Work for America

The Framework for Reopening America provides guidance to state, local, tribal, and territorial governments to adjust restrictive community mitigation measures in a controlled way that supports the safe reopening of communities when appropriate, supporting Americans reentering civic life.

Why Is the Plan Important to the American People

The strict community mitigation measures the majority of the United States is currently experiencing have succeeded in slowing the spread of COVI-19. This level of mitigation however cannot be adhered to forever, and has negative consequences on economic and long term health outcomes. Lifting stay-at-home orders carefully, on a community by community basis, only when ready, will help extend the gains made from this time of collective social distancing. Coming out of mitigation in a controlled way, with robust monitoring systems in place to contain new cases and outbreaks will be critical to navigating the next phase of this pandemic. Leaders at all levels will need to prepare communities for occasionally returning to stricter mitigation measures for brief periods as needed to continue containing the disease.

This plan describes the conditions in which it is appropriate to lift community mitigation measures, the phased steps to reduce community mitigation measures, and indicators to rigorously monitor to inform decisions about adjusting mitigation measures.

Indicators and Thresholds

This plan includes guidance and tools to help SLTT governments to assess community readiness to re-open closed spaces. By evaluating a variety of indicators, including community transmission, public health capacity, health system capacity, and community characteristics local officials can make an informed decision about when it is appropriate to begin to ease community mitigation measures while continuing to protect the most at-risk individuals.

Community Mitigation Categories

Communities will be differentiated based on the indicators and type of mitigation needed.

- Low Mitigation – communities where significant spread was never observed, can "re-open" soon

- Moderate Mitigation – former hot spots entering controlled recovery, limited mitigation communities observing increased, but contained transmission

- Significant Mitigation – current or emerging hot spots, moderate mitigation communities showing signs of strained capacity

Prioritization and Timing

This plan leverages the significant advancements in testing, therapeutics, and investments in the public health and health care systems to prepare communities for re-opening. It outlines guidance for the

phased relaxation of community mitigation measures implemented to reduce COVID-19 spread, to begin economic recovery in their communities. The first priority is to reopen community settings where children are cared for, including K-12 schools, daycares, and locally attended summer camps, to allow the workforce to return to work. Other community settings will follow with careful monitoring for increased transmission that exceeds the public health and health care systems. Throughout this phased reopening, it is critical for everyone to continue to strictly follow the recommended non-pharmaceutical interventions, including hand-washing, wearing face coverings in congregate settings, and maintaining social distance from non-family members.

A framework for re-opening communities in 3 phases

This framework recognizes that the reopening will entail a significant risk of resurgence of the virus.

Reopening is therefore conditioned on:

·   confidence that incidence of infection is genuinely low

·   a surveillance system that is well functioning and capable of promptly detecting any increase in incidence

·   a public health system that is reacting robustly to all cases of COVID-19 and has surge capacity to react to an increase in incidence

·   a health system has the capacity in all respects, including inpatient beds, staffing, an other services, to handle all cases and that is in a position to rapidly scale up to deal with a surge in cases.

Decisions on reopening and, alternatively, on intensifying mitigation will be made at the local and state level with guidance and support from the Federal level.

Phase 1: Prepare the Nation (now-May 1)

National Communication Campaign

·   Emphasize continued social distancing, limited travel, telework for those who can

·   Emphasize different readiness across state and local communities

·   Testing – types, availability, how it will be used to re-open responsibly

> o 2 tests - Current infection, Past infection (not immunity)

o Role in returning to work responsibly

· Therapeutics

· Criteria for readiness to lift strict mitigation

· Description of how mitigation will lift and impact on specific settings and people

· Jobs Programs – training to be part of the response (see phase 2)

Tools to Assess Community Readiness to Re-Open Closed Spaces (by April 15)

Dashboards for ongoing decision support for adjusting mitigation strategies

· Indicators and thresholds for community transmission, public health preparedness, and health system capacity to absorb additional COVID patients will use local, state and regional data to support decisions about scaling mitigation measures up and down.

    o Loosening of mitigation based on meeting specific thresholds in decision support tools

        § Steadily decreasing infections

        § Health system capacity to absorb effect of re-opening

        § Public health system capacity for case identification and rapid containment

    o Stepwise loosening of mitigation will result in increased community spread, daily monitoring of indicators over time will be required until the end of the pandemic.

    o Tightening of mitigation measures will be needed if signs of increased transmission create strain to the public health or health system capacity are detected. When indicators signal a return to sufficient public health and health system capacity, mitigation measures can again be loosened.

