



Best Practices and Considerations for Nonprofit Re-engagement



In the spirit of cooperation and collaboration, which has always been a hallmark of the nonprofit sector, but evermore so now, DANA has partnered with the Oklahoma Center for Nonprofits to make available their roadmap for re-opening the nonprofit sector. Over the last eight weeks, we, at DANA, have worked tirelessly to bring you knowledge, resources, and opportunities to help you continue to move forward through these uncharted waters.

Whether it be webinars, laptops, one on one connections, shared resources between nonprofits, funding opportunities or just breaking news, we hope that you have taken advantage of and found value in what we have been able to bring to you. We see this roadmap as one of the tools we have to offer as we enter the next phase and work to establish a new normal. As always, DANA is here to serve you. If you should have questions or just need to talk, please reach out to any of us at 302-777-5500.

Sheila Bravo

CEO, Delaware Alliance for Nonprofit Advancement

**Do all the good you can.
By all the means you can.
In all the ways you can.
In all the places you can.
At all the times you can.
To all the people you can.
As long as ever you can.**

-John Wesley (attrib.)

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Continuing to Do Good

To all of my fellow nonprofit and faith leaders in Oklahoma ...

The last several weeks have been incredibly challenging for the charitable and faith sectors. As 501c3s, we are called to serve our communities and our citizens. Whether we operate a shelter, a museum, a concert hall, a dog rescue, a place of worship, a counseling service, a social enterprise or one of hundreds of types of nonprofits, we wake up each day ready to “do good.” Everywhere and every way we can.

The unthinkable happened. And yet, through it all, our sector has continued to “do good.” In some respects, our sector never closed. Many of us provided services virtually thanks to technology. We changed how we ran our businesses. We adopted health protocols to protect ourselves, our clientele and the public.

Now, we begin a slow – and methodical – process of reopening our offices and facilities. It will not be like turning on a light switch. There are a number of procedures to follow. We will be doing business differently, and possibly indefinitely.

But as nonprofits, we will continue to “do good,” as this work is what we are called to do. The Oklahoma Center for Nonprofits in partnership with a number of other state organizations has put together this set of guidelines to use for reference as nonprofits begin to emerge back into open operations. These are guidelines and recommendations – certainly not edicts. It will be up to the decisions of leadership and boards of directors on how quickly you resume your general operations.

Most of the document focuses on general nonprofit recommendations as you open up. Additionally, we have included information for various sub-sectors of the nonprofit industry, including performing and visual arts, houses of worship, animal welfare organizations and more. I also recommend visiting other trusted sources. While this document is comprehensive, you might have even more specific questions.

Again, I want to thank each and every one of you for continuing the hard work of missions and ministries. Oklahomans can count on the charitable sector night and day. Let us all strive to continue “doing good.”

Marnie Taylor
President and CEO

Special Thanks to our Partners in Developing These Guidelines

Allied Arts - Deborah Senner
Community Food Bank of Eastern Oklahoma
Faith Leaders: Jason Byers, Hance Dilbeck, Jr., Iman Dr.
Imad Enchassi, Bret Farley, Rev. Shannon Fleck, Iman Dr.
Imad Enchassi, Rev. Julian Rodriguez, Rev. Anthony Scott,
Hunger Free Oklahoma - Chris Bernard
Kirkpatrick Foundation - Louisa McCune
Oklahoma Arts Council - Amber Sharples
Oklahoma Museums Association - Brenda Granger
Regional Food Bank of Oklahoma
Tulsa Area United Way - Alison Anthony
United Way of Central Oklahoma - Debby Hampton

Important Disclaimer

The guidelines in this material were developed by a task force of nonprofit and faith leaders throughout the state. These are intended simply as recommendations for organizations as those organizations put their own plans in place. Should nonprofits or congregations have specific questions regarding legal or financial issues, they should consult their own counsel and financial professionals. If not outlined in this document, we recommend that organizations consult guidelines from other sources in their respective fields or contact the Center for Nonprofits for further advice.



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The Vision and Values of this Guidebook

VISION

The recommendations and guidelines in this document were compiled from a number of sources by nonprofit, philanthropic and faith leaders from across the state of Oklahoma. We used the following ideals to give guidance and clarity.

- **Follow all guidelines as directed by federal, state and local health departments** as you begin this process.
- **This is a process and not an event.** Your organization may take a phased approach as you begin to reopen.
- **Consider the health of your staff, volunteers, clientele and your constituents** (donors, friends and allies) in all of your decision-making, especially as it relates to gatherings.
- **Practice the “We love our neighbors” mantra,** assessing potential risk for the people we work with and serve in all decisions.

SAMPLE Oath of Personal Responsibility

[NONPROFIT NAME]

I, _____, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my nonprofit to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify my nonprofit.

Signed,

VALUES

The following values were also expressed in the creation of these guidelines.

- **Put your mission, vision and values front and center** in your approach to reopening. Consider the impacts on staff, volunteers, clientele and constituents.
- **Approach decision-making with an eye for cultural competency, diversity, equity and inclusion.** Consider repercussions for the most vulnerable of populations and do not put them at undue risk. These include populations such as minorities, persons living in poverty, persons with disabilities, immigrant communities, etc.
- **Ask staff, volunteers and others to adhere to an Oath of Personal Responsibility.** That would include language about social distancing outside of work, the wearing of masks, personal hygiene and handwashing, volunteer quarantining if necessary and other behaviors to continue flattening the curve and preventing the spread of COVID-19.
- **Communicate any new procedures, policies and practices with all staff, volunteers, board members, clientele and constituents** to ensure all individuals involved with your mission know what it is expected.
- **Follow directions from health officials, experts and departments of health.**

GUIDING PRINCIPLES

Over the next several weeks and months, as areas stabilize from the COVID-19 pandemic and stay-at-home restrictions are lifted, organizations will begin to bring workers back into the physical workplace. It's already begun in some parts of the world. The migration of a furloughed and Work from Home (WFH) workforce back to places of business will look different for every organization. The mix of returning employees will vary, and in some cases, a segment of the workforce may continue working remotely. One thing is clear, however—the management of the process is without precedent. How can employers ensure they are prepared to receive their workforce—and that their employees are prepared for the return—so that the transition is safe, efficient, effective and aligned to the needs of the organization and the needs of our people?

Readiness Essentials

1. Prepare for Re-engagement - Office considerations, your staff and your clientele
2. Work with and Inform your Board - Keep your board apprised
3. Communicate with Transparency - Let your constituents and the public know your plans
4. Engage with Donors - Tell the story

Faced with common challenges, nonprofits have a unique opportunity to come together in the true spirit of collaboration. We are already seeing it play out, and we believe there is no better path to successfully manage the complexity of the road that lies ahead.

FINAL THOUGHTS

First, the World Health Organization (WHO) and Centers for Disease Control (CDC), as well as the respective health departments, should be your primary sources for guidance on COVID-19 and other health-related issues.

Second, while the practices and recommendations in this guide at times reference office environments, they are largely applicable to other types of workforce environments and properties as well as many diverse missions and types of nonprofits.

Finally, the intention of this resource is to establish the foundation of ideas and recommendations upon which we can build—in collaboration with clients and partners—an increasingly useful guide.

Operations and Workplace Readiness

The first task of any nonprofit as we re-engage is to establish a task force and task force leader that will be responsible for all decisions moving forward. In a small nonprofit, this will obviously be the job of the executive director. In much larger organizations, she/he will put together a staff-led task force. This should include an HR manager, Finance director and four to five other senior staff members to help guide decision-making.

Before returning to the office, do communicate new protocols and procedures BEFORE staff returns to the office. This not only establishes those best practices, but it also shows to your staff the seriousness and care we have in protecting their health and well-being. Additionally, keep the office as sanitized as possible. Consider assigning staff to a task force dedicated to keeping offices clean along with keeping staff up to date on protocols.

In the appendix you will find a comprehensive document from the CDC about spread of coronavirus and ways to mitigate that spread.

Preparing the Workspace for Return

- **Thoroughly clean and sanitize the workspace**, particularly common areas, bathrooms and other congregating facilities (lunch rooms or break areas, kitchens, conference rooms).
- **Ensure you have cleaning supplies on hand for more active, daily cleaning for the foreseeable future.** These include sanitizing wipes, bleach, disinfectant sprays, etc. Order online for best availability of supplies.
- **Before staff arrival, assess the space for social distancing** (desks six feet apart, use of cubicles, offices). Also look for areas where staff, volunteers or clientele could congregate (waiting rooms, conference rooms, etc.) and assess those spaces for social distancing (while a room may have a capacity of 30, to ensure social distancing is possible, consider changing the capacity to a third or 10 persons).
- Once arrived, enforce a **clean desk policy**.
- Make cleaning supplies and sanitizers available in all parts of the office.
- You may find that because of spacing issues, your organization might consider only bringing a portion of staff back to the office while others will continue working remotely.
- Follow any and all guidelines for sanitation and social distancing from your local health department.

Ongoing Sanitation and Social Distancing Guidelines

- **Offices should be cleaned daily, especially where people congregate** (waiting rooms, conference rooms, bathrooms). You may want to increase professional cleaning and sanitation for these reasons. Remove trash daily.
- Staff should wash hands regularly and should avoid excessive touching of communal surfaces if possible.
- **Have disinfecting wipes available in all public areas as well as hand sanitizer.**
- Ask staff to remember to also sanitize their own desks, equipment and office areas on a regular basis (at least daily) to prevent spread of germs. Also, sanitize common equipment (copiers, projectors, monitors, etc.) daily if multiple people are using it.

- **Routinely clean and disinfect all frequently touched surfaces in the workplace**, such as workstations, keyboards, telephones, handrails, and doorknobs.

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- **Discourage workers from using other co-workers' phones, desks, offices**, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use products that meet the Environmental Protection Agency's criteria for use against COVID-19, and are appropriate for the surface.

- Use good judgement on sanitation and let all staff and volunteers know your internal procedures for cleaning to set expectations and alleviate concerns.

- **Nonprofits are full of huggers and hand-shakers. It will be hard, but we must avoid physical contact.**

- If you do not require masks at work, please be sure to remind people of "respiratory etiquette" that includes covering a cough or sneeze, using and throwing away tissues, etc.

- **Place signage in bathrooms to wash hands** along with signage to remind people of social distancing and etiquette.

- When in doubt, do not put groups of people into hygienically compromising situations.

