

A Community Strategy for Phased Reopening

Knox County & City of Knoxville

April 27, 2020



KNOX COUNTY
TENNESSEE

HEALTH DEPARTMENT

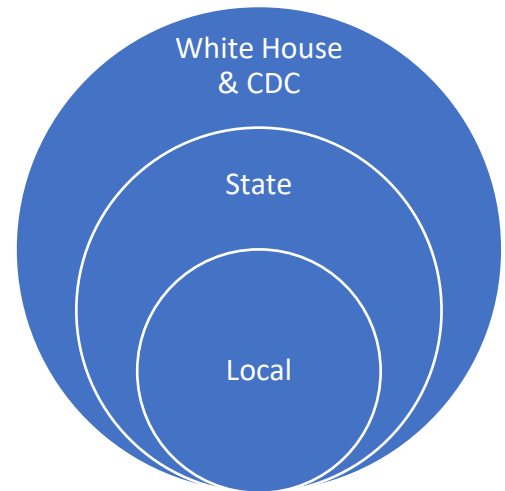
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What is Our Phased Reopening Strategy?

The Community Strategy for Phased Reopening is complementary to Governor Lee’s “Tennessee Pledge: Reopening Tennessee Responsibly” framework and the White House’s “Opening Up America Again” guidance. **Local government has been empowered to create strategies relevant to the unique needs of the community.** The Community Strategy for Phased Reopening is nested within the guidance of the federal and state plans. It provides locally relevant guidance and a strategy for supporting a safe phased reopening. **If there are differences between the plans, the community should follow this local plan. As additional federal and state guidance is released, amendments may be issued.**



The guiding principle of this framework is that **our community is stronger when we collaborate.** In these challenging and uncertain times, no one can foresee the road ahead. What we can see clearly is **the dynamic ability of our community** to confront new challenges.

The Community Strategy for Phased Reopening is a three-phased approach that **emphasizes partnership** with individuals and the many sectors of our community. **We are a community of problem-solvers** who can come together to address the unparalleled public health and economic challenges facing our region.

New Normal

The phased reopening is **not a return to pre-pandemic normal.** As an illustration, we are currently on an unsafe highway that was shut down to through traffic so resurfacing supplies and equipment could be gathered. **The phased reopening is not a return to high-speed travel on I-40.** The phases serve as different degrees of construction warnings. **The reduced speeds and restricted lanes protect both the driver and those working on the road.** Some degree of warning and modified lanes will exist **until it is safe for both drivers and workers for the road to fully reopen at previous speed limits.**

This phased plan presents a pathway for reopening that relies on the **Five Core Actions we must all consistently take to reduce the spread of COVID-19.** These core actions, introduced in greater depth in a later section, reduce individual and community risk. They are the core actions our metaphorical drivers can take daily. They include **physical distancing, wearing cloth face coverings, handwashing, cleaning surfaces and staying home if you are sick or instructed to isolate/quarantine.** We will only be able to safely maintain our reopening efforts if **all of us commit to maintaining these Five Core Actions.**

Adapting to Dynamic Challenges & Opportunities

A three-phased model for reopening is presented here. Phase One includes more detailed information regarding reopening, while the other two phases serve as a broad framework that will be enhanced through a collaborative process with the community. **Non-profit and business leaders are innovators at their core.** We believe a collaborative approach will solicit the dynamic solutions necessary to confront the unprecedented challenges faced by our community. By focusing on Phase One, the framework contains room for Phase Two and Phase Three to address emerging challenges and opportunities that may present themselves on the road ahead.

This three-phase approach is designed to have **flexibility within each phase** to reduce the likelihood of relapse to a previous phase and avoid threats that may prevent movement into the next phase. This means these guidelines serve as a proposed community framework, but each phase may be adjusted as the understanding of local transmission changes over time. **Mid-phase adjustments will reduce the likelihood of needing to revert to previous phases.** An example of a potential mid-phase adjustment includes reducing the maximum occupancy of a business sector. Another example is requiring patrons of a business sector to wear cloth face coverings when they were previously strongly recommended but not required. Each mid-phase adjustment will be issued only if it reduces transmission in a meaningful way, typically when the volume or acceleration of cases presents a threat to phase advancement or sustaining the capacity of vital community resources. These community resources include hospital capacity, personal protective equipment (PPE), testing capacity and the ability to perform contact tracing. **We rely on our community to partner with us on using mid-phase adjustments to prevent relapse to previous phases and prolonged stalls within a phase.**

Community Driven

This plan is community centric, focusing on the ways **individuals** and **employers** can work to protect the safety of our community while advancing through a phased reopening. **COVID-19 coordinators**, introduced in a later section, play a vital role in protecting our community. **Employers who select COVID-19 coordinators, display safety signs in entrances and enroll in a COVID-19 communication listserv will be given the opportunity to display certificates indicating their commitment to safeguarding the health of their employees and customers.**

Health Care Settings

This document does not provide guidance for health care facilities, including hospitals, general medical facilities, dental offices, vision care centers and elder care facilities, among others. These institutions should **follow guidance from their regulatory bodies, professional associations, and the state and federal governments.** When applicable, institutions should also follow the Centers for Medicare and Medicaid Services (CMS) Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare (At the time of release of this document, only **Phase I guidance is available** – CMS guidance follows the White House’s “Opening Up America Again” phases).

Structure of this Document

This document includes the following:

- **General COVID-19 information** and the **Five Core Actions** we can all take to slow the spread
- An in-depth look into how **data-driven benchmarks** will be used to inform progression through phases, mid-phase adjustments and whether we will need to revert to a previous phase
- The **system of multi-agency supports available for employers and other organizations** looking for further information regarding reopening
- General **guidance for individuals, higher-risk individuals and employers** for all phases
- General Phase One **guidance for individuals, higher-risk individuals and employers**
- Industry-specific Phase One **reopening guidance for employers and other organizations (Starts May 1)**
- General Phase Two and Phase Three guidance

Understanding COVID-19 & the Five Core Actions

COVID-19 is a respiratory illness. Current information about symptoms can be found on the [Centers for Disease Control and Prevention \(CDC\) website](#). It is thought to **mainly spread through droplets** expelled when someone **breathes, talks, sings, coughs, sneezes**, etc. In most instances of transmission, **close contact** (sometimes called “face-to-face interaction”) is believed to be responsible for spreading the virus when an uninfected individual breathes in the droplets from an infected individual. Close contact is when a person is **within 6 feet of another person** for a **prolonged period of time** (thought to be around 10 minutes).