· Communities will be differentiated based on the indicators and type of mitigation needed

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Coordination facilitated across proximate geographic areas by state and federal officials in order to share changes across indicators and coordinate adjusted mitigation approaches

Federal Role

- Common messaging, vision, guidance for state and local authorities

- Establish data platforms for monitoring transmission, public health and health system capacity at the national, regional, state and local levels

- Funding for programs, staffing and infrastructure needs

- Technical assistance

- Coordination across regions, states and communities for info sharing, decision making and surging staffing and supplies

State Role

- Sharing of data and information with federal data systems, adjoining states, and communities throughout the state

- Communicate to residents about the current situation, decisions under consideration and clear guidance for adhering to mitigation levels

- Coordinate resource allocation with neighboring states in the region, and across communities throughout the state

- Implement federal programs

- Monitor indicators closely and make decisive adjustments to mitigation measures as needed

Local Role

- Sharing of data and information with state and federal data systems and adjoining communities

- Tailor mitigation strategies to address unique community characteristics and protect older adults and those at highest risk for severe illness (underlying health conditions)

- Communicate to residents about the current situation, decisions under consideration and clear guidance for adhering to mitigation levels

·   Establish incentives for implementing mitigation measures, address violations that place the community at risk as needed

Phase 2: Innovation and Ingenuity Applied to Pandemic (now – May 15)

Economic Recovery through Pandemic Management

·   Aggressive manufacturing distribution, and use of testing for infection or screening for immunity – more PCR tests, including expanding rapid tests, screens for past infection *(aka serology)*

·   Continued re-purposing of manufacturing capacity to support testing and PPE

·   Putting Americans to work to help contain the spread – emergency funding for COVID-19 CORPS

   o Establish the COVID-19 Corps, a workforce to strengthen public health services in communities to stop the spread of COVID-19. This workforce will provide surge support to state, local, tribal and territorial health departments to build for capacity public health response. A combination of CDC deployed staff, CDC staff assigned to State and Local Health Departments, and new training programs hiring local staff will strengthen our nation's public health systems.

   § Deploy CDC Community Protection Teams to support communities to protect high risk settings and reduce community transmission in low transmission communities.

   § Train new public health responders as part of a national workforce to support contact-tracing efforts including use of new technologies.

   § Increase capacity with experienced and trained public health field staff placed in jurisdictions alongside state, local, and CDC teams to support decision makers to understand the epidemiology of disease transmission, to test novel disease control strategies, and to identify successful mitigation techniques.

   § Understand community needs using regional and health department coordinators to execute assessments in all states, territories, and tribes, to identify long-term (2-11) month surge staffing needs.

   § Utilize liaisons to link communities, community-based organizations and health departments for the all-of-community approach.

   § Rapid testing of teams will be required daily, individuals testing positive will be removed from the team for home isolation until they are recovered.

   o Data systems, data entry, data visualization jobs expanded for health departments

· Release clinical professions close to end of training: 4th year medical students, PA's, Nursing Students, dental students to re-open preventive care, well child etc.

· Medical and social service sectors adjust to modified in-home and tele-provision of services for high risk populations currently cut off from critical supports.

· Infection Prevention Healthy Workplace Certification –

o Design certification program to allow identification of businesses that have put NPI's in place to protect staff and customers.

o Re-train existing workforce of facility inspectors (local public health environmental services staff) and hire additional community members to assess non-healthcare infection control practices (social distancing, cleaning & disinfection, worker safety etc.)

o Businesses can apply for this designation, advertise attainment of the certification, and potentially display assessment results similar to restaurant inspections.

Economic Recovery through Support for Local Businesses & Schools

· Free technical assistance or access to subsidized consultants to help establish on-line commerce platforms, train business owners and staff to operate in an e-commerce environment and adjust business models for new economy.

o Support for small businesses to convert to on-line storefront (opens more than restaurants and retailers)

o Support for existing local on-line commerce to expand and grow

· Grants for improved infrastructure to support robust, engaged, telework for small businesses

· Investments in public school infrastructure and teacher training for e-learning

o Grants for school districts to train teachers over summer break to develop curricula and teaching methods appropriate for periods of school closure

o Technology sent home for every student enrolled in public k-12 schools to support intermittent e-learning as needed

o High speed internet access for every family with students enrolled in k-12 public schools

Phase 3: Staged Re-Opening (varies by local conditions – not before May 1)

Low Mitigation Locations (first to open)

Criteria:

·   Limited transmission, ample public health and health system capacity

·   All indicators are "green"

·   Moderate Mitigation communities may eventually achieve this after sustained containment and slow lifting of mitigation over time.