- **Don't assume everyone understands hygienic concepts.** You will find yourself in situations with some clientele who will need instruction, reminding and assistance with some basic tasks such as hand-washing, sanitizing, etc.

- **Consider the following social distancing suggestions to avoid unnecessary exposure:**

- Implementing flexible worksites (e.g., telework)
- Implementing flexible work hours (e.g., staggered shifts)
- Increasing physical space between employees at the worksite
- Increasing physical space between employees and customers
- Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
- Downsizing operations
- Delivering services remotely (e.g. phone, video, or web)
- Delivering products through virtual and/or digital platforms
- Relying less on paper that is passed around the office.

Food Handling

- At first, you might require limited or no communal food in the office or organization. This could mean a requirement that all employees and volunteers bring their own meals or eat off site. We recommend avoiding potluck style meals or open, self-serve buffets, up to and including communal coffee service, for the time being.
- You might consider for a period of time asking all employees to eat alone to preserve social distancing.
- Your organization may also restrict how much communal food is left in refrigerators or communal cupboards.
- **For any food prepared and served for clientele, all nonprofits should follow local health department guidelines. Additionally, the FDA has produced a set of guidelines for communal food preparation and service.** (<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>)
- **If you do serve any food at your offices, facilities, houses of worship, etc.,** remember that appetizers, hors d'oeuvres, food, and/or all beverages, including water, tea, wine, beer and/or adult beverages, **should not be self-served.** All food and beverages should be served from service staff that are wearing appropriate PPE to reduce any contamination. Organizations should not provide any buffets, tables with appetizers, and/or any self-serve wine and/or beverages to staff and/or attendees.

Protocols for Public Opening and Closure

- While your office may be ready to bring back employees and volunteers, your organization may not be accepting public appointments. Ensure you communicate on doors, your website and social media when public hours may resume.
- **Inform employees about who is allowed in the building and who should not enter.** This could include family members or friends of employees, donors, volunteers, etc.
- **Let employees and volunteers know when the organization can receive visitors or the public.**
- If you do receive the public, ensure signs about hygiene and disease prevention protocols are visible and accessible. If you regularly work with clientele where English is not a first language, translate those into the appropriate languages.
- **For contact-tracing purposes have ALL visitors sign in when they enter.** That information may be necessary for local health departments.
- **Regular visitors (including board, committee members, volunteers, clientele, etc. should all read and/or sign the “Oath of Personal Responsibility.”**
- If you have mail services forwarded or collected, be sure to contact the USPS to ensure mail is delivered when ready.

Human Resources Considerations

Human Resources and Staffing

- Once your office return is assessed and determined, organizational leadership should meet to discuss which staff should return to the office and when.
- These decisions should be very flexible, as you will not only have to consider staffing needs but also potential accommodations for some staff in certain categories.
- You might decide to give immediate accommodations to staff with known compromises to their health or those in high-risk health categories, age or disability.
- **Be open to some staff requests for continued work remotely privileges, particularly those in higher-risk health categories.**
- **Familiarize yourself with the provisions in the Families First Coronavirus Response Act (FFCRA)** and establish a procedure for accommodating requests for leave or accommodations requested by employees. (A copy of a sample procedure is in the addendum of this booklet.)
- **Ensure you have communicated any new procedures and protocols to all returning staff members.**
- Leadership and Human Resources should establish protocols for any employees requesting further work from home, accommodations or exceptions.
- **You may continue (for the time being) work remotely plans** for those who can effectively do their jobs away from the office to lower physical capacity and increase social distancing at the office or facility.
- **Familiarize yourselves and your staff of all “paid-time-off” policies** including vacation, sick leave, work remotely and provisions from the FFCRA.
- **Ensure that sick leave policies are flexible and consistent with public health guidance** and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies.

Your staff and volunteers are the lifeblood of your nonprofit mission. A number of issues will arise as you bring staff back into offices and facilities. We highly recommend that you follow SHRM best practices and guidelines, as well as seek counsel with HR attorneys and professionals as you go through this process.

- **Employers should not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness**, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

- **Your organization may wish to ask staff to take their temperatures. Any staff member who expresses any symptoms of COVID-19** or serious respiratory issues should leave the location immediately and go home.

- Provide access to testing or resources where employees can find testing.

- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor and the Equal Employment Opportunity websites).

- Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with their work with the field and/or with the death of a loved one.

- Plan for staff absences. Staff need to stay home when they are sick, or they may need to stay home to care for a sick household member or care for their children in the event of school dismissals.

- **Identify critical job functions and positions and plan for alternative coverage** by cross-training staff (similar to planning for holiday staffing). Provide instructions about how and when to safely return to work.

Anxiety, Depression and Other Mental Health Issues

- For most, the COVID-19 quarantine experience has been very concerning, and some individuals will report significant anxiety, fear and reticence about re-entering the workplace. Organizations should not be dismissive or judgmental about this anxiety.

- **It is important that staff members should have some avenue to express concerns** – either with co-workers, leadership, an established employee, an Employee Assistance Program, or other outlet.

- Leadership, management and co-workers should be ready to work with staff members and volunteers in an **empathetic and trauma-informed behavior**.

- Remember, trauma and anxiety can manifest in a number of ways. Nonprofits should be ready to also refer employees to professional mental health services should the need arise.

- It is important for nonprofits to understand that this isn't "business as usual" and that we will need to be perceptive and attune to our staff's, volunteers' and clienteles' mental health.

Re-Engagement in Phases and Waves

- A larger nonprofit may bring employees back to the office or facility in phases and waves.
- Consider the timing and triggers for those phases back to the office.
- Also consider evaluating each phase as it happens before starting the next. This could be done through surveying or data exploration as well as using data and guidance from outside sources (health data, economic data, etc.).

Regression

At any point, there could be a resurgence of the virus, forcing organizations back into quarantine or work remotely situations. Should this occur, follow similar steps to a previous change to your operations. Ensure active and quick communication to your staff, volunteers, clientele and constituents. Have a plan at hand in case you need to move back a step or two in your re-engagement plan.

Oath of Personal Responsibility for Staff and Constituents

We have composed a simple “Oath of Personal Responsibility” that all staff, board members, frequent visitors and clientele should adhere to. While not legally binding, it does remind all of us of our responsibilities both inside and outside of the office to practice social distancing, good hygiene and disease detection and management. A sample is below.

SAMPLE Oath of Personal Responsibility

[NONPROFIT NAME]

I, _____, am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my nonprofit to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify my nonprofit.

Signed,

Board Governance

Remembering that boards govern, not manage, these are some guiding thoughts of working with your board as your nonprofit re-engages as well lean on their possible resources as nonprofits move forward.

In a crisis, the balance of governing and managing can shift. These are considerations to have while your organization finds its new footing post-COVID-19. This will help your board focus on what needs to happen next.

Board Communication

- As you begin to re-engage, **inform the board of your plans, phases of re-engagement, etc.** Feel free to share this document with your board so that they understand the direction of re-opening.
- Work with the board chair and chair-elect in partnership with the executive director to ask for any possible assistance or advice through the process, particularly with those board members who are engaged in this process with their own respective companies and employers.
- Through the process, have **regular updates (weekly, typically)** to the board on how things are going.
- Remember, your nonprofit has a full-time job with your mission, and COVID-19-related activities are taking a lot of your time. Keep the board up-to-date on your mission-related activities as well.

Policies and Procedures

- **Through the crisis, you may have had to alter, discontinue or enact policies and procedures as part of a continuation of business plan.** On a regular basis, inform and work with board leadership on any other alterations you may need to make.
- Review bylaws and current policies in place before making big decisions in a time of crisis. This way, you are able to potentially give more leadership to an executive committee for emergency decisions.
- **Management decisions should continue to be made by the executive director. Governance decisions are made by the board.** Executive directors should keep board informed of those major management decisions happening at the staff level.
- Ensure that you have a crisis communications plan in place that establishes the spokesperson of the nonprofit.

Other Leadership Responsibilities

- **Ensure board and leadership have a firm understanding of any risk, liability and who assumes it.** The board should also approve an Emergency and Disaster Plan to mitigate future crises.
- Depending on circumstances, a board may have already or may establish a crisis task force depending on the nature of the business.
- **Boards and committees SHOULD continue to meet on a regularly established schedule,** and they may consider elongating meetings or having emergency or added meetings as the nonprofit deals with the crisis.

Communications and Public Relations

To the Public

- Depending on your mission, you will want to communicate to the public your intentions about re-engagement. Let them know your general timeline and what to expect.
- This could be a press release, an email or a simple statement on social media and your website.
- As part of that communication, **be transparent** and let them know the processes that guide your decision-making.
- If you are a very public-facing organization that regularly engages the public, be detailed in your protocols to communicate that your organization is enacting the protocols to keep the public safe.
- **Establish a “single point of contact” or spokesperson** for all media and public relations purposes.

To Staff

- We can't stress enough that communication to staff, board and volunteers should be especially transparent and with as great as detail as necessary.
- Let them know immediately the plans to re-engage and give sufficient notice so that they can make their own accommodations as they begin to transition from working remotely.

Ongoing Communications

- You may want to devise a plan of ongoing communications for the next several months that focuses on both internal work (staff, board, clientele, etc.) and external work (donors, supporters, general public).
- This is especially important to keep individuals informed about changes in programming or program delivery, protocols or procedures, policy changes, etc.
- **Ensure your website and social media communication are up-to-date.** Hours of operation may change or you may need to communicate protocols for visitors, etc.

Communication is key in all of our relationships. Whether staff, board, volunteers, clientele, the media or the general public, during a crisis (even one we are all managing), transparency is essential. This is an optimal time to engage our closest allies as we navigate re-opening.

Events and Donor Relations

Nonprofits host a number of special events with a cadre of purposes. Below are a number of guidelines for these events that will depend heavily on health department regulations around gathering people together. We suggest nonprofits, performing arts organizations, congregations and other organizations gather groups together continue to follow those guidelines from the local and state health departments to preserve the health and safety of all involved.

Special Events

- **Follow local regulations about the number of people allowed to be together.**
- Ensure social distancing tactics are observed.
- Encourage those attending to wear masks and observe their own social distancing techniques.
- For food handling, use licensed caterers and allow no “self-service” type handling.
- **Inform all guests of any special protocols in place at events** before they attend (mask wearing, social distancing, food, other etiquette you will observe).
- Have contingencies in place in the event of postponement, cancellation, change of plans, etc.
- **If you have postponed an event to late summer or fall of 2020, have a cancellation contingency in place.**
- Keep donors informed of all contingencies.
- Consider online-only events.
- **Use the OKCNP special event calendar to post your galas or fundraising events.**
- For performing arts events, see the section on Arts Organizations.
- For small events, work with a restaurant or licensed caterer to provide food. We do not recommend self-catered or “potluck” style group meals, particularly if you are working with individuals in high-risk groups.

