Medical Services Partners

FROM: Dave Duncan MD
Director, Emergency Medical Services Authority

SUBJECT: Interim Emergency Medical Services Guidelines for COVID-19

The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified in over 60 locations internationally, including the United States. We are beginning to see community transmission and deaths in the US, including California, and we must remain vigilant with our approach to EMS patients who may have COVID-19. On March 4th, Governor Newsom declared a [State of Emergency for California](#) regarding the novel coronavirus.

The California Emergency Medical Services Authority (EMSA) has developed comprehensive guidance for its EMS partners, providers and agencies. This guidance has been developed in conjunction with the California Department of Public Health (CDPH) and the Governor's Office of Emergency Services (Cal OES), as well as our federal and local partners including the Center for Disease Control (CDC) and the Local Emergency Medical Services Agencies (LEMSAs)

The California Emergency Medical Services Authority has adopted the standardized EMS guidance provided by the CDC in collaboration with the National Highway Traffic Safety Administration (NHTSA). This guidance for EMS is comprehensive, represents a recognized best practice across the nation, and is currently deployed within the 33 LEMSAs throughout the state.

California EMS Guidance and Resources for COVID-19

1) Interim Guidance for EMS and 911 PSAPs for COVID-19 in California.

This [comprehensive EMS guidance](#) applies to all first responders who anticipate close contact with persons with possible or confirmed COVID-19 in the course of their work. This guidance discusses modifying caller queries to determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a person under investigation (PUI).

A summary of the sections found in this document are listed here:

- a) Case Definition/PUI

COVID-19
March 3, 2020

- b) Recommendations for 911 public safety answering points (PSAPs)
- c) Modified Caller Queries
- d) Recommendations for EMS Clinicians and Medical First Responders
- e) Patient Assessment
- f) Recommended Personal Protective Equipment (PPE)
- g) Precautions for Aerosol-Generating Procedures
- h) EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility including interfacility transports (IFTs)
- i) Documentation
- j) Cleaning EMS Transport Vehicles after Transport
- k) Follow-up/Reporting Measures by EMS Clinicians After Caring for Patients or PUI's
- l) EMS Employer Responsibilities
- m) Additional Resources

2) Guidance regarding shortage of N95 Respirators.

On March 3rd, Governor Newsom and state health officials announced that millions of [stockpiled masks will become available](#).

The CDC has also recently published information regarding N95 respirators including the use of stockpiled N95 Respirators:

<https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html>

and strategies for optimizing the supply of N95 respirators:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

3) Identifying Patients Under Investigation (PUI's).

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fidentify-assess-flowchart.html

4) Additional Resources.

- a) CDC/NIOSH sequence for [Donning/Doffing PPE](#) (example 2 preferred for Doffing)
- b) Centers for Disease Control and Prevention:
<https://www.cdc.gov/>
- c) California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- d) California Local EMS Agencies
<https://emsa.ca.gov/local-ems-agencies/>
- e) The [EMS Infectious Disease Playbook](#), published by the Office of the Assistant Secretary for Preparedness and Response's (ASPR).

Responding to community spread of COVID-19

Interim guidance

7 March 2020



Background

On 30 January, the World Health Organization declared the 2019 coronavirus disease (COVID-19) outbreak a public health emergency of international concern (PHEIC). As of 4 March 2020, 77 countries have reported cases of COVID-19.

Several countries have demonstrated the ability to reduce or stop transmission of the COVID-19 virus. The Strategic Preparedness and Response Plan for COVID-19 aims to slow and stop transmission, prevent outbreaks and delay spread; provide optimized care for all patients, especially the seriously ill; minimize the impact of the epidemic on health systems, social services and economic activity.

A comprehensive package of measures is required for countries to prepare when there are no cases, sporadic cases, clusters of cases, community transmission, or country-wide transmission. The priorities and intensity of work for each technical area will depend on which scenario a country or a sub-national area currently faces. This document provides guidance for responding to community transmission of COVID-19.