Although it’s not thought to be the primary mode of transmission, COVID-19 can also spread when a person touches **a surface where droplets have settled** and then **touches their nose, mouth or eyes**. These two main types of transmission are the basis for the core actions individuals can take to prevent the spread of COVID-19.

1) Physical Distancing

Physical distancing (also called **social distancing**) means keeping space between yourself and other people who do not live with you. To practice physical distancing:

- Stay **at least 6 feet** from people who are not part of your household – **“Farther is better.”**
- **Do not gather socially in groups** above the size indicated by the Phase.
- Stay out of **crowded places** and **avoid mass gatherings** as indicated by the Phase.

2) Cloth Face Coverings

When outside the home, **the wearing of cloth face coverings (masks) by all individuals** unable to consistently maintain 6 feet of distance is **strongly encouraged and at times required**. Cloth face coverings are intended to trap droplets leaving the wearer’s mouth and nose. This reduces the risk of spreading COVID-19 if someone is **asymptomatic or is pre-symptomatic**, which means they don’t look or feel sick but can still pass COVID-19 on to others. **Wearing a cloth face covering protects your neighbor. When your neighbor wears a cloth face covering they are protecting you.** Cloth face coverings also **help to remind you not to touch your face with unwashed hands**. The CDC has [guidance on how to make, wear and care for a cloth face covering](#). When not wearing a cloth face covering (at home or when eating, for example), it is important to **cough or sneeze into your elbow or a tissue and not your hand**.

3) Proper Handwashing

Washing your hands with soap and water for 20 seconds helps to remove the virus from your hands if you come in contact with the virus. If soap and water is not available and your hands are not visibly soiled, **hand sanitizer that contains at least 60% alcohol** can be used.

Remember to wash your hands after you have been in a **public place** or **touched an item or surface that may be frequently touched by other people**, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc. Wash your hands before touching your eyes, nose, or mouth because this is one way COVID-19 enters our bodies. The CDC website has more information on [when and how to wash your hands](#).

4) Cleaning Surfaces

Regularly disinfecting surfaces with **soap and water** or **EPA-registered household disinfectants** (including **bleach** and **cleaners containing at least 70% alcohol**) helps to prevent transmission from droplets that may have settled on surfaces or have transferred to commonly used surfaces through touch, such as door handles and light switches.

5) Stay Home if Sick or You are Instructed to Isolate/Quarantine by a Medical or Public Health Professional

If you are sick or instructed to stay home, stay home. The strategies listed above rely on people staying home when they know they feel sick or have been told to isolate/quarantine. If you feel sick and are concerned, **contact your doctor's office** to determine if you need to be seen. If possible, ask others to **deliver needed supplies** instead of going to the store. If you live with others, **follow CDC guidance for caring for someone who is sick at home.**

When to Reopen & Move to the Next Phase: Benchmarks

The following benchmarks must be achieved prior to reopening and for moving to the next phase. **To share these metrics with the public**, the Knox County Health Department will incorporate them into their COVID-19 web content, available at covid.knoxcountytn.gov. **A minimum of 28 days will be spent in each phase** regardless of whether the benchmarks are met at an earlier timepoint.

For measurement of the number of COVID-19 cases, the Knox County Health Department will determine whether clusters of positive cases should influence decisions on whether to move to the next phase. **Clusters are those situations where many individuals became ill due to the same exposure**, such as they attended the same gathering or worked at the same worksite. **Clusters do not always provide an accurate representation of community spread**. Cluster data, however, will not be removed from the hospital capacity data considerations. As new challenges and opportunities arise, it may be appropriate for the Knox County Health Department to consider additional benchmarks or to modify the current criteria.

An Increase in Cases is Anticipated Due to Initial Low Case Counts

Through the joint effort of citizens in “flattening the curve,” **the number of active COVID-19 cases has stayed far below the capacity of the health care system**. This has provided the region with time to increase supplies of personal protective equipment (PPE), hospital surge capacity, testing capacity and the ability to surge contact tracing should it be needed and appropriate.

As we locally advance through the phases, we anticipate an increase in active cases at each phase due to the low number of initial active cases. The focus of the benchmarks outlined in this document is on assessing the local ability to manage an increase in cases while preventing the unobstructed growth of transmission. **Our low initial active case counts will likely mean we will not obtain a downward trend throughout the phases of the reopening process**. Our community demonstrated **success in flattening the curve** before it truly started. Due to this initial success, future phases will result in increased numbers of active case counts. **This alone is not a reason to revert to a previous phase or not advance to the next phase**.

New Cases Versus Cumulative Cases

As we shift into a long-term response strategy, it is important to discuss a change in how cases will be communicated and emphasized. At the beginning of a pandemic, cumulative cases and new cases are similar numbers because of the short timeframe that has passed. **As time goes on, however, cumulative cases begin to misrepresent the current transmission in the community**. The number of cumulative cases always gets bigger. **The number of new cases provides a better snapshot of what is happening in a community at any given time**. Cumulative cases will still be available on the website, but **new cases will now be emphasized over cumulative counts** to provide a more accurate representation of the case data.

Benchmarks

Decisions about how to move through the phases will not be made based on any one number or figure. Decisions must be made by looking at multiple data points and trends, along with developments in science and technology. All of these factors must be considered when determining when and how to proceed through the reopening process.

Sustained reduction or stability in new cases for 14 days. A sustained reduction or stability in new cases for 14 days is an indicator for movement towards the next phase. **Although most cases occur within 5-7 days of exposure, almost all are evident by 14 days.**

Conversely, a statistically significant increase in new cases will require a full assessment of the current situation and other benchmarks. It may mean we need to make mid-phase adjustments (such as re-imposing stricter physical distancing guidelines) or even mean we need to revert to an earlier phase of opening. Certain increases, such as a significant increase in new cases over the course of five days, would be a cause for thorough review. However, **phase decisions should reflect a precise understanding of local trends.** If, for instance, the Knox County Health Department identifies a specific cluster and is able to isolate COVID-positive cases and quarantine people who were in close contact quickly, movement towards greater reopening could continue, even with an increase in positive cases. **This illustrates the critical importance of contact tracing and effective public health measures described below.**

Community-wide sustained and increased diagnostic testing with consistent or decreased test result reporting turnaround time. Reliable community-wide testing by public health and private providers should continue to be expanded and scaled up. Given the current national supply chain challenges, testing should **prioritize those with symptoms, people who have been in close contact with a confirmed case, suspected cases in congregate living sites and health care workers.** Close contacts include household members and others who have had at least a 10-minute face-to-face encounter with a case, at a distance of less than 6 feet apart.