Granting or Sponsorship Relationships

- **Communicate with your program officer or community relations director** (the person responsible for overseeing your grant or sponsorship) as soon as possible to check in. They want to hear from you.
- Let them know your plans on re-engagement and opening, any changes to program delivery, any changes on deliverables or expectations.
- Provide them information on your financial position and be completely transparent. Emergency grant programs along with various emergency funds have been established around the state.

- Work with them on unrestricting some funds if you're in need.
- Let them know if you successfully applied for and received PPP funding from the Small Business Administration.
- **If you are postponing an event, contact donors first and then announce the postponement.** Discuss any necessary contingencies about their donation.

IMAGE
"Golden Driller"
Tulsa Expo Center
Tulsa, Okla.



Places of Worship

Congregations throughout the state are also beginning the process of re-engaging congregants and parishioners for in-person worship services and meetings. In addition to the guidelines outlined in this document, here are a number of recommendations from faith leaders around the state.

In the Appendix, we have also included communications from Bishop Jimmy Nunn (United Methodist Church Oklahoma Conference and the Rt. Rev. Dr. Edward Konieczky, Oklahoma Episcopal Diocese. Houses of worship should also consult the recommendations from denominational or congregational leadership at the local, state and national levels.

In the Sanctuary, Synagogue or Mosque

- **Congregations should continue social distancing measures as available.** These include continuation of service broadcasts to those who are in high-risk groups such as over 65, persons with disabilities, persons with underlying health issues, etc.
- Encourage the wearing of masks.
- **Spread the congregation around sanctuaries and synagogues** (every-other pew, spacing between individuals or families, etc.).
- **Limit areas where people congregate** (instruct parishioners to move through lobbies and vestibules into the sanctuary)
- **Greeters should help to move traffic flow.** Parishioners and congregants should pick up their own bulletins and move promptly into worship area. Attempt to be contactless.
- **Traditions such as “passing of the peace” should be contactless.**
- **Consider contactless techniques for passing of the alms basins** (have congregants meet usher at end of pew).
- For faith traditions with regular **communion offering**, follow the guidelines set forth by the denomination or church.
- Practice social distancing post-service in fellowship halls and common gathering areas.
- **For the time being, if a congregation serves coffee or water post- or pre-service, it should be handed out** (avoid self-service coffee areas).
- Maintain six feet of distance between individuals in conversations.
- **Maintain six feet of distance between choir members and musicians.**
- Consider suspension of special child worship sessions within services. Have a plan for social distancing and sanitation if you continue to offer child care.
- Maintain distancing recommendations for all other church or synagogue activities including meetings, forums, studies, etc., inside the building.
- Because of close contact and floored worship, mosques and Islamic centers may not open for a period of time and/or significantly limit the number of worshippers. For more information, contact Dr. Imad Enchassi, Imam of the Islamic Society of Greater Oklahoma City at isenchassi@okcu.edu.

•**Consult with denominational leadership about events such as a baptism.** Based on social distancing, churches may want to put off the event. Observe the strictest of hygiene guidelines.

• Physical touch should be avoided as much as possible. This includes practices such as blessings, laying on of hands, etc. **Prior to engaging in any rite that requires physical touch, obtain verbal consent from the congregant.**

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

Background

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

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

Goals

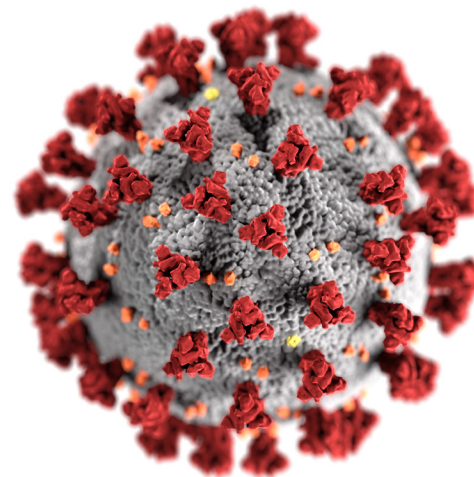
The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

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

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

Implementation is based on:

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



Guiding principles

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



For more information: www.cdc.gov/COVID19

Table 1. Local Factors to Consider for Determining Mitigation Strategies

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

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

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

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

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

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

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

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

Table 3. Potential mitigation strategies for public health functions

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

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

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

Regional Food Bank of Oklahoma

Summary of Safety Plan to Prevent Spread of COVID-19



Facilities:

- Have already sanitized Volunteer Center by a reputable sterilizing service
- Before employees are brought back to work, we will conduct a full-facility sterilization
- Before volunteers are brought back into the facility, we will have the Volunteer Center sterilized one more time
- Continue to have seats in lobby, break rooms and other congregate sites spaced at least six feet apart with signage asking the seating not be moved

Employees:

- All on-site employees and volunteers will be required to wear a mask provided by the Regional Food Bank
- Department heads will develop a plan for social distancing at the workplace, to include staggered workdays/times
- Returning employees will be re-oriented to COVID-19 procedures to include: frequent handwashing, social distancing, sanitizing work station every day, reporting any symptoms, use of PPE and continued travel ban
- Considering an employee intake process involving temperature checks, but because a person can be asymptomatic and still carry the virus, we are not sure this is a value-added step
- Communal activities will not resume until after the CDC approves such actions
- Resume in-state travel in Phase 4; and all travel in Phase 5

Partner Agencies:

- Provide PPE to partner agencies
- Share our plans with partner agencies

Volunteers/National Guard/Temps:

- Volunteers will not return to the Regional Food Bank until we have an adequate supply of PPE and the food supply chain has improved
- Allow limited numbers of volunteers to return on staggered shifts
- Volunteers will be required to wear PPE and practice social distancing until a vaccine is publicly available

Regional Food Bank of Oklahoma

Summary of Re-Entry Plan for New Normal



Phase 1 – Prepare for Re-Entry

Trigger:

- Seven consecutive days of declining number of new confirmed COVID-19 cases in Oklahoma

Operations:

- Continue with reduced number of on-site employees
- Document reentry processes to include social distancing, hygiene, required use of PPE, continued travel ban and staggered on-site workdays
- Utilize Oklahoma National Guard in Volunteer Center
- Acquire donated reefers for CFAP product
- Close one day prior to return of limited first wave of personnel for full-facility sanitation

Phase 2 – Limited Re-Entry

Trigger:

- Fourteen consecutive days of decline in new COVID-19 cases in Oklahoma.
- Published plan for contact tracing provided by the State of Oklahoma.

Operations:

- Reconvene organization's Leadership Cabinet (officers and directors), allowing another 10 employees to return on a staggered workday/time schedule
- Hold virtual meetings with departments to stage returns to work with social distancing, hygiene and required use of PPE
- Continue to use Oklahoma National Guard in Volunteer Center
- Maintain COVID-19 related sanitation schedule; one more all-facility sanitation before remaining employees return and any additional volunteers return
- Communications with partner agencies for a status report

Phase 3 – Expanded Re-Entry

Trigger:

- Adequate continuous supply of PPE for all employees and volunteers.
- Childcare options available for most staff.

*Note: supply chain must improve before we have a need for volunteers.

Operations:

- Bring back remaining employees (except those with medical conditions vulnerable to COVID-19 infection or reinfection and others approved for remote work) and allow to work on staggered workday/time schedule
- Invite a limited number of volunteers back using mandatory PPE and practicing social distancing
- Employ a new volunteer intake process based upon CDC recommendations
- Maintain sanitation schedule
- Continue to purchase food until supply chain comes back to normal

Regional Food Bank of Oklahoma

Summary of Re-Entry Plan for New Normal



Phase 4 – Travel is allowed

Trigger:

- Twenty-one consecutive days of no new COVID-19 cases in Oklahoma.

Operations:

- Allow employees to resume in-state travel.
- Communication with partner agencies explaining next steps – new normal.

Phase 5 – Normal Operations

Trigger:

- Public availability of vaccine for COVID-19.

Operations:

- All employees return (except those selected for remote work)
- Required use of PPE and social distancing discontinued
- All travel limitations lifted
- Resume normal operations in Volunteer Center, Protein Packaging Center and Hope's Kitchen
- Resume normal food acquisition plan
- Revert to pre-COVID enhanced sanitation schedule



Community Food Bank of Eastern Oklahoma

COVID-19 Staff Reintegration Plan

Effective May __, 2020

Safety and security of our staff and guests is of the highest priority. With that in mind, the Food Bank will utilize a phased approach as it relates to back-to-work planning amid the COVID-19 pandemic. Beginning May __, 2020 staff in the following departments will be allowed to work from the Food Bank on the scheduled days; on the opposite days they will continue to work remote:

- Monday, Wednesday, Friday – Operations, Development
- Tuesday, Thursday – Finance, Human Resources, Community Initiatives

Senior Team members will work accordingly with their departments. Should a staff member have extenuating circumstances and their remote work is adequate to meet the needs of their position, with the approval of their immediate supervisor, they may continue to work remotely.

Staff are requested to not present at work and notify their immediate supervisor and/or Susan Schulte should they be displaying symptoms consistent with COVID-19 or if they have been exposed to the coronavirus. Immediate notification of direct exposure OR a positive COVID-19 test is required.

Social distancing and sanitization/safety practices as outlined below will remain in effect until further notice. Furthermore, all staff working in the building are required to wash their hands/use sanitizer at a minimum every hour.

Room Capacities:

***Staff are requested to self-monitor these areas and are expected to comply. Signs will be posted at each location as well.*

- No more than 10 people shall gather in the Staff Breakroom at any one time;
- No more than 3 should be in the small Conference Room and no more than 10 in the Board Room;
- No more than one person is allowed on the elevator at one time;
- No more than 6 people in the Volunteer Breakroom at any one time;
- No more than 20 people should gather in the upstairs open area at any one time and limited to 2 people/table;
- No more than 2 people in an office at one time;
- Groups are encouraged to continue using Microsoft TEAMS/Zoom when possible until safe to do otherwise.