This document also compiles technical guidance for government authorities, health workers, and other key stakeholders to guide response to community spread. It will be updated as new information or technical guidance become available. For countries that are already preparing or responding, this document can also serve as a checklist to identify any remaining gaps.

The available guidance and trainings are grouped in ten areas:

1. National Coordination
2. [Risk communication and community engagement](#)
3. Public health measures
4. [Case management and health services](#)
5. [Infection prevention and control](#)
6. [Surveillance](#) and risk and severity assessments
7. [National laboratory systems](#)
8. [Logistics, procurement and supply management](#)
9. Maintenance of essential services
10. [Research and development](#)

National coordination

Summary

It is critical to activate coordination mechanisms as early as possible and well before community transmission occurs widely. Existing national preparedness plans and public

health incident management systems should be reviewed to include a whole-of-government and society approach. Although COVID-19 is different from influenza, building on existing Influenza Pandemic Preparedness Plans is a good starting point. Until medical countermeasures for COVID-19 are available, prevention and control strategies will rely on public health measures to reduce transmission.

Recommended actions

Highest priority

- Enhance whole-of-society coordination mechanisms to support preparedness and response, including the health, transport, travel, trade, finance, security and other sectors. Involve public health Emergency Operations Centres and other emergency response systems early.
- Sensitize the public to their active role in the response.
- Engage with key partners to develop national and sub-national preparedness and response plans. Build on existing plans such as influenza pandemic preparedness plan.
- Enhance hospital and community preparedness plans; ensure that space, staffing, and supplies are adequate for a surge in patient care needs.

Secondary priority

- Establish metrics and monitoring evaluation systems to assess effectiveness of measures. Document lessons learned to inform on-going and future preparedness and response activities.
- Prepare for regulatory approval, market authorization and post-market surveillance of COVID-19 products (e.g. laboratory diagnostics, therapeutics, vaccines), when available.

Resources

[COVID-19 strategic preparedness and response plan](#)

Outlines the strategic actions to guide national and international efforts when developing context-specific national and regional operational plans.

Available in [English](#) and [Russian](#).

[Public health emergency operations centre network](#)

Contains useful resources for countries activating their public health emergency operations centre.

Available in [English](#) and [French](#).

Training: [OpenWHO Emerging respiratory viruses, including COVID-19](#)

Methods for detection, prevention, response and control

Available in [English](#), [Arabic](#), [Chinese](#), [French](#), [Portuguese](#), [Russian](#), and [Spanish](#).

Risk communication and community engagement

Summary

COVID-19 preparedness and response strategies and interventions need to be announced and explained to the public and other sectors of society ahead of time, and again whenever they change. It is essential to communicate to the public what is known, what is unknown, and what is being done to prevent and control transmission. Responsive, transparent, consistent, and nuanced messaging that acknowledges and address public perceptions is required to establish/maintain authority and trust. Systems should be developed to proactively manage the infodemic of misinformation by detecting and responding to concerns, rumours and misinformation.

Recommended actions

Highest priority:

- Implement national risk communication and community engagement plans for COVID-19 using existing pandemic influenza or other public health communication procedures.
- Use a consistent mechanism to communicate about prevention and control measures and engage with media, public health and community-based networks, local governments and NGOs, and other sectors (e.g. healthcare, education sector, business, travel, environment, animal and food/agriculture).
- Promote culturally appropriate and empathetic community engagement to detect and rapidly respond to public perceptions and counter misinformation.

Secondary priority

- Conduct analysis of risk perceptions, high risk groups, barriers and enablers for effective public communication.

Resources

[Risk communication and community engagement checklists](#)
Guidance to implement effective RCCE strategies, including recommended RCCE goals and actions for countries with confirmed COVID-19 cases. Available in [English](#), [Chinese](#), [French](#) and [Russian](#).

WHO guidance on risk communications and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (nCoV 2019).

Coming soon: [Risk communication and community engagement strategy](#).

Coming soon: [Risk communication for health workers](#)

Coming soon: [Community engagement for WHO Representatives](#).

Training: [OpenWHO Emerging respiratory viruses, including COVID-19](#).