Testing & Isolation Considerations:

·   Prioritize testing for:

- o   symptomatic individuals & exposed contacts

- o   Health care workers

- o   Critical infrastructure workers

- o   Staff in high risk facilities

- o   In-home services for high risk populations

- o   Rapid results and self-isolation of positives and their household members

·   Isolate & quarantine

- o   Identify locations for those unable to quarantine at home

- o   Close contacts of positive cases

Adjusting Mitigation measures

·   Some communities implemented significant mitigation measures well before community transmission was occurring and may be overly restricted. These communities could lift mitigation measures significantly and remain prepared to monitor local conditions closely and increase mitigation measures when needed.

·   See table of mitigation categories for specific guidance by setting.

Prepare for transition to moderate mitigation at earliest signs of increased transmission, a case in a high risk facility, or strain on the public health or health system capacity.

Moderate Mitigation Locations – step down from significant to moderate mitigation, or step up from low to moderate mitigation *(based on indicators (not likely before June?)*

Criteria:

· Transmission is occurring that is contained through public health efforts with adequate health system capacity

· Past hot spot communities meeting all thresholds for community transmission, public health and health system capacity can become Recovering Communities and begin a controlled loosening of mitigation strategies

· Low transmission community needing to increase mitigation strategies to prevent becoming a hot spot

Prioritize Testing for:

· Symptomatic individuals with rapid tests, and isolation of positive individuals and their household members

· Screening for past infection (serology) for health care workers, employees of high-risk facilities, critical infrastructure workforce, and childcare providers

Isolate & quarantine:

       o Identify locations for those unable to quarantine at home

       o Close contacts of positive cases

Adjusting Mitigation measures

· See table of mitigation categories for specific guidance by setting.

· Low transmission communities with any red indicators should take steps to quickly apply all mitigation measures in the moderate mitigation category.

· Significant Mitigation Communities should lift mitigation in a controlled manner that allows for careful monitoring of impacts. Ideally with a 1-2 week pause before lifting additional measures to observe the impact of each change. Decisions about the lifting of measures will be unique to each location, however the measures do interact. More than one setting could be lifted at a time. A suggested staged approach follows that would make returning to work most feasible:

       o Ensure all general community guidance remains in place throughout

       o Childcare settings & Schools (unless during existing school break) or Summer Camps

- o Essential Workplaces

- o Restaurants and bars

- o General Workplaces

- o Social Gatherings

- o High Risk Facilities

- o Colleges and Universities

Prepare for return to increased mitigation at earliest signs of increased transmission or strain on the public health or health care systems

- o Models indicate 30-day shelter in place followed by 180 day lifting of all mitigation results in large rebound curve – some level of mitigation will be needed until vaccines or broad community immunity is achieved for recovering communities

- o Surging to brief periods of significant mitigation may be useful and if well planned and coordinate across sectors could mitigate the jarring impact of such closures. States and communities might consider easing the impact for such returns to shelter in place through implementing more planned school breaks or planned e-learning for a week coinciding with businesses using significant telework and takeout and delivery for restaurants. For example, a significant social distancing break scheduled every 4 weeks across a region, state or community.

- · Supply chain ready to surge

Significant Mitigation Communities (remain in shelter in place until thresholds are met)

Criteria:

·   Emerging and Hot Spot communities where thresholds for any one indicator are not met across community transmission, public health and health system capacity.

·   Moderate transmission communities observing any deterioration in a single indicator should immediately move to significant mitigation.

Prioritize Testing for:

·   Symptomatic individuals with rapid tests, and isolation of positive individuals and their household members

· Screening for past infection (serology) for health care workers, employees of high-risk facilities, critical infrastructure workforce, and childcare providers

Isolate & quarantine:

- o Identify locations for those unable to quarantine at home

- o Close contacts of positive cases

Adjusting Mitigation Measures

· See table of mitigation categories for specific guidance by setting.

Continuous Monitoring and Mitigation Adjustment ALL Communities *(now until end of spread or vaccine availability)*

· Continuous monitoring of dashboard indicators

· Prepare for return to increased mitigation at earliest signs of increased transmission, health care strain

- o All communities should be ready to move between significant and moderate mitigation over time as community conditions improve or deteriorate

· Supply chain ready to surge

· Monitor indicators closely and make decisive adjustments to mitigation measures as needed