We will continue with our current agency pick-up plan. When possible, orders should be placed on the agency dock for the agency to load with no contact from our staff. For all agency related activity, no more than 5 agency personnel are allowed in the building at one time, this includes shopping and order pickup. All distribution staff and agency personnel shall observe proper social distancing guidelines per the CDC. A minimum of 6 feet should always be kept between individuals. This shall be in effect until further notice.

The Volunteer Center will be staffed with staff and a limited number of volunteers until further notice. Volunteer workers need to sign a waiver that they have not traveled to a high-risk area in the past 14 days OR been in contact with a known positive COVID case. They also will certify they have not had a fever over 100 degrees for 7 days prior. We will take their temperature and record it at the beginning of each shift. All workers in the Volunteer Center are required to wash their hands or use sanitizer every hour, in addition to wearing gloves and masks at all times.

Staff must wear masks at all times in the warehouse. When outside of their own personal offices/workspaces, all staff are required to wear masks.

This "Back to Work" plan will be emailed to all employees and posted throughout facility.

Sanitization & Safety Practices at Community Food Bank of Eastern Oklahoma for COVID-19

General Facility Sanitization:

- All door handles in facility, grab bars in restrooms, light switches and elevator buttons.
- Stair handrails are sanitized with sanitizing wipes twice daily.
- Employee Breakroom – vending machines, faucets, door handles on the refrigerator, microwave, and coffee machines are sanitized in the morning and after lunch.
- Timeclock, medical kits and hand sanitizer dispensers are sanitized twice daily.
- Restrooms are cleaned and sanitized twice daily.
- All drivers are furnished sanitizer wipes and liquid hand sanitizer for use in trucks.
- All offices are furnished sanitizer wipes to wipe down surfaces, phones and keyboards.

Volunteer Workroom Sanitization Procedures:

- Volunteers wash hands and have access to hand sanitizer before, during and after each shift.
 - One at a time at the sinks to maintain social distancing
 - Volunteers wear protective gloves and face masks
- Work tables are sanitized before and after every shift- letting sanitizer remain on table for at least 60 seconds before wiping clean.
- Door handles are sanitized before and after each shift -letting sanitizer sit on surfaces for at least 60 seconds before wiping clean.
- All implements used during the volunteer shift are sanitized after each shift such as Lexans, scoops, scales, sealers, tape guns, etc.
- All sinks, faucets and towel dispensers are sanitized before and after each shift-letting sanitizer sit on surfaces for at least 60 seconds before wiping clean.
- Any brooms, dust pans, and mops that are used during the shift are sanitized after each shift.
- Social distancing is maintained by keeping volunteers one to a table which is 6 ft in length.

Front Desk/Lobby Sanitization Procedures:

- All doors and door handles are sanitized three times daily using sanitizing wipes.
- The front desk area is sanitized three times daily using hand sanitizing wipes.
- Social distancing adherence – guests sign in at front door and remain six feet away from front desk area.

General Safety Practices:

- Proper PPE will be worn by all staff and/or volunteers at all distribution events. Social distancing will be observed by keeping a minimum of 6 feet distance between individuals.
- Proper PPE will be worn by all pickup/delivery staff while engaging in picking up or delivering on behalf of the Food Bank or any other program we are working with. Social distancing will always be observed.
- All employees will observe social distancing guidelines as per the CDC while conducting official Food Bank Business, on and off Food Bank property.



Governor’s Task Force for Industry Subsector | COVID-19 Pandemic Guidelines for Arts Nonprofits and Artists

Prepared by:

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OVERVIEW AND ASSUMPTIONS

Arts nonprofits organizations serve an important and irreplaceable role as trusted entities that serve the public through the arts. Their role as cultural hubs for communities, their missions to enhance education, quality of life and the economic opportunities of their community members have established trust between the community and these organizations, a trust that has been acquired over time through transparency and open communication. Their mission and service approach play a key role in lifting the spirits of their community members, equipping parents, caretakers, and educators with arts education tools while also enhancing the quality of life of all Oklahomans through arts programming across all artistic disciplines in communities of all sizes.

Arts nonprofits are especially vulnerable to disasters and emergencies, which can damage an organization’s business operations and artistic legacy. Emergency readiness is the key to resiliency and recovery: the better prepared an organization is, the more quickly and effectively it can respond to emergencies and crises, reopen and/or reintroduce programming in phases for performances and programs for the public.

Arts nonprofits should carefully consider both the health and safety of their employees, artists, service sector workers, their audiences and constituents when determining whether to engage the public with in-person arts programming and performances. These guidelines are not exhaustive nor comprehensive in scope. We hope that they present some of the key considerations that arts nonprofit board of directors and staff leadership need to address in preparing for any reintroduction of in-person arts education or arts access programming in our state.

STAFF AND WORKPLACE SAFETY: CONSIDERATIONS

- **Workplace Safety**
 - **Telework** If the organization has the capacity to continue to telework and/or limit the number of employees utilizing a physical organization office space, it is recommended to continue this practice. Other options may include: reducing the number of staff onsite at any given time to a minimum to cover office operations and/or alternate staff members to work in the office on a scheduled basis. It is recommended to have cleaning and sanitation between shifting alternating groups of staff working on site.
 - **Scheduled Appointments** It is recommended that any in-person meetings are scheduled by appointment to reduce the number of visitors at your organization's office or spaces. Whenever possible, Zoom and/or other digital platforms should be utilized for external meetings.
 - **Temperature Monitoring** It is advisable for organizations to use "no touch" or similarly functioning thermometers to daily check any employee and/or contracted service staff members' temperatures before each event or day at the office.
 - **Cleaning and Sanitation** Individual offices, desks, and shared spaces, including but not limited to, workrooms, mailrooms, studios, restrooms, etc. should be cleaned and sanitized more frequently for staff and visitor safety. More details below on steps to ensure a clean and sanitized workplace.
- **Human Resources** Staffing has been really disrupted, and HR issues abound. Getting back to the office is not the only issue. [SHRM](#) has some useful advice.
 - **Identify a Workplace Coordinator** who will be responsible for COVID-19 issues and their impact at the workplace.
- **Adhering to Social Distancing Policies and Practices.** Social distancing should be implemented if recommended by state and local health authorities. Social distancing means avoiding [large gatherings](#) and maintaining distance (approximately 6 feet or 2 meters) from others when possible (e.g., breakrooms and cafeterias). Strategies that nonprofits could use include:
 - Implementing flexible worksites (e.g., telework)
 - Implementing flexible work hours (e.g., staggered shifts)
 - Increasing physical space between employees at the worksite
 - Increasing physical space between employees and customers
 - Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
 - Downsizing operations
 - Delivering services remotely (e.g. phone, video, or web)
 - Delivering products through virtual and/or digital platforms
 - Nonprofits with more than one business location are encouraged to provide local managers with the authority to take appropriate decisions and policies to safeguard staff and visitors.

- **Perform Routine Environmental Cleaning and Disinfection**
 - Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, most common EPA-registered household disinfectants should be effective. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
 - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use products that meet the Environmental Protection Agency’s criteria for use against SARS-Cov-2, the cause of COVID-19, and are appropriate for the surface.
- **Implement flexible sick leave and supportive policies and practices.**
 - Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
 - Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
 - Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies.
 - Employers should not require a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
 - Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor and the Equal Employment Opportunity websites.
 - Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with their work with the field and/or with the death of a loved one.
 - Plan for staff absences. Event staff need to stay home when they are sick, or they may need to stay home to care for a sick household member or care for their children in the event of school dismissals. Identify critical job functions and positions and plan for alternative coverage by cross-training staff (similar to

planning for holiday staffing). Provide instructions about how and when to safely return to work.

- **Addressing the After-Effects of Trauma and Burnout** Traumatized staff are trying to serve and support traumatized communities through the arts. Nonprofits will be experiencing crisis response in their staff and clients, and in the larger communities that they serve. [NASP](#) has some excellent resources on this subject, as does [APA](#).
- **Communication Strategies and Reputation Management** Arts nonprofits hold the trust of their respective community due to their missions to serve the public good through the arts. Clear communication and safeguarding their staff, audiences/constituents, and especially vulnerable populations should be their top priority in all decision making.
 - **Equity and inclusion** Poor communities and people of color are disproportionately affected by the health and economic impacts of COVID-19. How can nonprofits address those needs and ensure that vulnerable populations are not left behind and/or put those individuals in compromised situations through their programming and events in service related positions, etc.?
 - **Donor/Patron Relations** This is about more than money, it's about how relationships may shift and how nonprofits can navigate that productively and successfully. Note that there will be different patterns/issues for individual donors vs. foundation support.
 - **Reframing the Value Narrative | Fundraising Campaigns** Fundraising events will need to be scaled back to small groups of no more than 10 total participants, including staff. So many nonprofits will be in dire financial need, but there are limits to what a needs-based narrative can accomplish. Nonprofits will need to sharpen their value propositions and articulate what the nonprofit sector contributes that's essential and will need to strategize on effective fundraising strategies that safeguard staff and donors.

ORGANIZATIONAL CAPACITY, OPERATIONS, AND PREPAREDNESS: CONSIDERATIONS

Organizational Capacity and Emergency Preparedness

- **Emergency Preparedness and Plans** Arts nonprofits should not present in-person events or programming without a board-approved emergency operations/plan in place. Working with your board of directors is key to any decision making and preparedness, including understanding organizational liability and other legal implications.
 - **Closure/emergency readiness** Are plans in place for continuity of operations? Are nonprofits adequately insured? Nonprofits that survive this time will be very tempted to fast forward past emergency preparedness, thinking that the emergency is past. But this emergency or pandemic and other threats might recur.
- **Financial stability** Determining whether to provide scaled-down or limited programming should take into consideration the financial stability of your organization. Specifically within that, skills in cash flow analysis, access to credit, scenario planning, etc. [NFF](#) has some good advice on these points.