Module C: [Risk Communication and Community Engagement](#).

Available in [English](#), [French](#), [Chinese](#), and [Spanish](#).

Public health measures

Summary

Public health measures can slow the transmission and spread of infectious diseases. These measures can take the form of personal protective, environmental, social distancing, and travel related interventions. Currently, there are no vaccines or specific pharmaceutical treatments available for COVID-19. Public health interventions are and will continue to be an important tool to reduce transmission and prevent spread of COVID-19.

Recommended actions

- Define rationale and criteria for use of social distancing measures such as cancellation of mass gatherings or school closure.

Public health measures

Developed for influenza, this document provides recommendations for personal protective, environmental and social distancing interventions which are useful for COVID-19 and other respiratory infections transmitted through contact and droplets. See also COVID-19 specific guidance below.

Available in [English](#).

Situation	Intervention
Recommended in all situations.	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Masks for symptomatic individuals. • Isolation and treatment of ill individuals. • Monitoring symptoms of healthy contacts. • Traveler health advice • Environmental cleaning
Consider, based on local and/or global evaluation.	<ul style="list-style-type: none"> • Avoid crowding (i.e. mass gatherings). • School closures and other measures. • Public transportation closures, and/or • Workplace closures and other measures. • Public health quarantine (asymptomatic contacts) and/or isolation (ill individuals).

Guidance for mass gatherings in the context of COVID-19

Outlines key planning considerations for organizers of mass gatherings.

Available in [English](#) and [Russian](#).

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19).

Guidance to Member States on quarantine measures for individuals in the context of containment for COVID-19.

Available in [English](#).

Case management and health services

Summary

Health care facilities should be prepared for a significant increase of COVID-19 cases while maintaining provision of essential health services. Triage systems will be needed to reduce the risk of exposing other persons or patients to COVID-19, to prioritise treatment for severe and high-risk patients and to manage demands on staff, facilities, and supplies. For many countries, the private sector will be a key partner in provision of health services.

Recommended actions

Highest priority:

- Set up surge triage, screening areas, treatment and critical care units (including staffing, space and supplies, including oxygen) at health facilities.
- Disseminate guidance to health providers for COVID-19 and severe acute respiratory infections using international and WHO standards, including for community care.
- Make guidance available for home care of patients with mild COVID-19 symptoms and recommend when referral to healthcare facilities is advised if symptoms worsen.
- Support comprehensive medical, nutritional, and psycho-social care for people with COVID-19.
- Maintain routine and emergency health service provision for the population.

Secondary priority

- Update training of and refresh medical/ambulatory teams.
- Participate in clinical expert networks to aid in clinical characterization of COVID-19, address challenges in clinical care, foster global collaboration.

Resources

[Clinical management of severe acute respiratory infection when COVID-19 is suspected.](#)

Intended for clinicians caring for hospitalised adult and paediatric patients with severe acute respiratory infection when COVID-19 infection suspected.

Available in [English](#) and [Russian](#).

[Home care for patients with suspected novel coronavirus \(COVID-19\) infection presenting with mild symptoms.](#)

WHO recommendations on safe home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms.

Available in [English](#) and [Russian](#).

Coming soon: [Guidance on a safe and adequate blood supply for COVID-19.](#)

Coming soon: [Hospital preparedness for COVID-19](#)

Global guidance in development. Currently, [PAHO](#) and [EURO](#) guidance are available.

[Training: OpenWHO Critical Care Severe Acute Respiratory Infection \(SARI\).](#)

Module 1: Introduction to nCoV and IPC

Module 2: Clinical syndromes and pathophysiology of sepsis and ARDs.

Module 3: Triage

Module 4: Monitoring

Module 5: Diagnostics

Module 6: Oxygen therapy

Module 7: Antimicrobials

Module 8: Sepsis

Module 9: Mechanical ventilation

Module 10: Sedation

Module 11: Best practices to prevent complications

Module 12: Liberation from mechanical ventilation

Module 13: Quality in critical care

Module 14: Pandemic preparedness and ethical considerations.

Available in [English](#).