For this benchmark, it is important that test results be available quickly, ideally within 24 hours so that COVID-positive people can isolate and begin contact tracing to rapidly identify close contacts and those who should go into quarantine. However, given the current national laboratory processing capacity, consideration should be given to reporting timeframes that do not exceed the current five-day average. Additionally, in an effort to contain the spread of the virus, the Knox County Health Department will **prioritize rapid contract tracing for probable cases** who are waiting on lab results to **quickly quarantine their contacts,** which reduces the risk of ongoing community transmission.

Sustained or increased public health capability to rapidly interview new cases, identify close contacts, and ensure that isolation and quarantine are effective.

Health departments need resources to conduct rapid and effective investigations and monitor cases and contacts effectively. Estimates of personnel needs for these tasks range from 4 to 15 per 100,000 population. **That translates to approximately 16-75 investigators for Knox County,** along with additional personnel to monitor cases and contacts, enter data, and provide data analysis, which would

be a total of approximately 100-120 people for the County. **The Knox County Health Department will track efforts to reach new cases (who need isolation) and contacts (who need to quarantine).** The Knox County Health Department will document the ability to consistently **interview all new cases within 24 hours of notification** and provide **initial notification to contacts within 48 hours.** Cases will be monitored daily.

It is anticipated that **employers and medical facilities will be asked to assist with contact tracing and monitoring** for the benefit of the public. Cases and contacts will be provided instructions on how to protect themselves and others while in isolation and quarantine.

Health care system capabilities remain within current and forecasted surge capacity. The Knox County Health Department will track and share information about the availability of **regional hospital beds, ICU beds, ventilators, and confidence in supplies** to ensure that they are adequately available if cases surge. State and federal stockpiles should be used to fill in deficiencies, when possible.

Sustained or decreased COVID-19 related death rate for identified positive or probable cases. This measure provides an indication of both the burden and severity of disease in the community.

A significant increase in COVID-related deaths will require a full assessment of the current situation and other benchmarks. It may mean we need to make mid-phase adjustments (such as re-imposing stricter physical distancing guidelines) or even mean we need to revert to an earlier phase of opening. However, **phase decisions should reflect a precise understanding of local trends.** If, for instance, the Knox County Health Department identifies a cluster that results in a spike in fatalities, movement towards greater reopening could continue, even with an increase in deaths. **This illustrates the critical importance of public health investigation efforts.**

Support for Employers & Other Organizations

Employers and other organizations in our community care about the **safety of their employees, volunteers, customers, and congregations**. In order to protect safety while in a phased reopening, this document contains general guidance and strategies to support the business and nonprofit community. Due to the volume of requests, **the Knox County Health Department will not be available to gauge the setup of your business operations or approve your plans**. Instead, use the resources outlined in this plan and that will be available at covid.knoxcountyttn.gov.

COVID-19 Coordinators

Each organization is asked to select a COVID-19 coordinator for each physical location. The COVID-19 coordinator will lead the implementation of strategies to reduce the spread of COVID-19. This individual may be familiar with workplace safety (such as a safety point person, risk manager, employee health coordinator, etc.) or may have no previous experience with this topic. **Key qualities of a coordinator include someone who will take action** to implement the recommended measures, **stay aware of changes to recommendations through the official communication channels on the website**, and **has the authority to reinforce** the need to follow the measures on an ongoing basis throughout the reopening phases.

COVID-19 Safety Signage – Available by May 1

Everyone doing their part is central to our local plan. An important way employers can **protect the health of their employees and customers** is by displaying information on the basic ways we can all do our part to protect each other's safety. In order to help educate employees and the public, **workplaces should print and post the two safety signs that will be available at covid.knoxcountyttn.gov**. The first sign is for display on the **public entrance** of each organization. The second sign is for display on **employee entrances**. If there is only one entrance, both signs can be displayed at that entrance.

COVID-19 Communication & Support – Available by May 1

The health department will remain focused on its primary role of leading efforts to build community capacity to combat COVID-19. **It will not be possible for the health department to “sign off” on the ways individual businesses implement the enclosed guidelines**. A multi-agency group will be providing guidance to and answering questions from the business community about how to implement the guidelines.

Instead of directly contacting the Knox County Health Department, there will be three main ways for employers and other organizations to get information. They include a call center, email communication listserv and virtual trainings. All three of which will be detailed at covid.knoxcountyttn.gov.

COVID-19 coordinators are asked to sign up for an email distribution list (listserv) by completing a registration form. This listserv will push out **emails with practical strategies employers can implement** to protect their employees and customers. It will provide real-time updates, including **mid-phase changes** made to prevent relapse or to promote the ability of the community to advance to the next phase. **This listserv will be the way employers and others can contribute ideas for the development of Phase Two and Phase Three reopening strategies found under “specific types of employers & organizations.”**

COVID-19 Recognition Program – Available by May 1

Employers who select COVID-19 coordinators, display the two safety signs mentioned above and enroll in the COVID-19 communication listserv will be given the opportunity to **display a certificate showing their commitment to the health of their employees and customers**. We know businesses in our area are eager to show their commitment to safety. By mobilizing a COVID-19 coordinator, displaying and operationalizing vital information, and staying up to date on the best ways to reduce transmission, our area businesses will be **proving their commitment through action**.

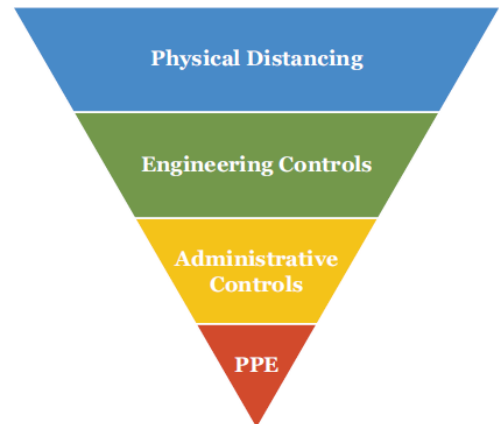
General Planning & Preparedness Guidance for Employers & Other Organizations

Modified Hierarchy of Controls

Employers and other organizations with physical locations (for example, places of worship) are encouraged to follow a **modified hierarchy of controls** in order to protect employees and the public. The largest control should be used whenever possible, with the later controls being used when physical distancing cannot be maintained. Engineering and administrative controls that reinforce or require physical distancing (including telework policies) are considered physical distancing measures in this modified hierarchy of controls.