Organizational: Operations

- **Signage and Disclaimers** Organizations should post signage at all entrances, exits and egress locations for attendees clearly stating that by entering the event facility, attendees accept all risk in attending in-person events. They also agree by entering to adhere to all social distancing and PPE use requirements by the organization while on the venue premises. Signage should also be bilingual in Spanish and other languages, where possible. Signage may not remove all organizational liability but informs the public that they understand the risk in attending any in-person arts event.
 - **Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to event staff and participants.** Information you share should be easily understood by everyone attending the events. Learn more about reaching people of diverse languages and cultures by visiting: [Know Your Audience](#). You also can learn more about communicating to staff in a crisis at: [Crisis Communications Plan](#).
- **Social Distancing between Artists and Audiences** Organizations should identify social distancing protocols and strategies to clearly mark social distancing between artistic personnel and their audiences. Strategies may include, but are not limited to: marking floors, stages, spaces to delineate areas that are staff/personnel access only versus audience access; reconfiguring venue spaces to augment the distance between performers and their audience seating, among others.
 - **Limiting Audiences and Attendees** Organizations may need to reduce the number of individuals or attendees at events to ensure that social distancing guidelines can be practiced in arts spaces and at arts events.
 - **Safeguarding Staff, Service Staff and Audiences/Attendees** Organizations should consider utilizing timed ticketing, screens/guards for ticket registers and other protective barriers to reduce the number of individuals in a given space, where possible.
 - **Small Spaces, Egress and Foot Traffic Strategies** Decrease density in the business/org by designating foot traffic patterns, prohibiting the use of small spaces and close common areas, leveraging technology for touchless sign in/advance appointments and ticket sales, keeping doors open and designate one as entrance and exit/reducing the number of entries.
 - **Audiences and Personal Protective Equipment (PPE)** Organizations should provide masks and gloves for all audiences and require their use at all times at the venue. Due to the diversity of ages that attend arts events, sizes of masks and gloves should range from small children to adults.
- **Consider improving the engineering controls using your building and/or venue's ventilation system.** This is applicable at your office, venues, non-traditional venue spaces, and rehearsal/studio spaces, among others. This may include some or all of the following activities:
 - Increase ventilation rates.
 - Increase the percentage of outdoor air that circulates into the system.

- **Cleaning and Sanitation** Organizations should have a cleaning and sanitation plan in place prior to opening their spaces and/or utilizing other spaces for events and/or programs. Sanitation and cleaning schedules should be more frequent and increased to include COVID-19. Organizations should have at least a 30 day supply on hand, so they do not run out of ample cleaning/sanitization supplies and have to close their spaces or cancel programming. Restroom facilities should have signage about COVID-19 handwashing procedures. It is recommended to have additional sanitation stations throughout the office and/venue space, strategically stationed at egresses of the building, studios, practice rooms, auditorium, restrooms, entrances/exits, etc.
 - **Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors:**
 - Provide tissues and no-touch disposal receptacles.
 - Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer. Ensure that adequate supplies are maintained.
 - Place hand sanitizers in multiple locations to encourage hand hygiene.
 - Place posters that encourage [hand hygiene](#) to [help stop the spread](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
 - Discourage handshaking – encourage the use of other noncontact methods of greeting.
 - Direct employees to visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.
- **Food and Beverage Service** Appetizers, hors d'oeuvres, food, and/or all beverages, including water, tea, wine, beer and/or adult beverages, should not be self-served. All food and beverages should be served from service staff that are wearing appropriate PPE to reduce any contamination. Organizations should not provide any buffets, tables with appetizers, and/or any self-serve wine and/or beverages to staff and/or attendees.

ARTS PROGRAMMING: CONSIDERATIONS

- **Reprogramming for New Realities** How do services and programs need to adapt to uncertainties around social distancing requirements, etc. and offer programming relevant to these times? How do arts nonprofits think through *what* they are delivering as well as *how*?
- **Online and Virtual Arts Programming** Pivoting more programs online raises a host of questions around intellectual property protection, price modeling, etc. Other considerations include the digital divide and inequity of internet service to have access to online content, leaving arts education and arts programming consumption limited to communities that already have more access to arts experiences.
- **Programming Content** Arts organizations should examine and reconsider their programming content for audiences with sensitivity to the environment that the public has recently experienced. Programming should be examined with an increased

sensitivity of trauma-informed practice, considering how their programming is essential to the healing of their community.

- **Scale of Productions** Theaters and other performing arts spaces should consider plays, productions, musicals, dances, etc. that have a limited number of performers on stage and may be easier to program with social distancing policies in place (i.e.: one person plays, etc.).
- **Rehearsals** Where possible, rehearsals should be conducted online via Zoom and/or other meeting formats. If rehearsals are conducted in person, rehearsals should be limited in the number of artists and staff present, such as smaller subgroups of performers. Practice spaces should be reconfigured for social distancing and protection of artists and staff even if limited in number of artist participants. Artists and staff should wear masks, gloves, and other PPE at all times, provided by the organization. Other visitors and/or family members of artists and the staff will not be allowed to attend rehearsals.
- **Workshops and Classes:** Class sizes of workshops and/or classes should be limited to a maximum of 10, with class size totals including the instructor and any other organizational staff. Staff and students will be required to adhere to social distancing guidelines and policies. PPE will be provided to all staff and class attendees.
 - Children and youth-sized masks and PPE must be on hand and in stock to ensure that all participants have appropriate-sized protection.
 - Sanitation stations should be placed throughout the class including the entrances/exits.
 - Shared art supplies will be disinfected before and after each class. Outside supplies should not be allowed to ensure that they are free of contaminants and do not introduce the virus into the facility and/or classroom.
 - Guardians, siblings, and visitors of the class attendees should not be allowed to attend the class and/or wait in the common areas of the building while attendees take class.
- **Acquisitions of Donations and Purchases of Artwork/Objects** For collecting institutions such as museums, it is recommended that donations, acquisitions and/or purchases of works of art be suspended if they require the physical transfer of artwork to take place in the near future. Artwork that has left the museum and/or is new to the collection should not be introduced into the organization's office, collections storage and/or museum unless the institution has developed procedures that take into consideration COVID-19. This recommendation is to also safeguard the health of museum staff as many works of art require more than one person to safely move and/or transport works of art.
- **Vulnerable Populations** Careful considerations and planning should be incorporated to safeguard vulnerable populations at arts events and venues.
 - **Volunteers and Docent Programs** It is recommended that volunteer and docent programs are limited, scaled-back or suspended to ensure the safety of volunteer and docents as well as the staff and general public. Generally speaking, volunteer and docent program participation is enjoyed by individuals that may

have a higher vulnerability to COVID-19 due to their age and/or existence of pre-existing health conditions.

- **Develop Flexible Refund Policies for Participants.** 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.
- **Identify Actions for Postponed or Canceled Events** Work closely with local public health officials to assess local capacities in the area. During a COVID-19 outbreak, resource limitations among local healthcare systems and/or law enforcement can influence the decision to postpone or cancel your events. If possible, plan alternative ways for participants to enjoy the events by television, radio, or online.
- **Steps to Plan, Prepare and Proceed with an Arts Event for Larger Groups** The details of your emergency operations plan should be based on the size and duration of your events, demographics of the participants, complexity of your event operations, and type of on-site services and activities your event may offer.
 - **Review the existing emergency operations plans for your venues**
 - **Meet with the emergency operations coordinator or planning team at your venues.** Discuss the emergency operations plans and determine how they may impact aspects of your events, such as personnel, security, services and activities, functions, and resources. Work with the emergency operations coordinator or planning team to prepare for the key prevention strategies outlined in this guidance. Develop a contingency plan that addresses various scenarios described below which you may encounter during a COVID-19 outbreak.
 - **Establish relationships with key community partners and stakeholders.** When forming key relationships for your events, include relevant partners such as the local public health department, community leaders, faith-based organizations, vendors, suppliers, hospitals, hotels, airlines, transportation companies, and law enforcement. Collaborate and coordinate with them on broader planning efforts. Clearly identify each partner's role, responsibilities, and decision-making authority. Contact your local public health department for a copy of their outbreak response and mitigation plan for your community. Participate in community-wide emergency preparedness activities.
 - **Address key prevention strategies in your emergency operations plan**
 - **Promote the daily practice of everyday preventive actions.** Use [health messages and materials developed by credible public health sources such as CDC](#) or your local public health department to encourage your event staff and participants to practice good personal health habits. Consider displaying signs (physical and/or electronic) throughout the event to provide frequent reminders to participants to engage in [everyday preventive actions](#) to help prevent the spread of COVID-19. These include:
 - Stay home when you are sick, except to get medical care.

- Cover your coughs and sneezes with a tissue, 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. If soap and water are not available, use hand sanitizer that contains at least 60% alcohol.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - [Clean frequently touched surfaces and objects daily.](#)
- **If possible, identify a space that can be used to isolate staff or participants who become ill at the event.** Designate a space for staff and participants who may become sick and cannot leave the event immediately.
 - Work with partners, such as local hospitals, to create a plan for treating staff and participants who do not live nearby. Include a [plan for separating and caring for vulnerable populations.](#)
 - If any staff member or participant becomes sick at your event, separate them from others as soon as possible. Establish procedures to help sick staff or participants leave the event as soon as possible. Provide them with clean, disposable masks to wear, if available.
 - Work with the local public health department and nearby hospitals to care for those who become sick. If needed, contact emergency services for those who need emergency care.
 - Note: Providing a sick staff member or event participant with a disposable facemask to wear does **not** replace the need for that person to leave as soon as possible, stay home, and seek medical advice. Wearing a disposable facemask in the workplace or while participating in a large event is not a sufficient infection control measure.
- **Communicate about COVID-19**
 - **Update and distribute timely and accurate emergency communication information.**
 - Identify everyone in your chain of communication (for example, event staff, participants, suppliers, vendors, and key community partners and stakeholders) and establish systems for sharing information with them.
 - Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information. Update key community partners and stakeholders regularly.
 - Share information about how you and the emergency operations coordinator or planning team for the venues are responding to the outbreak.

Additional Resources and Sources for these Guidelines

State, Regional and National Arts Agencies

[https://arts.ok.gov/Oklahoma Arts Emergency Resource Page.htm](https://arts.ok.gov/Oklahoma_Arts_Emergency_Resource_Page.htm)

<https://www.maaa.org/resources-for-public-health/>

<https://www.arts.gov/covid-19-resources-for-artists-and-arts-organizations>

<https://alliedartsokc.com/allied-arts-covid-19-response/>

<https://www.oklahomacenterfornonprofits.org/resources/coronavirus-covid-19-resources-for-nonprofits/>

<https://www.americansforthearts.org/by-topic/disaster-preparedness/coronavirus-covid-19-resource-and-response-center>

<https://nasaa-arts.org/communication/coronavirus-resources/>

<https://cerfplus.org/cerfplus-responds-to-covid-19/>

<https://www.artsready.org/>

<https://www.robinhood.org/rh-relief-effort-resources/>

<https://boardsource.org/resources/nonprofit-board-member-respond-covid-19/>

<https://www.philanthropy.com/article/Responding-to-the-Coronavirus/248231>

<https://performingartsreadiness.org/>

http://teachingartistsguild.org/covid-19-resources/?mc_cid=fa59e34745&mc_eid=9571c3d0f5

<https://howlround.com/happenings/artists-time-global-pandemic-asl-captioned>

<https://www.colleendilen.com/2020/04/22/data-update-which-cultural-entities-will-people-return-to-after-reopening-april-22-2020/>

<https://disasterphilanthropy.org/>



Museum “Open to the Public” Guideline Considerations

The following information includes ideas to demonstrate a museum’s commitment to provide a comfortable, safe, and healthy space for visitors and staff.