Infection prevention and control

Summary

Health care facilities should prepare for a significant increase of COVID-19 cases. Staff should be able to recognise signs and symptoms, identify known complications, and administer appropriate treatment while protecting themselves. Preventing infection in health workers and avoiding the spread of COVID-19 amongst patients is key for successful prevention and response, protects the health work force and maintains confidence in the health care system. The private sector should be included in all IPC planning and activities.

Recommended actions

Highest priority:

- Identify and mobilize trained staff with the authority and technical expertise to implement IPC activities at vulnerable health facilities.
- Implement triage, early detection, administrative, environmental and engineering controls, personal protective equipment. Provide visual alerts (educational materials in appropriate languages) for patients and families for triage of respiratory symptoms and to practice respiratory etiquette.
- Define patient referral pathways and a national plan for ensuring personal protective equipment (PPE) supply management and human resource surge capacity (numbers and competence).
- Implement a plan for monitoring health personnel exposed to confirmed COVID-19 cases for respiratory illness and for reporting healthcare-associated infections.

Secondary priority

- Monitor IPC and WASH implementation in selected health facilities and public spaces using the IPC Assessment Framework, the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool.

[Advice on the use of masks](#)

Intended for public health and IPC professionals, health care managers, health workers and community health on use of medical masks for COVID-19 in communities, at home and at health facilities.

Available in [English](#) and [Russian](#).

[Standard precautions in health care](#)

Aide-memoire providing checklist for infection control.

Available in [English](#) and [Russian](#).

[Q&A on infection prevention and control for health workers caring for patients.](#)

IPC for health workers caring for patients with suspected or confirmed COVID-19.

Available in [English](#) and [Russian](#).

[IPC assessment framework](#)

WHO Guidelines on Core Components of IPC programmes at the acute health facility level.

Available in [English](#).

[Hand hygiene self-assessment framework and compliance observation tools.](#)

Tool to help obtain a situation analysis of hand hygiene promotion and practices in a health facility.

Available in [English](#), [French](#), and [Spanish](#).

[WASH facilities improvement tool \(WASH FIT\)](#)

Risk-based, continuous improvement framework with tools for health facilities.

Available in [English](#), [Arabic](#), [French](#), [Russian](#), and [Spanish](#).

[Rational use of personal protective equipment for coronavirus disease \(COVID-19\).](#)

WHO recommendations for the rational use of PPE in health care and community settings, including the handling of cargo.

Available in [English](#).

[Coming soon: Health workers exposure risk assessment and management in the context of COVID-19 virus.](#)

[Training: OpenWHO Infection prevention and control \(IPC\) for novel coronavirus \(COVID-19\).](#)

1. IPC programmes
2. Chain of transmission
3. Hand and respiratory hygiene
4. Injection safety
5. Decontamination
6. Environmental cleaning
7. Waste management
8. Transmission based precautions

Available in [English](#).

[Training: OpenWHO ePROTECT respiratory infections](#)

1. Acute Respiratory Infections (ARIs) of public health concern- Introduction Chain of transmission.
2. How to protect yourself against ARIs
3. Basic hygiene measures
4. Wearing a medical mask

Available in [English](#) and [French](#).

Surveillance and risk and severity assessments

Summary

In the event of community transmission over large areas of the country, surveillance may need to evolve from the daily reporting of individual cases towards the less frequent (e.g., weekly) reporting of aggregated data for the purpose of monitoring disease trends. WHO will provide guidance on the reporting of aggregated data. WHO recommends a surveillance approach based on, or similar to the Global Influenza Surveillance and Response System (GISRS) that facilitates less resource-intensive monitoring. Routine surveillance will complement special studies on risk factors, severity, clinical treatments, transmission dynamics in health workers or close settings and other studies on COVID-19.

Regular risk assessments at regional, national and subnational levels (including for specific settings such as e.g. small islands) should continue to guide the locally most appropriate prevention and control measures.

Assessing the clinical severity of COVID-19 is required to understand excess morbidity and mortality, evaluate the impact on the health systems and plan for future needs. Countries can build on their experience with assessing disease severity of COVID-19 through influenza or other disease protocols.