COVID-19 mitigation measures can look like:

- **Physical Distancing** — wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present
- **Engineering controls** — creating physical barriers between people, such as plexiglass dividers or taping off seating
- **Administrative controls** — redistributing responsibilities to reduce contact between individuals
- **Personal protective equipment (PPE)** — having people wear nonmedical cloth face coverings



Guidance from OSHA

The following guidance is adapted from **Guidance on Preparing Workplaces for COVID-19** from OSHA.

Prepare to Implement Basic Infection Prevention Measures

- Promote frequent and thorough **hand washing**, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide **alcohol-based hand sanitizer containing at least 60% alcohol**.
- Ensure workers **stay home if they are sick**.
- Encourage workers to wear **cloth face coverings and practice respiratory etiquette**, including covering coughs and sneezes.
- Provide customers and the public with **tissues and trash receptacles**.

- Employers should explore whether they can establish policies and practices, such as **flexible worksites** (e.g., telecommuting) and **flexible work hours** (e.g., staggered shifts), to increase the physical distance among employees and between employees and others.
- **Discourage workers from using other employees' equipment**, including phones, desks, offices or other work tools, when possible. When not possible, **hand sanitizer** should be used both prior to use of communal items and immediately after. **Routinely sanitize shared surfaces and equipment throughout the day and between users.**
- Maintain regular housekeeping practices, including **routine cleaning and disinfecting of surfaces**, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls **reduce exposure to hazards without relying on worker behavior** and **can be the most cost-effective solution** to implement. Engineering controls for COVID-19 include:

- Installing **high-efficiency air filters.**
- Increasing ventilation rates in the work environment. **Ventilation rates differ from air circulation rates.** Air circulation without enhanced ventilation can potentially increase the travel distance of COVID-19 droplets beyond 6 feet.
- Installing **physical barriers**, such as clear plastic sneeze guards.
- Installing a drive-through window for customer service or implementing curbside pickup.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are **changes in work policy or procedures to reduce or minimize exposure** to a hazard. Examples of administrative controls for COVID-19 include:

- **Require sick workers to stay at home.**
- Minimizing contact among workers, clients, and customers by **replacing face-to-face meetings with virtual communications** and implementing/continuing **telework** if feasible.
- Establishing **alternating days or extra shifts** that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.

Personal Protective Equipment (PPE) & Cloth Face Coverings

Training workers who need to use protective clothing (including the use of a **cloth face covering**) and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers. The CDC has [**guidance on how to make, wear and care for a cloth face covering.**](#)

Introducing the Phases

This section includes information for each of the three phases. **Phase One begins on May 1, 2020. Phase One includes more detailed information regarding reopening, while the other two phases serve as a broad framework that will be enhanced through a collaborative process with the community.** By focusing on Phase One, the framework contains room for Phase Two and Phase Three to address emerging challenges and opportunities that may present themselves on the road ahead. **The COVID-19 coordinator email listserv will be the main way employers and others can contribute ideas for the development of Phase Two and Phase Three reopening strategies that will be found under “specific types of employers & organizations.”**

Mid-phase adjustments, such as reducing business sector capacity or requiring the wearing of cloth face coverings in certain settings instead of strongly recommending them, may be issued in order to protect phase progress.

A minimum of 28 days will be spent in each phase regardless of whether the benchmarks are met at an earlier timepoint. The phased reopening is **not a return to pre-pandemic normal**, and the phased plan presents a pathway for reopening that relies on the **Five Core Actions we must all consistently take to reduce the spread of COVID-19.** They include **physical distancing, wearing cloth face coverings, handwashing, cleaning surfaces, and staying home if you are sick or instructed to isolate/quarantine.** We will only be able to safely maintain our reopening efforts if **all of us commit to maintaining these Five Core Actions.**

There are general guidelines that apply to all three phases. **These general guidelines provide information that expands on the Five Core Actions, outlining specific ways individuals, higher-risk individuals and organizations can protect health and safety as we reopen.**

General Guidelines for Everyone Throughout all Phases

This section provides general guidelines for all phases. **A good practice is for individuals to assume they are infectious and that others are infectious as well, regardless of whether they exhibit symptoms.**

Individuals (Including Employees, Customers & the General Public)

Use Physical Distancing Whenever Possible

- In public, **stay at least 6 feet away from others not from your household** whenever possible. Remember **“farther is safer.”**

Continue to Practice Good Hygiene

- It is strongly recommended (and at times required per the phase guidelines) that you wear a **cloth face covering (mask)** when unable to consistently maintain 6 feet of physical distancing while in public.
- **Wash your hands with soap and water** or use **hand sanitizer (containing at least 60% alcohol)**, especially after touching frequently used items or surfaces.
- **Avoid touching your face.**
- Sneeze or cough into a **tissue** or the **inside of your elbow**. Dispose of tissues after a **single use**.
- **Regularly disinfect** frequently used items and surfaces using **soap and water** or **EPA-registered household disinfectants** (including **bleach** and **cleaners containing at least 70% alcohol**).

People Who Feel Sick or Have Been Told to Isolate/Quarantine Should Stay Home

- **Stay home if you feel sick or have been told to isolate/quarantine** due to potential exposure, illness or while awaiting test results. **Do not go to work, school, stores, etc.**
- If you are concerned about your health, contact and follow the advice of your **medical provider**.

Show Courtesy to Others, Especially Workers

- When patronizing a business, **stay at least 6 feet away from employees** whenever possible.
- **Follow directions on safety signage** displayed in businesses.
- **Be a part of keeping things clean:** Use hand sanitizer stations, cloth face coverings, grocery cart sanitizer wipes, and other means to protect yourself and others.
- Remember to **tip workers** when appropriate. When tipping is not customary, remember a **“thank you”** is always appreciated.

Higher-risk Individuals

While this document provides guidance to allow our community to begin reopening, **individuals must consider their personal risk** and determine whether to increase their interactions in the community as phases progress. Throughout all phases, higher-risk individuals are strongly encouraged to follow the guidance specifically for them. **In Phase One and Phase Two, this means to stay at home** as much as possible. **In Phase Three, this means resuming public interactions with physical distancing.**

Higher-risk individuals include those **over the age of 65**, and those with **serious underlying health conditions**, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised.

Employers & Other Organizations

Implement strategies addressing the safety of two broad categories of people:

- **Customers**, clients, members of the public, etc.
- **Employees**, coworkers, contract employees, etc.

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

- **Physical distancing and protective equipment.** These practices may include:
 - Requiring employees to **wear cloth face coverings (or PPE in medical settings or where industry guidance instructs its use)** when unable to consistently maintain 6 feet of physical distancing.
 - For as long as possible, allowing **telecommuting**, especially for higher-risk individuals. Allowing **flexible hours** and **staggered shifts** to increase physical distancing for employees as they enter and leave the workplace.
 - Creating **signs and barriers** that reinforce 6 feet of physical distancing for the protection of your employees and the public.
 - **Marking the floors** where necessary to provide customers clear direction when **waiting in line**. Implementing **one-way aisles**.
 - Considering **making stickers for employees** to wear that remind customers to maintain 6 feet of distance.
 - Creating **plexiglass protective barriers for employees working registers or providing close proximity services**.
 - If the business has overhead announcements, **regularly playing announcements** encouraging the maintenance of 6 feet of distancing.
 - Encouraging customers to come during **non-peak hours**. Implementing **special hours for seniors and other higher-risk individuals**. **Offering or continuing to offer delivery or curbside pickup** options.
- **General Sanitation.** These practices may include:
 - Encouraging employees to engage in **hand washing** (or the use of hand sanitizer if hands are not visibly soiled) after each customer interaction.
 - Having **hand sanitizer available at the entrance** of the business for customers.
 - **Discouraging workers from using other employees' equipment**, including phones, desks, offices or other work tools, when possible. When not possible, **hand sanitizer** should be used both prior to use of communal items and immediately after.
 - **Routinely sanitizing shared surfaces and equipment throughout the day and between users**.
 - Offering customers single-use grocery bags.
 - Considering placing **limitations on returns** or extending the window in which returns can be made to the place of business.
- **Use and disinfection of common and high-traffic areas.** Follow guidance from the CDC for [Cleaning and Disinfecting Your Facility](#), [Cleaning and Disinfection for Community Facilities](#), and [Cleaning and Disinfecting Non-emergency Transport Vehicles](#). These practices may include:

- Having a **clear plan for enhanced cleaning protocols**, including who is responsible for each task. **Modify business hours** if necessary to allow for deep cleaning.
- Dedicating an employee to working at the entrance **sanitizing carts and baskets** and encouraging the use of hand sanitizer.
- Cleaning the **credit card touch screen and/or keypad** after each customer use. Regularly cleaning **checkout lanes or counters**.
- Cleaning **pens, menus and other communal items** after each use.
- **Business travel.** These practices include:
 - Following guidance outlined in each phase. Look up the **state and local laws for the area** where your employee will travel **and if CDC has guidelines for quarantining after travel**.
 - Remaining aware of the **COVID-19 activity in the area** where your employee will travel.

Monitor workforce for COVID-19 symptoms and take action.

- **Screen all employees daily by asking the following questions:** Have you been told to quarantine/isolate by a medical provider or the health department?; Have you had face-to-face contact for 10 or more minutes with someone who has COVID-19?; Are you feeling ill and/or experiencing any of **the symptoms of COVID-19 (regularly check the CDC website for an updated list)**? **If yes, they should not enter the worksite and should contact their doctor.**
- While it is preferred that **employers conduct daily employee temperature checks with a no-touch thermometer** before they enter the workplace, **employee daily temperature self-checks** are appropriate when a thermal thermometer is not available or daily employer checks are not practical. Communicate the policy with employees. **Daily temperature checks are a tool in your toolbox; they do not replace the need to follow the other recommendations.**
- **Require any employee to quarantine/isolate** according to the guidance of their medical provider or the Knox County Health Department when the employee is:
 - A **positive case** for COVID-19; OR
 - Waiting for their **results of a COVID-19 test**; OR
 - A **close contact** of someone with COVID-19.
- **Do not allow symptomatic people to physically return to the workplace** until they are symptom-free and fever free for 72 hours without the use of fever-reducing medication or have been released from quarantine/isolation. **Employees should not be required to have a negative test to return to work.**
- Consider implementing generous **sick leave policies** to encourage employees to report their illnesses and stay home.
- **Maintain employee privacy by not unnecessarily sharing information** with others about their illness. Health information is protected by federal law.

Develop and implement ways to track close contact interactions.

- Employers should prepare and implement strategies for determining and tracking **close contact interactions between staff and between staff and customers** (for example, keeping detailed appointment records and worker shift pairings so you can easily help public health determine close contacts, if needed). This will allow potential cases to be **isolated quickly should an employee or customer test positive for COVID-19**, preventing future transmissions which **protects health and the employer's ability to continue to serve the community.**

Phase One

Starts May 1, 2020

Individuals

All individuals should engage in the following **phase-specific practices when in public** and regularly **sanitize frequently touched surfaces in their homes**:

- Continue following the **Five Core Actions (pages 5-6)**:
 - **Physical distancing** of at least 6 feet when in public, except with members of your household – **“Farther is Safer.”**
 - **Wearing cloth face coverings** when physical distancing cannot be consistently maintained.
 - **Handwashing** with soap and water or hand sanitizer if hands are not visibly soiled.
 - **Cleaning surfaces** with soap and water or disinfectant.
 - **Staying home** if you are sick or instructed to isolate/quarantine.
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Social settings and gatherings are limited to 10 people maximum (and 6 people maximum per table for public dining)**. Avoid social settings of more than 10 people that do not readily allow for maximizing physical distancing.
- It is strongly recommended that households **continue to send only one household member to shopping areas at a time**.
- **Minimize non-essential travel** and follow CDC guidelines regarding quarantine following travel.

Higher-risk Individuals

- **Stay at home as much as possible.**
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- Members of households with higher-risk residents should be aware that by returning to work or other environments where distancing is not practical, **they could carry the virus back home.**

General Guidance for Employers and Other Organizations

- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Follow the Guidance for Specific Types of Employers and Other Organizations (page 18)**.
- Continue to **encourage telework**, whenever possible and feasible with business operations.
- Implement **strict physical distancing protocols** when possible.
- When reopening or expanding services, employers individually must consider **risk to patrons and employees**.
- If possible, **slowly transition to increasing services** in order to give your organization time to build and test safety protocols.
- **Close common areas** where employees are likely to congregate and interact.
- **Minimize non-essential travel** and follow CDC guidelines regarding quarantine following travel.
- Strongly **consider special accommodations** for employees who are members of a higher-risk population.

Guidance for Specific Types of Employers and Other Organizations

The following tables provide industry- and setting-specific guidance for reopening. **It is not possible for this document to contain an exhaustive list** of all the employers, organizations and settings in our community. **For questions, please see the support opportunities outlined on page 10. The purpose of this section is to outline specific sectors that may reopen with modification or are not allowed to reopen at this time.** This plan provides guidance on how to slowly expand services beyond what was allowed during the Governor Lee’s Safer at Home Order. **Therefore, if certain services or alternative business models were permitted under Governor Lee’s Safer at Home Order, they are still permitted under this plan.** The tables below are modified for our community based on the categories outlined in the [Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors](#).

General Businesses

If certain services or alternative business models were permitted under Governor Lee’s Safer at Home Order, they are still permitted under this plan.

| Category | Phase One Guidance | Resources |
|---|--|---|
| Office Settings | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. • Continue to encourage telework as much as possible. | CDC |
| Restaurants/Food Truck Parks/Bars/Breweries | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. • Drinking-only establishments are not open for onsite consumption in Phase One. • Food truck parks are not open in Phase One. • Curbside pickup and delivery options should still be offered, when possible. | National Restaurant Association , FDA |

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|---|--|---|
| <p>Restaurants/food truck parks/bars/breweries, continued.</p> | <ul style="list-style-type: none"> • Restaurants can open only with tables spaced to allow for at least 6 feet of physical distancing between groups of patrons, at a maximum of 50% capacity based on seating capacity. Physical distancing of table spacing applies to both indoor and outdoor seating. • A maximum of 6 people per table, with the understanding that restaurants have more than 10 total patrons at one time, face coverings cannot be worn while eating, and physical distancing is intermittently broken during the delivery of food items from the kitchen. • Physical distancing of at least 6 feet must be maintained in both the kitchen and dining room. Diners cannot wait inside or congregate while waiting. • The bar/counter section within a restaurant is not open for seating or standing due to the tendency to congregate and because of the danger of respiratory droplets landing on the service area. Alcohol can be served from the bar in other seated areas of the establishment. • Self-service is not permitted (for example, salad bars, buffets, beverage service and shared condiments) due to the use of communal serving instruments and surfaces. • Condiments must be single-serve, provided by request only (not tabletop) and cannot be reused. • Menu boards, single use menus or sanitizing of menus between each use is required. • Use rolled silverware/napkins stored in sealed bins (cloth face covering and gloves should be worn by staff while rolling silverware in a designated sanitary area) • No live music. | |
| <p>Salons, spas, tattoo parlors and other personal care industries</p> | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. | <p><u>TN Cosmetology & Barber Guidelines, Professional Beauty Association</u></p> |

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|---|---|---|
| <p>Salons, spas, tattoo parlors and other personal care industries, continued.</p> | <ul style="list-style-type: none"> • Open by appointment only. Seating for patrons must be at least 6 feet apart in service areas. Patrons cannot wait inside. • Patrons and employees/service providers must be screened for exposure and illness prior to the service (Use the screening questions from the employee entrance safety sign that will be available on the website). • Client and employee/service provider must wear a cloth face covering if service provided requires worker to be within 6 feet of the client. • Services that would require the removal of the client’s face covering cannot be performed during Phase One. • When practical, add plexiglass protective barriers to stations to reduce contact between patron and service providers. Required for nail and pedicure stations to separate the patron and service provider. | |
| <p>Retailers</p> | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. • Provide curbside, pickup and delivery service options, as practical, and encourage their use. • Limit the number of customers inside a store at any given time, excluding employees and representatives of third-party delivery companies, to 50% of store occupancy based on Tennessee’s Building and Fire Code. • Distancing floor markers must be used to encourage physical distancing of 6 feet throughout the store. Consider one-way aisle markers, as well. • Add plexiglass protective barriers for employees working registers. • Sampling of food or products is prohibited. • Services that would require the removal of the client’s face covering cannot be performed during Phase One. | <p>NY state guidance, OSHA, NC state guidance</p> |

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|--|---|--|
| <p>Gyms/fitness studios</p> | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • Even when 6 feet of physical distancing can be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. • These facilities can only operate if 6 feet of physical distancing is maintained at all times AND face coverings are worn because heavy breathing while exercising is thought to be an activity that expels significantly more virus than talking. • Patrons and employees must be screened for exposure and illness prior to the service (Use the screening questions from the employee entrance safety sign that will be available on the website). • Equipment must be sanitized between users. • Operate with staffed hours only. Guest use is not allowed. • Limit occupancy to five members per 1,000 square feet while also maintaining 6 feet of physical distancing between patrons. Limit workout times as needed to accommodate members and limited occupancy. • Equipment should be moved, restricted or marked off so clients can only use machines that are at least 6 feet apart. • Members must wash or sanitize their hands upon entering the facility. • Signs must be visible at the entrance, front desk and throughout the facility stating that sanitizing stations must be used before and after the use of each piece of equipment. | <p>CDC Small Business guidance</p> |
| <p>Theaters, museums, galleries and other indoor leisure spaces</p> | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. | <p>CA entertainment venue guidance, Americans for the Arts, American Alliance of Museums</p> |

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|--|--|---|
| Theaters, museums, galleries and other indoor leisure spaces, continued. | <ul style="list-style-type: none"> • Treat every patron and employee as if they are potentially infectious. • Theaters and other indoor leisure spaces are not open in Phase One. • Museums and galleries may reopen for passive use only. Limit patrons in the museum or gallery to 50% occupancy based on Tennessee’s Building and Fire Code. • Floor markers must be placed to encourage physical distancing of 6 feet throughout the facility. Activity areas for children and interactive displays remain closed. Classes are not offered. Engage in enhanced sanitation practices. | |
| Outdoor large venues (concerts, sports) | <ul style="list-style-type: none"> • Not open in Phase One. | CDC Mass Gathering guidance |
| Indoor large venues (concerts, sports) | <ul style="list-style-type: none"> • Not open in Phase One. | CDC Mass Gathering guidance |

Schools and Childcare Facilities

| Category | Phase One Guidance | Resources |
|--|---|---|
| Childcare facilities | <ul style="list-style-type: none"> • Childcare facilities are encouraged to operate following CDC guidance in order to provide childcare options for those continuing and returning to work. | CDC , WHO |
| Schools | <ul style="list-style-type: none"> • Schools should consider CDC guidance, state recommendations and local district guidance. | CDC , WHO |
| Contact school sports | <ul style="list-style-type: none"> • Not open in Phase One. | NCAA , CDC |
| Noncontact school sports | <ul style="list-style-type: none"> • Not open in Phase One. | NCAA , CDC |
| Summer camps | <ul style="list-style-type: none"> • Not open in Phase One. | American Camp Association , Association of Camp Nursing |
| Institutions of higher education | <ul style="list-style-type: none"> • Follow state and federal guidance. | CDC , American College Health Association |
| Residence halls and other overnight programs | <ul style="list-style-type: none"> • Overnight programs are not open in Phase One. • Follow state and federal guidance. | CDC , American College Health Association NYC guidance for congregate settings and residential buildings |

Outdoor Spaces & Recreation

| Category | Phase One Guidance | Resources |
|--|--|---|
| Parks, walking paths/ trails, dog parks | <ul style="list-style-type: none"> • Playgrounds remain closed in Phase One. • Open with physical distancing of 6 feet from anyone not in someone's household. No congregating. • Communal spaces such as bathrooms will be evaluated on a park-by-park basis to determine appropriateness of opening. | Guidance from MD , Guidance from RI , Guidance from Los Angeles, CA |
| Non-school recreational sports and leagues | <ul style="list-style-type: none"> • Not open in Phase One. | CDC |
| Athletic fields and other outdoor congregate settings | <ul style="list-style-type: none"> • Not open in Phase One except for single household use. • Pavilions and shelters are open with physical distancing of 6 feet from anyone not in someone's household. Maximum of 10 people. | Guidance from the National Mall Trust in Washington, DC |
| Zoo | <ul style="list-style-type: none"> • May reopen for passive use only. • Markers must be placed to encourage physical distancing of 6 feet. • Engage in enhanced sanitation practices. • Petting zoo is closed. • Children's play areas and interactive displays remain closed. • Classes are not offered. | |
| Pools/Splashpads/Beach | <ul style="list-style-type: none"> • Not open in Phase One. | CDC , Guidance from WA |
| Playgrounds, skateparks, and other outdoor recreation spaces | <ul style="list-style-type: none"> • Playgrounds remain closed in Phase One. • Skateparks, golf courses, tennis courts for singles use only, and other low-interaction/low-touch outdoor recreation spaces are open. Physical distancing of 6 feet must be maintained. • Communal items at golf courses must be sanitized between users. | Guidance from MD , Guidance from Santa Cruz, CA |

Community Gathering Spaces

| Category | Phase One Guidance | Resources |
|---------------------------------|---|--|
| <p>Places of worship</p> | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • Even when 6 feet of physical distancing can be maintained, employees and parishioner must wear face coverings. • Sanitize surfaces and items between users. • Treat every parishioner and employee as if they are potentially infectious. • Continue offering video streaming options for as long as possible. Encourage their use by higher-risk individuals, individuals who live with or care for higher-risk individuals, and those who are ill. • Only core worship services are permitted in Phase One. Activities such as groups and classes, youth services, social events, potlucks, communal snacks or food, and nursery, are not permitted in Phase One. • If onsite services are provided, limit the number of congregates to 50% capacity based on seating capacity. Seating areas should be marked off to ensure 6 feet of physical distancing in all directions between households. • Places of worship should offer multiple worship sessions to decrease the number of attendees at each session. • Maintain physical distancing when entering and leaving the building. Do not physically embrace or shake hands with others. • The physical taking of communion/sacrament should not be performed due to the serial breaking of physical distancing across a congregation. Consider guiding parishioners in how to connect with the spiritual aspects of these practices during this phase. • Singing is discouraged as it is thought to be an activity that expels significantly more virus than talking. • Deep cleaning should occur between services. Remove all communal items (for example, tithe plates, hymnals, bibles, etc.). If applicable, use a donation box instead of tithe plate. | <p>CDC, FAQ for Faith Leaders from NYC, Guidance from NY state, Risk Assessment from WHO, Decision Tree from WHO</p> |

| | | |
|--------------------------|---|---|
| Libraries | <ul style="list-style-type: none"> • Not open in Phase One. | CDC, Guidance from Baltimore County Library |
| Community centers | <ul style="list-style-type: none"> • Continue to follow the “General Guidelines for Everyone Throughout all Phases” (pages 14-16) and the Phase One “General Guidance for Employers and Other Organizations” (page 17) except as modified below. • When 6 feet of physical distancing cannot be maintained, employees and patrons must wear face coverings. • Sanitize surfaces and items between users. • Treat every patron and employee as if they are potentially infectious. • Not open in Phase One except as needed to provide social service support to individuals (for example, food distribution). • Senior Centers are not open in Phase One. | CDC, Guidance from PA, Guidance from Riverside University Health System, Guidance from IL |

Transportation

| Category | Phase One Guidance | Resources |
|------------------------|--|--|
| Public Transit | <ul style="list-style-type: none"> • Buses are encouraged to operate following CDC guidance in order to provide transportation options for essential trips and for those continuing and returning to work. | CDC, NY state guidance for public transportation |
| Airplanes | <ul style="list-style-type: none"> • Continue to operate within guidance from CDC. | CDC guidance: baggage claim/ cargo, airport staff, staff interacting with passengers, aircraft technicians |
| Rideshare/taxis | <ul style="list-style-type: none"> • Drivers and passengers must wear cloth face coverings. Passengers should ride in the back to create physical distance. • Have tissues and hand sanitizer available for passengers. • Disinfect vehicle often, especially after dropping off a passenger who appears to be sick or who has come from or is taken to a medical facility. | Washington State Guidance for Rideshare/Taxis, Toronto Guidance |

Interpersonal Gatherings

| Category | Phase One Guidance | Resources |
|---|---|--|
| Social gatherings (birthday parties, weddings, funerals, etc.) | <ul style="list-style-type: none"> • 10 people maximum. • Maintain physical distancing of at least 6 feet between people not in one's household. Wear a cloth face covering when unable to consistently maintain physical distancing. | CDC guidance , National Funeral Directors Association guidance |

Mass Gatherings

| Category | Phase One Guidance | Resources |
|--|--|---|
| Sports-related mass gatherings: games, tournaments, championships | <ul style="list-style-type: none"> • Not open in Phase One. | WHO guidance for mass gatherings-Sports Addendum , WHO mass gatherings risk assessment - sports addendum , WHO Interim guidance for all mass gatherings , WHO generic mass gathering decision tree , CDC guidance |
| Sports-related mass gatherings: training | <ul style="list-style-type: none"> • Not open in Phase One. | WHO Interim guidance for mass gatherings-Sports Addendum , WHO generic mass gatherings risk assessment - sports addendum , WHO Interim guidance for all mass gatherings , WHO generic mass gathering decision tree , CDC guidance |
| Religious-related mass gatherings: large celebrations, festivals, pilgrimages | <ul style="list-style-type: none"> • Not open in Phase One. | CDC , FAQ for Faith Leaders from NYC , Guidance from NY state , Risk Assessment from WHO , Decision Tree from WHO , WHO considerations for religious mass gatherings |
| Business-related mass gatherings: trade shows, conferences, conventions, workshops, retreats | <ul style="list-style-type: none"> • Not open in Phase One. | WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance |
| Entertainment-related mass gatherings: large concerts, festivals, carnivals, conventions, shows | <ul style="list-style-type: none"> • Not open in Phase One. | WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance |
| Community-related mass gatherings: Rallies, parades, speeches/addresses | <ul style="list-style-type: none"> • Not open in Phase One. | WHO Interim guidance for mass gatherings , WHO generic mass gatherings risk assessment , WHO generic mass gathering decision tree , CDC guidance |

Phase Two

Individuals

All individuals should engage in the following **phase-specific practices when in public** and regularly **sanitize frequently touched surfaces in their homes**:

- **Continue following the Five Core Actions (pages 5-6):**
 - **Physical distancing** of at least 6 feet when in public, except with members of your household – **“Farther is Safer.”**
 - **Wearing cloth face coverings** when physical distancing cannot be consistently maintained.
 - **Handwashing** with soap and water or hand sanitizer if hands are not visibly soiled.
 - **Cleaning surfaces** with soap and water or disinfectant.
 - **Staying home** if you are sick or instructed to isolate/quarantine.
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Social settings and gatherings are limited to 50 people maximum.** Avoid social settings of more than 50 people that do not readily allow for maximizing physical distancing.
- **Non-essential travel can be cautiously resumed.** Follow CDC guidelines regarding travel.

Higher-risk Individuals

- **Stay at home as much as possible.**
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- Members of households with higher-risk residents should be aware that by returning to work or other environments where distancing is not practical, **they could carry the virus back home.**

General Guidance for Employers and Other Organizations

- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Follow the Guidance for Specific Types of Employers and Other Organizations.**
- Continue to **encourage telework**, whenever possible and feasible with business operations.
- Implement **strict physical distancing protocols** when possible.
- When reopening or expanding services, employers individually must consider **risk to patrons and employees.**
- If possible, **slowly transition to increasing services** in order to give your organization time to build and test safety protocols.
- **Limit use of common areas** where employees are likely to congregate and interact.
- **Non-essential travel can be cautiously resumed.** Follow CDC guidelines regarding travel.
- Strongly **consider special accommodations** for higher-risk individuals.

Guidance for Specific Types of Employers and Other Organizations

The following section will be added by amendment following a collaborative community process. This process will allow our community to address emerging challenges and opportunities that may present themselves on the road ahead. It will also allow our community to incorporate new state and federal guidance. **The COVID-19 coordinator email listserv will be the main way employers and others can contribute ideas for the development of Phase Two and Phase Three reopening strategies that will amend this section.**

Phase Three

Individuals

All individuals should engage in the following **phase-specific practices when in public** and regularly **sanitize frequently touched surfaces in their homes**:

- **Continue following the Five Core Actions (pages 5-6):**
 - **Physical distancing** of at least 6 feet when in public, except with members of your household – **“Farther is Safer.”**
 - **Wearing cloth face coverings** when physical distancing cannot be consistently maintained.
 - **Handwashing** with soap and water or hand sanitizer if hands are not visibly soiled.
 - **Cleaning surfaces** with soap and water or disinfectant.
 - **Staying home** if you are sick or instructed to isolate/quarantine.
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Social settings and gatherings are limited to 100 people maximum.** Avoid social settings of more than 100 people that do not readily allow for maximizing physical distancing.
- **Non-essential travel can be resumed.** Follow CDC guidelines regarding travel.

Higher-risk Individuals

- **Can slowly resume public interactions**, but should **practice physical distancing**, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.

General Guidance for Employers and Other Organizations

- Continue following the **General Guidelines for Everyone Throughout all Phases (pages 14-16)**.
- **Follow the Guidance for Specific Types of Employers and Other Organizations.**
- Maintain **physical distancing protocols** when possible.
- When reopening or expanding services, employers individually must consider **risk to patrons and employees**.
- If possible, **slowly transition to increasing services** in order to give your organization time to build and test safety protocols.
- **Limit use of common areas** where employees are likely to congregate and interact.
- **Non-essential travel can be resumed.** Follow CDC guidelines regarding travel.
- Strongly **consider special accommodations, such as telework**, for higher-risk individuals.

Guidance for Specific Types of Employers and Other Organizations

The following section will be added by amendment following a collaborative community process. This process will allow our community to address emerging challenges and opportunities that may present themselves on the road ahead. It will also allow our community to incorporate new state and federal guidance. **The COVID-19 coordinator email listserv will be the main way employers and others can contribute ideas for the development of Phase Two and Phase Three reopening strategies that will amend this section.**

Knoxville-Knox County Reopening Task Force

The Knoxville-Knox County Reopening Task Force convened by the Knox County Health Department, Knox County and City of Knoxville is composed of representatives of the health department, business community, academia, and city and county government. They include:

Dr. Martha Buchanan

Senior Director & Public Health Officer
Knox County Health Department

Katharine Killen

Deputy Senior Director of Strategy
Knox County Health Department

Kathy Brown

Associate Professor & MPH Program Director
University of Tennessee at Knoxville

Stephanie Welch

Chief of Economic & Community Development
City of Knoxville

Dave Miller

President of East Region
First Horizon Bank

Chris Caldwell

Senior Director of Finance & Deputy Chief of Staff
Knox County Government

Mike Odom

President and CEO
Knoxville Chamber

Khrysta Baig

Benefits Director
Knox County Government

Ryan Steffy

Managing Partner
SoKno Taco Restaurant