Please be advised that some or all of the following information may not be applicable to every institution. It is strongly recommended that before implementing any of the ideas below the institution carefully evaluates, and consults with outside legal counsel as appropriate, the legality, applicability and potential efficacy of this information for the institution.

Museum, physical building

- Determine how many days a week the museum is open, taking into consideration time needed for deep cleaning and natural virus degradation
- Determine hours museum is open which could range from being open pre-coronavirus hours to reduced hours
- Determine schedule for custodial staff to thoroughly clean/disinfect both public areas and back-of-the-house areas that might be influenced by the museum’s ability to source masks, gloves, cleaning, disinfecting, and sanitizing products. Supply list can be found at <https://www.okmuseums.org/museum-supplies-list/>
- Post a sign at the front entrance stating that individuals who have a fever or other symptoms of COVID-19 or have had contact with a person with COVID-19 should not enter the museum
- Post signs reminding visitors to wear face masks, wash hands, use sanitizer, and social distance
- Hand sanitizer stations should be present in the lobby and throughout the museum
- Tissues should be available to visitors
- Add extra trash receptacles with closed lids
- Sanitize the entrance and exit doors consistently throughout the day
- Only allow two individuals in the elevator at a time
- Limit the number of individuals allowed in the restroom at a time
- If an external company is contracted for cleaning, museum staff must coordinate and supervise the cleaning in the exhibits and/or collections area
- Establish an isolation room for suspected infected staff or visitors with COVID-19 showing symptoms, having the room stocked with masks and gloves to be given to the possibly infected individual and all individuals attending to the suspected infected individual
- Should a staff member or visitor have a confirmed case of COVID-19, plan to close the museum immediately for a deep cleaning or to allow natural virus degradation

Museum Exhibit Areas

- Manage visitor flow by considering one-way travel patterns through exhibits
- Consider closing hands-on areas; touchable education collections and/or traveling trunks should be discontinued
- Offer alternative programs or media to provide access to information usually provided via touch screens and other interactive exhibits, such as downloadable audio tours
- Consider suspending any touchscreen interactives or placing a plastic sheet (Mylar) over touchscreens that can be disinfected or replaced on a regular basis
- Frequent cleaning and sterilization of high touch areas
- Add security in exhibit areas to ensure adherence to guidelines

Museum Staff

- All museum staff should wear face masks
- Consider suspending volunteer program, or at a minimum extra protection of the vulnerable population

Museum Visitor Services

- Offer dedicated entrances/special opening hours for the vulnerable population
- Consider discouraging visitors from bringing in personal belongings to the museum
- Encourage visitors to use hand sanitizer upon entering the museum
- Individuals or groups must social distance at 6 feet apart at all times
- Install a physical barrier such as a sneeze guard at front desk
- Minimize all touch points and staff to clean area touched by visitors
- Utilize advance online ticket sales with timed entry on the quarter-hour including timed entry for museums who do not charge admission
- When ready to phase in walk-in visitors, adopt technology that alerts individuals when they can approach the entrance
- Encourage visitors to make non-cash payments; frequently clean and sanitize point-of-sale equipment
- Limit number of individuals at any one time in public areas
- Groups must stay together while maintaining social distancing
- Require all visitors to wear face masks and make them available
- Consider taking temperature of each visitor upon entering the museum
- Encourage staff to report any safety and health concerns to museum security

Museum Store and Cafe

- Install a physical barrier such as a sneeze guard at cash register
- Limit number of individuals in museum store
- Offer curb side pick for museum store items
- Place sample museum store products on floor with stock in back
- Encourage visitors to make non-cash payments; frequently clean and sanitize point-of-sale equipment
- Ensure food service areas adhere to the same guidelines as restaurants, including limitation of seating and offering take-aways
- Establish a waiting area for people to stand in line at appropriate distances

Museum Collections

- Caring for museum collections presents special considerations during the COVID-19 pandemic
- Collections staff are encouraged not to touch artifacts unless absolutely necessary during this time
- As few people as possible should be handling artifacts and no two people should handle the same artifact within natural virus degradation period
- Alternative collections management work, including database management is a good alternative during this time
- Limiting the number of persons in collections and on shared work space (computers and tools that part-time staff use on different days) should be enforced

The following are resources that will prove helpful during this time:

- Isolating, Disinfecting, and Cleaning Historic Materials - National Center for Preservation Technology and Training - Transcribed video presentation explaining cleaning methods for historic materials. <https://www.ncptt.nps.gov/blog/covid-19-basics-disinfecting-cultural-resources/>
- Cultural Resources and COVID-19 - National Center for Preservation Technology and Training - This document explores how COVID-19 persists on surfaces and how you can effectively deactivate the virus while preserving valuable cultural resources. <https://www.ncptt.nps.gov/blog/cultural-resources-and-covid-19/>
- MNHS Workplace Historic Properties Enhanced Cleaning Guidance for COVID-19 - Minnesota Historical Society - Example of a cleaning plan from one institution. [https://www.culturalheritage.org/docs/default-source/resources/emergency-resources/mnhs-workplace-historic-properties-enhanced-cleaning-guidance-for-covid-19-\(1\).pdf?sfvrsn=0](https://www.culturalheritage.org/docs/default-source/resources/emergency-resources/mnhs-workplace-historic-properties-enhanced-cleaning-guidance-for-covid-19-(1).pdf?sfvrsn=0)
- National Park Service COVID 19 Exhibitory Cleaning Guidance - Guidance for Cleaning/Disinfecting Exhibitory to Combat Novel Coronavirus <https://www.nps.gov/subjects/hfc/covid-19-exhibitory-cleaning-guidance.htm>

Compiled by the Oklahoma Museums Association, April 2020

Memorandum

Date: April 29, 2020

To: **Senator James Lankford**, United States Senate; **Governor Kevin Stitt**, State of Oklahoma; **Mrs. Marnie Taylor**, Oklahoma Center for Nonprofits

From: **Louisa McCune**, Executive Director, Kirkpatrick Foundation; and **Manda Overturf Shank**, Program Officer, Kirkpatrick Foundation

cc: **Jonathan Gary**, City of Oklahoma City Animal Welfare; **Kay Stout**, PAAS Vinita; **Inger Giuffrida**, WildCare; **Dr. Lesa Staubus**, American Humane; **Brent Toellner**, Best Friends Animal Society; **Dana McCrory**, Oklahoma Humane Society; **Candace Beaty**, Pet Food Pantry; **Samantha Polen**, T-Town TNR; **Reagan Hamlin**, Free to Live; **Mindy Tiner**, Tulsa SPCA; **Dwight Lawson**, Oklahoma City Zoo; **Tim Ajax**, Oklahoma Primate Sanctuary; **Dr. Carlos Risco**, Oklahoma State University Center for Veterinary Medicine; **Kelly Burley**, Common Bonds

ONE HEALTH

The rise of the zoonotic coronavirus has demonstrated the interconnected ecosystems of humans and animals and their dependence on one another. For many years, the idea of One Health has been acknowledged by scientists, sociologists, psychologists, and experts in the animal-wellbeing community. The Centers for Disease Control and Prevention defines One Health as “a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.” As a concept, One Health has been around for millenia, but with the onset of globalization and our interdependence with the animal world, the relevance of One Health has become more important in recent years.

ANIMALS AS A KEY COMFORT

Oklahomans have been in close contact with wild and domestic animals, both livestock and pets, since the first peoples lived on this land. Animals play an important role in our communities, whether for companionship, travel and leisure, tourism, education, livelihoods, food, fiber, or sport. Moreover, while “sheltering-at-home,” pets and personal livestock have provided an essential comfort and support to people living in isolation from outside relationships. As well, in unsafe homes, animals find themselves at risk alongside adults and children within violent family systems. Indeed, the global fight against coronavirus has amplified the reality that the wellbeing of a community is dependent on the actions of all who live in that community. As Oklahomans begin to reopen our lives and the statewide economy under the direction of federal, state, and municipal leadership, we must acknowledge the interconnectedness of animals, the environment, and humans.

The following bulleted statements have been gleaned from memoranda provided by the above Oklahoma animal-nonprofit partners, which range from the most-visited tourist destination in the state to all-volunteer groups with minimal public contact.

NEED TO KNOW/NEED TO HAVE

- Oklahoma animal non-profit directors request widespread disease testing to ascertain who is a disease carrier. Directors need to know with certainty the accuracy of testing and consistent information regarding transfer and lifespan of disease molecules. Directors urge antibody testing and contact tracing carried out by public-health professionals.
- Directors need to see a consistent reduction in disease cases.
- Spay-Neuter surgeons need guidance on whether surgeries can proceed without full surgical gowns.
- Directors need clear guidance on all HR issues, regarding employees, daycares, liability, and privacy.
- Directors need access to masks, hand sanitizer, cleaning supplies, and PPE, immediately, especially as Oklahoma's storm season approaches.
- Directors need foster homes for unwanted pets, to relieve pressure on municipal shelters.
- Directors need relief funding to maintain operations for these critical societal services.

GOING FORWARD *Because of the nature of animal non-profits, these entities have not entirely ceased internal operations but have limited in-facility contact and eliminated all public events.*

- Leaders must understand visitor concerns, must increase safeguards against transmission, and minimize all touchpoints.
- Municipal funding of animal shelters must be maintained.
- Municipalities should follow the guidance of the National Animal Care and Control Association and empower finders of lost animals to try to locate the animal's owners and reunite it in the field, rather than impounding the animal in the shelter and requiring owners to come in to pick up the animals. This minimizes human contact.
- Government-funded housing should consider relaxing any pet restrictions.
- A tsunami of unwanted puppies and kittens is anticipated due to the suspension of elective surgeries and deputized PPE equipment from veterinary clinics to human hospitals. Although debated among those in the spay-neuter field, the State Board of Veterinary Medical Examiners should consider a recommendation on whether or not to temporarily suspend full surgical gowns for spay-neuter surgeries.
- The largest animal rescue in the state may resume some operations June 1 and will continue suspension of staff travel through June 30.
- Municipal animal shelters directors are looking to mayoral and town/city council leadership for specific direction.
- Municipal shelters and animal nonprofits anticipate continued limited admission into facilities through the summer with full openings in early fall. These groups expect to continue with appointments and scheduled curbside adoptions and drop-offs. Several of these groups have created plans, ranging from one-page protocols to exhaustively detailed operational adjustments (as in the case of the Oklahoma City Zoo).