Recommended actions

Highest priority:

- Disseminate national case definitions for surveillance to the public and private health sectors and communicate changes when needed.
- Implement surveillance strategies to monitor and report disease trends, disease severity and impacts on health and other systems.

Secondary priority:

- Continue conducting risk assessments as appropriate. Use global, regional and/or national and local risk assessments to guide actions or changes to the response strategy.
- Establish mechanisms to use surveillance analysis and risk assessments to review national preparedness and response plans.

Resources

[Coming soon: Global surveillance for monitoring community transmission of COVID-19.](#)

[Training: OpenWHO Emerging respiratory viruses, including COVID-19.](#)

Module A: Introduction to emerging respiratory viruses, including COVID-19.

Module B: Detecting emerging respiratory viruses, including COVID-19: Surveillance and laboratory.

Available in [English](#), [Arabic](#), [Chinese](#), [French](#), [Portuguese](#), [Russian](#), and [Spanish](#).

National laboratory systems

Summary

Faced with community transmission over large areas of the country, laboratories will need to prepare for a significant increase in the number of specimens to be tested for COVID-19. Clinical diagnosis may be used for suspect COVID-19 patient once transmission dynamics and clinical disease are better understood. If COVID-19-specific therapeutics are developed, then testing may again become important for clinical management.

If laboratories need to rescale testing, sentinel and non-sentinel surveillance sites can be used to collect information on disease trends, impacts, and virus evolution. Countries should maintain access to a WHO-recognized international COVID-19 referral laboratory and to necessary supplies, reagents and protocols.

Recommended actions

Highest priority:

- Prepare for an increase in the number of specimens to be tested in the laboratory.
- Ensure access to reagents, supplies and laboratory protocols.
- Maintain access to a WHO-recognized international COVID-19 referral laboratory.

Secondary priority:

- Participate in routine surveillance systems to monitor disease trends, impacts, and virus evolution; periodically share isolates with referral laboratories following WHO guidance.

Resources

[WHO interim guidance for laboratory biosafety related to COVID-19.](#)

Interim guidance on laboratory biosafety, including packaging and shipping requirements for sending specimens, for stakeholders involved in COVID-19 laboratory work.

Available in [English](#) and [Russian](#).

Molecular assays to diagnose COVID-19

Technical guidance about molecular assay detection protocols for COVID-19.

Available in [English](#).

WHO-appointed COVID-19 referral laboratories

Countries without testing capacity can send samples to WHO-appointed COVID-19 referral laboratories for testing. This link contains the WHO-recognized referral laboratories, shipping instructions, and booking form.

Available in [English](#).

Training: OpenWHO Emerging respiratory viruses, including COVID-19.

Module B: Detecting Emerging Respiratory Viruses, including COVID-19: Surveillance and Laboratory

Available in [English](#), [Arabic](#), [Chinese](#), [French](#), [Portuguese](#), [Russian](#), and [Spanish](#).

Logistics, procurement and supply management

Summary

Logistics arrangements to support prevention and control measures for COVID-19 should be reviewed and a surge in all key areas anticipated (e.g. personnel, deployments, procurement).

Recommended actions

- Implement supply chain control, security, transport, management system for storage and distribution of COVID-19 Disease Commodity Package (DCP), patient kit reserves, and other essential supplies in-country.
- Conduct regular review of supplies based on DCP and COVID-19 patient kit; develop a central stock reserve for case management of COVID-19.

Disease commodity package

Lists critical supplies, with descriptions and technical specifications per WHO guidelines for responding to an outbreak of COVID-19.

Available in [English](#) and [Russian](#).

Maintenance of essential services

Summary

Community transmission of COVID-19 may lead to an interruption of essential services in the communities affected unless tested business continuity plans are in place.

Recommended actions

- Adapt and implement national cross-sectoral emergency preparedness business continuity plans, where existing, to COVID-19.
- Work with UN agencies and other partners to identify and support continuation of critical functions (i.e. water and sanitation; fuel and energy; food; telecommunications/internet; finance; law and order; education; and transportation), necessary resources, essential workforce.