- Animal transportation rescues (to northern states where adoptable pets are in short supply) rely on out-of-state reciprocal relationships to be able to continue to move homeless, adoptable pets. These inter-state relationships are monitored closely.
- Hundreds of springtime fund-raising events have been canceled. Cash-flow projections are based on “best, worst, and likely scenarios and planning for each eventuality.”

IN THEIR WORDS

“While [our organization] appreciates the guidance received from the government and state, due to our broad-based constituency both rural and metropolitan, we will forge our own path in a strategic manner based on cohesive conversations, the availability of testing, and valid scientific data. This is to ensure the safety and well-being of our employees, volunteers, animals, and customers.”

“Our rescue team is anxious to ‘re-open,’ as we are facing the beginning of storm season and the multitude of natural disasters that are sure to come. Our amazing volunteer responders are very familiar with difficult conditions and challenging situations, but guarding their personal health is our first priority.”

“All we need is the greenlight from local officials to implement this plan.”

“My priority is to keep the staff, rescuers, volunteers, and animals in our care safe. I think to do this, we will probably keep our COVID-19 operating procedures in place at least through May and continue to urge staff to pay attention to the information from scientists rather than the advice of politicians.”

A SPECIAL ASSESSMENT REGARDING SPAY-NEUTER and COVID-19

By Kelly Burley, Director, Common Bonds

The COVID-19 pandemic has resulted in drastic and unprecedented restrictions on private and government agency animal welfare services, including spay-neuter procedures in Oklahoma and across the United States. Significant operational challenges have threatened the bandwidth of many shelters, nonprofit rescues, and veterinary hospitals/clinics to provide these services. Staff and volunteer shortages due to illness or quarantine and the need to engage in social distancing have made fulfillment of the full range of critical animal medical services much more difficult. Many elective procedures for animals have been temporarily halted, due to order and/or recommendation, based in part on the need to keep staff and the public safe as well as the scarcity of personal protective equipment, including facemasks, gowns and gloves. The following are a partial list of orders/recommendations that many spay neuter service providers have been following in Oklahoma.

State of Oklahoma Executive Order

Governor Stitt issued an executive order, extended through April 30, suspending elective surgeries. Once those procedures are allowed beginning May 1, many shelters, veterinary hospitals and clinics are expected to resume spay neuter procedures.

ASPCA

The ASPCA has been compelled to temporarily suspend most of its spay/neuter operations, and is supporting **animal shelters' liberal exercise of discretion, where allowed by law, to adopt or place unaltered animals, particularly where placement is necessary to avoid euthanasia or where essential staffing levels are reduced due to COVID-19.**

National Animal Care and Control Association (NACA)

To preserve critical medical supplies and minimize potential for human contact exposure, shelters and spay-neuter clinics should limit surgeries to emergency cases only.

American Veterinary Medical Association

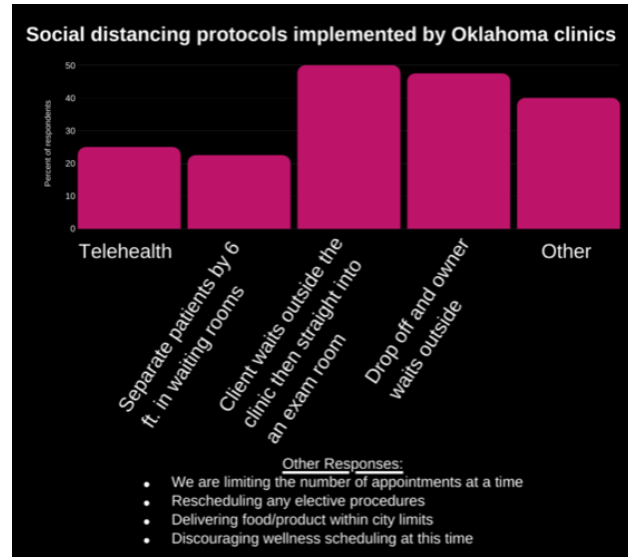
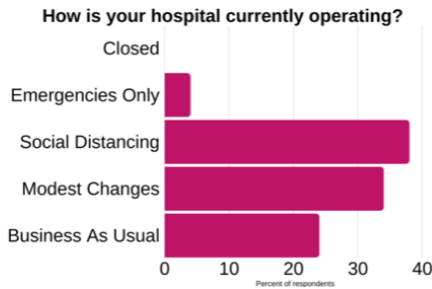
While animals that are sick or injured should continue to receive medical attention, veterinarians are encouraged to consider rescheduling or limiting other services, including elective procedures.

Impact

A recent survey by the Oklahoma Veterinary Medical Association indicates many veterinary clinics across the state adopted various strategies specific to social distancing, including the rescheduling of elective procedures, while nearly 40 percent of veterinary hospitals have adopted social distancing. At Oklahoma State University, the veterinary teaching hospital, which has a normal spay-neuter caseload of 12-16 procedures per day, is currently capped at 10 per day.



OKLAHOMA VETERINARIANS AND COVID-19



While veterinarians are rescheduling or scaling back spay neuter services, many shelters and nonprofit rescues across the state suspended spay-neuters altogether, including the Oklahoma City Animal Shelter, OK Humane, Tulsa SPCA, Peaceful Animal Adoption Shelter in Vinita and many others. In the case of OK Humane, the suspension of spay neuter services meant that for the first time in the organization’s history, intact animals were available for adoption. Once the executive order on elective surgeries expires April 30, some organizations, including the Oklahoma City Animal Shelter, plan to resume spay neuter procedures to meet the backlog of demand created as a direct result of COVID-19. OK Humane, however, will not resume until at least June 1 and will focus until then on foster surgeries on select days while helping the Oklahoma City Animal Shelter with its spay-neuter backlog.

Moving Forward

As Oklahoma considers the way forward, it is incumbent upon all of us to address our state’s pet overpopulation problem at the source, and a massive commitment to spay neuter services will be necessary from animal advocates, philanthropic organizations and pet owners. Beyond that, elected leaders from city council chambers, the state Capitol and the halls of Congress must reimagine their commitment to animal well-being through policy, keeping in mind that when animals thrive, so do communities. For the public, now is the time to recommit to the responsibility of pet ownership, making sure that, among other things, pets are spayed or neutered and properly cared for through routine exams, good hygiene and grooming. We are all in the fight of our lives with COVID-19, not only as people helping people survive and thrive, but as people helping animals directly impacted by the circumstances that we create for them.

To: Pastors and Congregations of the Oklahoma Annual Conference
From: Bishop Jimmy Nunn
Dean of the Cabinet – Rev. Tish Malloy
Assistant to the Bishop – Rev. Dr. Joe Harris
Director of Connectional Ministries – Rev. Derrek Belase
Interim Treasurer – Randy Compton
Date: April 24, 2020
Re: Memo 3— Covid-19

Greetings in the name of our Risen Lord!

We last wrote to you on March 25th. Since then, you have celebrated Easter without gathering as a congregation in a church building. We want to affirm again all the ways you are reaching your churches, extension ministries, and communities in creative, inspiring, and engaging ways. Keep up the good work!

As we all know, information about COVID-19 and appropriate responses to its spread are complex. It is understandable that you and your ministry leaders would have many questions about relaunching in-person worship and reopening your churches and ministries. We all want to make responsible decisions as we transition from our current status of having no meetings of more than 10 people at safe distances from one another to a graduating increase in public gatherings with fewer restrictions.

Guided by our faith and informed by medical experts as well as national, state, and local government officials; the Cabinet has been considering the best ways for us to respond to this ever-changing situation. While this letter is full of information, we pray you will digest it and reach out to your District Superintendent should you have questions.

First, we are guided by:

- The Greatest Commandment: “You shall love the Lord your God with all your heart, and with all your soul, and with all your mind’ and ‘You shall love your neighbor as yourself.” (Matthew 22:36-40);
- Paul’s words to the Philippians, our 2020 Annual Conference theme: “Let each of you look not to your own interests, but to the interests of others.” (Philippians 2:4);
- Wesley’s Three General Rules – “Do no harm. Do good. and Stay in love with God”

These texts and rules for Christian life are the guiding principles of our response.

Second, we recognize the unique position churches and pastors find themselves in, navigating our relationship with the state while appreciating the separation afforded by our Constitution. This did not escape the teachings of Jesus. When asked about paying taxes, Jesus responded, “Give therefore to the emperor the things that are the emperor’s, and to God the things that are God’s” (Matthew 22:15-22). What we want to provide you with is a way to keep people safe and comply with the governmental guidance while recognizing that our ultimate allegiance is to God’s kingdom.

Third, we uphold what our Social Principles affirm: “Stewardship of health is the responsibility of each person to whom health has been entrusted. Creating the personal, environmental and social conditions in which health can thrive is a joint responsibility – public and private” (§162V).

How will we respond together? By following Wesley’s three general rules.

First, by doing no harm:

- Always follow the guidance provided by the Centers for Disease Control and Prevention regarding the size of crowds which can be together. Currently, that is 10 people or less who are practicing social distancing of at least 6 feet.
- Recognize that these guidelines will likely change over the next few weeks. As they change, you will want to stay current and communicate updated expectations.

Second, by doing good:

- Continue to reach out to your community in safe ways.
- Make vulnerable populations a priority. Urge church members to check on their neighbors and make sure they have what they need, including care for body and soul.

Third, by attending upon the ordinances of God:

- Offer online worship, discipleship opportunities and appropriate pastoral care.
- Offer the sacrament of Holy Communion as you see fit for your context. (See our [pandemic resource page](#) for further guidance on this.)
- Engage your church leadership team in Christian conferencing as you plan and prepare for next steps. There will be a time when you will have some clearance to reopen and you will want to be ready. If you need assistance in doing this, please communicate your need with your district office.

It is our expectation that all United Methodist Churches remain closed and that staff work from home as much as possible. We do not recommend that any in-person gatherings take place for any reason except for recording worship services and messages of devotion and encouragement and small groups to provide for community needs. As a reminder, the guidelines are 10 people or less who are practicing social distancing of at least 6 feet.

Will our guidance change?

In a Wednesday, April 22 press conference, you may have heard the Governor's office saying that churches could reopen as early as May 1. While we deeply appreciate the desire to re-gather in-person, we will continue to follow the CDC guidelines and expect United Methodist pastors, churches, and ministries in OK not hold public services until Bishop Nunn gives specific instruction for when and how to do so. We will follow closely how Oklahoma moves through this phased reopening and we will communicate any updates to this communication after May 17. We have noticed so many of you who are fulfilling the ministry to which you are called using safe practices. Thank you! If you or your church need support in this difficult time, please contact your District Superintendent.

When will we communicate with you?

For the foreseeable future, we will be communicating with you via email each Friday. These regular Friday communications will allow you to know when to expect any updates.

How can we help?

Today, we are launching a new web hub called "[Resources for Relaunch.](#)" These resources will help church leaders and pastors facilitate conversation and make plans amid uncertainty.

We highly recommend that those of you who will be relaunching worship services watch the video produced by Path 1 (Discipleship Ministries) and use the accompanying discussion guide. A guide for creating a relaunch team is also provided. We believe that every congregation and ministry can benefit from doing this strategic work together. You can expect that more resources will be added including reconnecting with your community in mission. We will include links in the Friday updates along with

alerts as the web hub is updated with new information. We pray that these resources are a blessing to you and your leadership teams.

A Call to Prayer

We want to close our letter inviting you to pray without ceasing (1st Thessalonians 5:17). Let us be in prayer for each other, our churches and communities as well as leaders at all levels of our government. Let us remember those who have contracted this terrible illness and the families of those who have died. Let us intercede for those who have to work on the front lines and in the sectors of public safety and healthcare. Let us lift up those who have lost their jobs and have nowhere to lay their heads at night. Pray for this and so much more.

Questions?

Should you have questions, need clarification or simply want to discuss how to proceed in your own context, reach out to your District Superintendent.

In the words of Paul to the Philippian church, we “thank God every time (we) remember you, constantly praying with joy in every one of (our) prayers for all of you, because of your sharing in the gospel from the first day until now. (We are) confident of this, that the one who began a good work among you will bring it to completion by the day of Jesus Christ” (Philippians 1:3-6).

Families First Coronavirus Response Act (FFCRA) Procedure

Background: The Families First Coronavirus Response Act created two paid leave provisions for employers with fewer than 500 employees and public employers with at least one employee. The Emergency Paid Sick Leave (EPSL) provides up to two weeks of paid leave for qualifying reasons. The Emergency Family and Medical Leave Expansion Act (EFMLEA) expands the protections of the Family and Medical Leave Act (FMLA) to provide paid benefits in certain situations.

Exemptions: Employers of health care providers or emergency responders may elect not to provide this leave to those specific employees. Businesses with fewer than 50 employees are exempt from FMLA private causes of action under the Emergency Family and Medical Leave Expansion Act (EFMLEA), but not Department of Labor enforcement. Additionally, small businesses with fewer than 25 employees may be exempt from providing Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave Expansion Act (EFMLEA) if the leave request is because of the child's school or child care provider is closed due to COVID-19 related reasons and would cause an undue hardship on the organization. Also, small businesses with fewer than 25 employees may be exempt from reinstatement rights following an EFMLEA leave due to negative business or operational changes.

Statement of Procedure

This procedure is in place for Oklahoma Center for Nonprofits to comply with the requirements of the Federal Families First Coronavirus Response Act (FFCRA). The FFCRA provides employees with Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave Expansion Act (EFMLEA) for those affected by the COVID-19 pandemic, from April 1, 2020 through December 31, 2020.

Two Types of Leave Covered Under FFCRA

1) Emergency Paid Sick Leave (EPSL)

Emergency paid sick leave will be available for an employee who is unable to work or work remotely because:

1. The employee is subject to a governmental quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due of COVID-19 concerns;
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
4. The employee is caring for an individual (does not have to be a family member) subject to governmental quarantine/isolation order or health care provider recommendation;
5. The employee is caring for an eligible son or daughter under age 18 whose school or place of care is closed due to COVID-19 precautions; or
6. The employee is experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services.

Eligibility for EPSL

All employees, regardless of their tenure with the organization, with full-time or part-time status are eligible to receive this benefit.

Paid Benefits for EPSL

Eligible employees will receive up to two weeks of paid sick leave.

- Full-time employees (scheduled to work 40 or more hours per week): 80 hours at their regular rate of pay, subject to caps and reasons noted below.
- Part-time employees (scheduled to work less than 40 hours per week): the number of hours that the employee works, on average, over a two week period, subject to caps and reasons noted below.

Payments are capped at \$511 a day (\$5,110 in total) for dealing with an employee's own illness or quarantine (reasons 1, 2 and 3 above). Employees who are caring for an individual affected by COVID-19 and those whose children's schools or childcare providers have closed (reasons 4, 5 and 6 above) receive up to two-thirds of their pay, and that benefit is limited to \$200 a day (\$2,000 in total).

Return to Work Following EPSL

Employees are required to follow guidelines established by the Centers for Disease Control and Prevention as it relates to ceasing home isolation practices.

- **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - at least 7 days have passed since your symptoms first appeared
- **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use of medicine that reduces fevers)
AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved)
AND
 - you received two negative tests in a row, 24 hours apart.

2) Emergency Family and Medical Leave Expansion Act (EFMLEA)

Employees will be entitled to take up to 12 weeks of leave if an employee is unable to work or work remotely due to caring for the employee's minor child because the child's school or child care provider has been closed because of COVID-19.

Eligibility for EFMLEA

Under EFMLEA, full-time and part-time employees who have been on Oklahoma Center for Nonprofits payroll for 30 calendar days, prior to taking the leave, are eligible for leave.

Paid Benefits for EFMLEA

The EFMLEA provides for a combination of unpaid and paid leave.

- The first 10 days of EFMLEA may be unpaid. An employee may choose to take an existing pay benefit (i.e. PTO, vacation, sick pay) during the 10-day unpaid period, or the 10 days may be paid under Emergency Paid Sick Leave (EPSL), if taken for a qualifying reason.
- After ten days of unpaid leave, employees are entitled to 10 weeks of leave at two-thirds their usual pay. Part-time employees are entitled to be paid two-thirds of their usual pay based on the average number of hours worked for the six months prior to taking the leave.
- The cap of the paid leave entitlement for employees is \$200 per day (\$10,000 in the aggregate).

Notifying Company of the Need for FFCRA Leave

Employees should request their need for emergency paid leave as soon as possible, by notifying their immediate supervisor and human resources of the specific qualifying reason and date of requested leave. If an employee is incapacitated, the employee's representative should give verbal notice as soon as possible. Calling in "sick" does not qualify as adequate notice. An employee must provide sufficient information regarding the reason for an absence for the company to know that protection and benefits may exist under FFCRA.

Required Documentation

IRS guidance outlines the information an eligible employer must receive from an employee and maintain to substantiate eligibility for sick leave or family leave credits.

The employee must provide:

- His or her name.
- The date or dates for which leave is requested.
- A statement of the COVID-19 reason the employee is requesting leave and written support for such reason.
- A statement that the employee is unable to work, including by means of telework, for such reason.

In the case of a leave request based on a quarantine order or self-quarantine advice, the statement from the employee should include the name of the governmental entity ordering quarantine or the name of the health care professional advising self-quarantine. If the person subject to quarantine is not the employee, that person's name and relation to the employee shall be provided.

If a school closes or child care provider is unavailable, the statement from the employee should include:

- The name and age of the child or children.
- The name of the school that has closed or place of care that is unavailable.
- A representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave.
- With the care of a child older than 14 during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

Insurance Benefit Continuation During FFCRA Leave

Coverage under group health insurance will continue while on leave, but employees must continue to pay their portion of the premium. Other employment benefits will also be continued during the leave, as long as the employee continues to pay any required contribution. Payment arrangements will be discussed with individuals as needed.

Certification for FFCRA Leave

Generally, the company will require certification to verify the qualifying reason for the leave. Employees should be prepared to provide documentation such as a copy of the individual's quarantine or isolation order, or written note by a health care provider advising self-quarantine, or a notice of closure of school or childcare provider (i.e. email, notification on website, or news article).

We understand that requesting healthcare provider documentation may place additional burdens on our medical community during this pandemic, therefore if an employee is unable to obtain this documentation, at a minimum, the name, address, and phone number of your treating healthcare provider must be provided. Oklahoma Center for Nonprofits also reserves the right to request additional documentation completed by your healthcare provider or childcare provider (as applicable) in situations where there is reason to believe an employee has fraudulently obtained leave or paid benefits.

Intermittent Leave

Intermittent leave will be permitted if the employee is unable to work his or her normal schedule of hours. The employee and employer will come to an agreement on a schedule that provides for the least amount of disruption to an employee's job. For EFLMEA purposes, the total amount of leave taken should not exceed the 12 weeks defined earlier in this procedure.

Rights Upon Return from FFCRA Leave

An employee who takes leave under FFCRA may be reinstated to the same job or an equivalent position upon completion of the leave*. If an individual has exhausted all leave under this FFCRA and is still unable to return to work, the situation will be reviewed on a case-by-case basis to determine what rights and protections might exist.

The law provides that an employee has no greater rights upon a return from leave than the individual would have had if s/he had continued to work. Therefore, an employee may be affected by a layoff, reorganization, furlough,

change in job duties or other change in employment if the action would have occurred had the employee remained actively at work.

**Under the EFMLEA portion of FFCRA, employers with less than 25 employees may be excluded from restoring the employee to his or her previous position if all four of the following hardship conditions exist:*

- *The position no longer exists due to economic or operating conditions that affect employment and due to COVID-19 related reasons during the period of the leave;*
- *The company made reasonable efforts to restore the employee to the same or an equivalent position;*
- *The company makes reasonable efforts to contact the employee if an equivalent position becomes available; and*
- *The company continues to make reasonable efforts to contact the employee for one year beginning either on the date the leave related to COVID-19 reasons concludes or the date 12 weeks after the leave began, whichever is earlier.*