Resources

[Whole-of-society pandemic readiness](#)

Provides insight on maintaining essential services during a disease outbreak.

Available in [English](#).

Research and development

Summary

Information for countries contributing to COVID-19 research and development in the areas of diagnostics, vaccines and therapeutics.

Recommended action

- If national capacity exists, join international R&D blueprint efforts and WHO protocols for special studies (compassionate use, Monitored Emergency Use of Unregistered and Investigational Interventions).

Resources

COVID-19: Research and development blueprint

Website providing information on vaccines, therapeutics, diagnostics, and global coordination. Available in [English](#).

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Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020



Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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This information will be made available to sensory-impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: 1-877-889-5627.

Guidance on Preparing Workplaces for COVID-19

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 3990-03 2020



U.S. Department of Labor

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Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It has spread from China to many other countries around the world, including the United States. Depending on the severity of COVID-19's international impacts, outbreak conditions—including those rising to the level of a pandemic—can affect all aspects of daily life, including travel, trade, tourism, food supplies, and financial markets.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to pandemic influenza viruses). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

The Occupational Safety and Health Administration (OSHA) developed this COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: www.cdc.gov/coronavirus/2019-ncov.

The OSHA COVID-19 webpage offers information specifically for workers and employers: www.osha.gov/covid-19.

This guidance is advisory in nature and informational in content. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the *Occupational Safety and Health Act* (OSH Act). Pursuant to the OSH Act, employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved State Plan. In addition, the OSH Act's General Duty Clause, [Section 5\(a\)\(1\)](#), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA-approved State Plans may have standards, regulations and enforcement policies that are different from, but at least as effective as, OSHA's. Check with your [State Plan](#), as applicable, for more information.

About COVID-19

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as *asymptomatic cases*, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) other people who may be infected with SARS-CoV-2.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

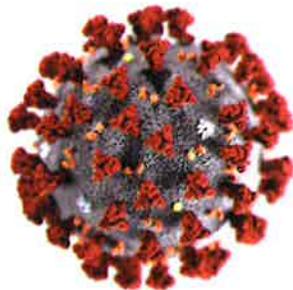
Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

The CDC website provides the latest information about COVID-19 transmission: www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.



This illustration, created at the Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by the 2019 Novel Coronavirus (2019-nCoV). Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. This virus was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China.

Photo: CDC / Alissa Eckert & Dan Higgins

Steps All Employers Can Take to Reduce Workers' Risk of Exposure to SARS-CoV-2

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - The general public, customers, and coworkers; and
 - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- Non-occupational risk factors at home and in community settings.

- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).
- Controls necessary to address those risks.

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.

Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace, described in the sections below.

Prepare to Implement Basic Infection Prevention Measures

For most employers, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including:

- Promote frequent and thorough [hand washing](#), including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encourage workers to [stay home if they are sick](#).
- Encourage [respiratory etiquette](#), including covering coughs and sneezes.

- Provide customers and the public with tissues and trash receptacles.
- Employers should explore whether they can establish **policies and practices**, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, if Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.
- Employers should develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.

- Where appropriate, employers should develop policies and procedures for immediately isolating people who have **signs and/or symptoms** of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in worksites where medical screening, triage, or healthcare activities occur, using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.
- Protect workers in close contact with (i.e., within 6 feet of) a sick person or who have prolonged/repeated contact with such persons by using additional engineering and administrative controls, safe work practices, and PPE. Workers whose activities involve close or prolonged/repeated contact with sick people are addressed further in later sections covering workplaces classified at medium and very high or high exposure risk.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick employees to stay home.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Recognize that workers with ill family members may need to stay home to care for them. See CDC's Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.

- Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and workers with recommended SARS-CoV-2 infection prevention strategies to implement in workplaces: www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html.

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.

- Installing a drive-through window for customer service.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the [OSHA](#) and [CDC](#) websites regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).

- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA's Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134.
- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: a R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). See CDC/NIOSH guidance for optimizing respirator supplies at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Consider using PAPRs or SARs, which are more protective than filtering facepiece respirators, for any work operations or procedures likely to generate aerosols (e.g., cough induction procedures, some dental procedures, invasive specimen collection, blowing out pipettes, shaking or vortexing tubes, filling a syringe, centrifugation).
- Use a surgical N95 respirator when both respiratory protection and resistance to blood and body fluids is needed.
- Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face shield. Ensure that the face shield does not prevent airflow through the respirator.
- Consider factors such as function, fit, ability to decontaminate, disposal, and cost. OSHA's Respiratory Protection eTool provides basic information on respirators such as medical requirements, maintenance and care, fit testing, written respiratory protection programs, and voluntary use of respirators, which employers may also find beneficial in training workers at: www.osha.gov/SLTC/etools/respiratory. Also see NIOSH respirator guidance at: www.cdc.gov/niosh/topics/respirators.
- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment. Learn more at: www.osha.gov/SLTC/respiratoryprotection.
- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19. See the NIOSH "Respirator Selection Logic" at: www.cdc.gov/niosh/docs/2005-100/default.html or the OSHA "Respiratory Protection eTool" at www.osha.gov/SLTC/etools/respiratory.

Follow Existing OSHA Standards

Existing OSHA standards may apply to protecting workers from exposure to and infection with SARS-CoV-2.

While there is no specific OSHA standard covering SARS-CoV-2 exposure, some OSHA requirements may apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: www.osha.gov/laws-regs/regulations/standardnumber/1910#1910_Subpart_I.
 - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-regs/oshact/completeoshact.

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit SARS-CoV-2. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Occupational Risk Pyramid
for COVID-19**



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.

Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high*.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact be with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

For workers who do not have frequent contact with the general public, employers should follow the guidance for [“Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,”](#) on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

- Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
- Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

In workplaces where workers have medium exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2,](#)” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

- Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.

- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

When selecting PPE, consider factors such as function, fit, decontamination ability, disposal, and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE.

Each employer should select the combination of PPE that protects workers specific to their workplace.

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures that involve aerosol generation or specimen collection/handling.

In rare situations that would require workers in this risk category to use respirators, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

In workplaces where workers have high or very high exposure risk, employers should follow the guidance for “[Steps All Employers Can Take to Reduce Workers’ Risk of Exposure to SARS-CoV-2](#),” on page 7 of this booklet and implement control measures described in this section.

Engineering Controls

- Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm.
- CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
- Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html. OSHA also provides guidance for postmortem activities on its COVID-19 webpage: www.osha.gov/covid-19.

- Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients. For more information about biosafety levels, consult the U.S. Department of Health and Human Services (HHS) “Biosafety in Microbiological and Biomedical Laboratories” at www.cdc.gov/biosafety/publications/bmbl5.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section beginning on [page 14](#) of this booklet, which provides more details about respirators. For the most up-to-date information, also visit OSHA's COVID-19 webpage: www.osha.gov/covid-19.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.

Workers Living Abroad or Travelling Internationally

Employers with workers living abroad or traveling on international business should consult the “Business Travelers” section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Employers should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak.

As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that employers and workers plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas.

More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

For More Information

Federal, state, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations.

Below are several recommended websites to access the most current and accurate information:

- Occupational Safety and Health Administration website: www.osha.gov
- Centers for Disease Control and Prevention website: www.cdc.gov
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2

New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3

Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4

Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5

Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6

Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7

Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8

Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9

San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10

Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance, contact us.
We are OSHA. We can help.**





U.S. Department of Labor

For more information:

OSHA[®] Occupational
Safety and Health
Administration

www.osha.gov (800) 321-OSHA (6742)

ATTACHMENT 2

**Proclamation on Declaring a National Emergency
Concerning the Novel Coronavirus
Disease (COVID-19) Outbreak**



PROCLAMATIONS

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: March 13, 2020



In December 2019, a novel (new) coronavirus known as SARS-CoV-2 (“the virus”) was first detected in Wuhan, Hubei Province, People’s Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People’s Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42

U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP