

Blueprint FAQ Revisions – June 17, 2020

Recommendations for Reopening		
CATEGORY	CAPACITY	ADDITIONAL GUIDANCE
Entertainment <i>Festivals, Carnivals, Fairs, Concerts, Parades</i>	50%	<ul style="list-style-type: none"> ➔ Practice physical distancing. ➔ Wear cloth face masks in spaces where physical distancing is difficult. ➔ Wash hands with soap and water or use hand sanitizer. ➔ Clean and disinfect often per CDC guidelines. ➔ Post signage to promote physical distancing and the use of facemasks. ➔ If you have any symptoms of COVID-19 stay home and contact your healthcare provider.
Food Service <i>Restaurants, Coffee Shops, Bars</i>	75%	
Indoor Recreation <i>Arcades, Bowling Alleys, Skating Rinks</i>	50%	
Large Venues <i>Theaters, Sporting Venues, Museums, Marinas, Zoos</i>	50%	
Outdoor Recreation <i>Amusement Parks, Waterparks, Pools</i>	50%	
Retail – Large <i>Department Stores, Malls, Arts & Craft Stores</i>	75%	
Retail – Small <i>Bookstores, Boutiques, Consignment, CBD, Tobacco/Vape, Florist & Garden Centers</i>	75%	
Special Events & Fundraisers <i>Weddings, Birthday Parties, Funerals, Retirement Parties</i>	50%	
Wellness & Fitness Facilities <i>Gyms, Yoga Studios, Martial Arts, Pilates, CrossFit</i>	50%	

AGRICULTURE

Farmers Markets

Removed from Recommendations

- Don't permit non-food vendors; plants and flowers may be sold (fruits, vegetables, and herbs, etc.).
- Don't permit music, tabling, activities, promotions, or pets in order to discourage groups from gathering.

CHURCHES/RELIGIOUS ENTITIES

Places of Worship

- Limit attendees to 50% capacity.

ENTERTAINMENT

Festivals, Carnivals, Fairs, Concerts, Parades

- Limit indoor and outdoor gatherings to 50% capacity.

Events and gatherings, including mass gatherings, social gatherings, and private events are particularly difficult to manage. If an event is public, there are additional challenges. Gatherings of this kind are challenging to manage due to the number of people, the difficulty of enforcing physical distancing, and the potential for attendees to travel from outside municipalities and states. They also present challenges to the health department when there is a need to conduct contact tracing if anyone who attends tests positive for COVID-19.

Contact Tracing:

Should an outbreak occur, health department staff would conduct contact tracing. This is challenging to do if we do not have a list of participants that attend the gathering/event, etc. If we do not have a list of names and contact information, our ability to quickly and effectively trace cases may be limited. We may not be able to identify all contacts who may have come into contact with the positive case. If events are planned, we suggest keeping a log of participants and/or requiring registration so that there is automatically a list of attendees.

Considerations:

- Businesses/community members should consider the space being utilized for gatherings/events. There is less risk if the event is held outside, however there is still risk. You should assess if you're able to set up a space that allows attendees to maintain physical distancing with other attendees and if you are able to clean and disinfect the space adequately. If you are unable to do so, you should reconsider hosting events.
- Events that include food or drink should try to use disposable utensils, serving containers, and cups. Foods should be prepackaged. If there are refills of beverages, a new cup should be used with each refill.
- Event staff should wear face masks and wash their hands often with soap and water. Hand washing/sanitizing stations should be set up for public use.

Businesses, organizations, and community member should consult an attorney and/or insurance provider to discuss potential liabilities.

Guiding Principles:

- A gathering refers to a planned or spontaneous event, indoors or outdoors, with a small number of people participating or a large number of people in attendance such as a community event or gathering, concert, festival, conference, parade, wedding, or sporting event.

- The *more people* an individual interacts with at a gathering and the longer that interaction lasts, the higher the potential risk of becoming infected with COVID-19 and COVID-19 spreading.
- The *higher the level of community transmission* in the area that the gathering is being held, the higher the risk of COVID-19 spreading during a gathering.
- The size of an event or gathering should be determined based on state, local, territorial or tribal safety laws and regulations.

The risk of COVID-19 spreading at events and gatherings increases as follows:

Lowest risk: Virtual-only activities, events, and gatherings.

More risk: Smaller outdoor and in-person gatherings in which individuals from different households remain spaced at least 6 feet apart, wear cloth face coverings, do not share objects, and come from the same local area (e.g., community, town, city, or county).

Higher risk: Medium-sized in-person gatherings that are adapted to allow individuals to remain spaced at least 6 feet apart and with attendees coming from outside the local area.

Highest risk: Large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart and attendees travel from outside the local area.

Fireworks and Events

- Limit indoor and outdoor gatherings to 50% capacity.

FOOD SERVICE

Bars

- Limit the number of staff and customers to 50% capacity.
- Bars that serve food may follow the guidance for restaurants. Limit the number of staff and customers to 75% of establishment occupancy.

Restaurants, Food Trucks and Coffee Shops

- Limit the number of staff and customers to 75% of establishment capacity.

LARGE BUSINESSES

Retail - Department Stores, Malls, Arts & Crafts, Etc.

- Limit the number of customers and staff to no more than 75% of store capacity.

LARGE VENUES

Theaters, Sporting Venues, Museums, Marinas, Zoos

- Limit attendees to 50% capacity.

RECREATION

Parks, Beaches, Outdoor Recreation Areas

- Limit capacity to 50%.

Amusement Parks, Waterparks, Pools

- Limit capacity to 50%.

Arcades, Bowling Alleys, Skating Rinks

- Limit capacity to 50%.

Golf Courses

- Limit the number of customers and staff to no more than 75% of store capacity.
- Limit the number of customers and staff to 75% of restaurant capacity.

Recreational Sports (Youth & Adult)

Concessions at Sporting/Recreational Events

- Provide handwashing stations and/or hand sanitizers for volunteers/staff.
- Volunteers/staff should avoid touching their faces.
- Volunteers/staff should wear a cloth face covering.
- Volunteers/staff should wash hands regularly with soap and water.
- Use hand sanitizer only on visibly clean hands; hand sanitizer is not effective when hands are visibly dirty.
- Use single-use gloves where needed; if clean, gloves may be worn up to four hours.
- Only use single-use utensils, cups, plates, etc.
- Don't permit customer contact with product; only allow volunteers/staff to touch product before sale.
- Have only one volunteer/staff person handling payments; although there is little evidence that money, tokens, or credit cards can transmit COVID-19, having one person take money and talk with customers helps limit possible transmission.
- Only sell pre-packed foods.
- Post physical distancing messaging and signage for customers.
- Clean and disinfect high-touch surfaces regularly.
- Use barrier tables (an extra 3-foot-wide table between the customer and the product) or put a check out table in front of the product; if customers can't see what is being sold use a chalk or dry erase board to list products.
- Remind customers to maintain at least 6 feet of physical distance between each other while waiting their turn and moving about the market.

SMALL BUSINESSES

Bookstores, Boutiques, Consignment, CBD, Tobacco/Vape, Etc.

- Limit the number of customers and staff to no more than 75% of store capacity.

Florists & Garden Centers

- Limit the number of customers and staff to no more than 75% of store capacity.

Special Events and Fundraisers

- Limit gatherings to 50% capacity.

TRAVEL

If you are thinking about traveling away from your local community, ask:

- **Is [COVID-19 spreading](#) where you're going?**
You can get infected while traveling.
- **Is [COVID-19 spreading](#) in your community?**
Even if you don't have symptoms, you can spread COVID-19 to others while traveling.
- **Will you or those you are traveling with be within 6 feet of others during or after your trip?**
Being within 6 feet of others increases your chances of getting infected and infecting others.
- **Are you or those you are traveling with [more likely to get very ill from COVID-19](#)?**
Older adults and people of any age who have a serious underlying medical condition are at higher risk for severe illness from COVID-19.
- **Do you live with someone who is [more likely to get very ill from COVID-19](#)?**
If you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.
- **Does the state or local government where you live or at your destination require you to stay home for 14 days after traveling?**
Some state and local governments may require people who have recently traveled to stay home for 14 days.
- **If you get sick with COVID-19, will you have to miss work or school?**
People with COVID-19 disease need to stay home until they are [no longer considered infectious](#).

If You Travel

Protect yourself and others during your trip:

- Clean your hands often.
 - [Wash your hands](#) with soap and water for at least 20 seconds, especially after you have been in a public place, after touching surfaces frequently touched by others, after blowing your nose, coughing, or sneezing, and before touching your face or eating.
 - If soap and water are not available, bring and use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub your hands together until they feel dry.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact with others.
 - Keep 6 feet of physical distance from others.
- [Wear a cloth face covering in public](#).
- Cover coughs and sneezes.
- Pick up food at drive-thrus, curbside restaurant service, or stores.

Considerations for Types of Travel

Travel increases your chances of getting and spreading COVID-19. We don't know if one type of travel is safer than others; however, airports, bus stations, train stations, and rest stops are all places travelers can

be exposed to the virus in the air and on surfaces. These are also places where it can be hard to [social distance](#) (keep 6 feet apart from other people).

Consider the following risks for getting or spreading COVID-19, depending on how you travel:

Air travel

Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.

Bus or train travel

Traveling on buses and trains for any length of time can involve sitting or standing within 6 feet of others.

Car travel

Making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and surfaces.

RV travel

You may have to stop less often for food or bathroom breaks, but RV travel typically means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

Follow state and local travel restrictions. For up-to-date information and travel guidance, check the [state or local health department](#) where you are, along your route, and at your planned destination. While you are traveling, it is possible a state or local government may put into place travel restrictions, such as stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures. Plan to keep checking for updates as you travel.

Travel to Alaska

- All persons entering Alaska from another state or country must:
 - Complete a [Traveler Declaration Form](#) AND
 - Arrive with proof of a qualifying negative COVID-19 test. OR
 - **NOTICE FOR RESIDENTS OF WASHINGTON OR OZAUKEE COUNTIES:** *If you are traveling to Alaska, you must arrange testing with your healthcare provider or urgent care. The Washington Ozaukee Public Health Department will not arrange testing for travel related activities.*
 - Receive a COVID-19 test when you arrive in Alaska, and self-quarantine at your expense until results arrive. OR
 - Self-quarantine at your expense for either 14 days or the duration of your trip whichever is shorter. OR
 - Follow the work plan that your employer filed with the State of Alaska.

VULNERABLE POPULATIONS

Long-term Care Facilities, Nursing Homes, Assisted Living, Etc.

NOTE: As of June 17th, ORDER OF THE HEALTH OFFICER: IMMEDIATE LOCKDOWN OF ALL LONG-TERM CARE FACILITIES dated May 18, 2020 is immediately lifted and is no longer in effect.

The Washington Ozaukee Public Health Department still strongly recommends these protective approaches to be considered by long-term care facilities when reviewing their own policies. Facilities should look to guidance provided by CMS, DHS, and their own legal counsel.

Not under official order, we recommend the following:

Visitor Restrictions:

- Restrict visitation at your facility and offer alternative methods of visitation (Skype, Face Time, etc.).
 - *Limited Exceptions: visitation restricted except in certain situations, such as end-of-life situations.*
 - Post visual alerts/messaging at all entrances to long-term care facilities alerting visitors of lockdown and visitation restriction.

Healthcare Personnel Infection Prevention Strategies:

- Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers, delivery person) from entering the building.
- Screen all staff (including environmental services, ancillary services, contractors and external providers) at the beginning of their shift for fever and respiratory symptoms. Staff are prohibited from working unless they have been screened at the start of every shift. **First responders reporting to your facility in response to a call for assistance shall be exempt from this screening requirement.**
 - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, immediately have them put on a facemask and self-isolate at home.
 - Prioritize ill healthcare providers for COVID-19 testing.
- Keep a record of other facilities where your staff are working. (Note that staff who work in multiple healthcare facilities may pose a higher risk.)
- Staff who provide direct patient care are required to wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of presence of symptoms.
- Geographically cohort staff by assigning dedicated staff to specific units.
- Minimize entries into patient rooms by bundling care and treatment activities.
- If resources allow, consider universal facemask use for healthcare personnel while in the facility.

Resident Monitoring and Restrictions:

- Actively monitor all residents as needed for possible signs of respiratory infection:
 - Screen for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) and perform pulse oximetry for changes in oxygen saturation as needed. If positive for fever or respiratory signs/symptoms, isolate

the resident in their room and implement recommended infection control precautions.

- Limit movement and ensure social distancing (i.e., staying 6 feet away from others) of your well resident.
 - Make sure residents perform hand hygiene and wear a facemask (contingent on supply) if they leave their room.

General Infection Control:

- Train staff on how to wear PPE safely.
- Use of Standard, Contact, and Droplet Precautions with eye protection for any undiagnosed respiratory infection for which airborne precautions is not otherwise recommended (e.g., tuberculosis). Keep these residents in their rooms away from others.
- Increase hand hygiene especially during care of residents and in between residents.
- Prior to entering and exiting the unit and a resident's room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
 - Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.
- Increase environmental cleaning. Disinfect all frequently touched surfaces such as doorknobs, elevator buttons, bathrooms, remote controls, and wheelchairs. Limit sharing of personal items between residents.
- Ensure proper cleaning and disinfection with an EPA-registered disinfectant effective against SARS CoV-2 that is used correctly and for the appropriate amount of time.

Managing PPE and Supply Shortages: When PPE supplies are limited, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks).

- Assess IPC supplies (e.g. PPE, alcohol-based hand rub, etc.) and estimate number of days available.

Reporting to the Health Department: Immediately notify the health department of anyone with COVID-19 or if you identify any residents or healthcare providers who develop respiratory infections within a week.

Documentation of residents who leave the facility for any reason is recommended. Consider a log be kept by each facility that documents residents who are relocated or leave the facility. Log should include date, resident name, contact phone number and address of relocation.

Removed from Recommendations

- Refer to Washington Ozaukee Public Health Orders:
 - [May 18, 2020 Immediate Lockdown of All Long-term Care Facilities](#)
 - [May 18, 2020 Long-term Care Facility Staffing](#)

WELLNESS & FITNESS FACILITIES

Gyms, Yoga Studios, Martial Arts, Pilates, CrossFit

- Limit to 50% capacity.

ADDITIONAL GUIDANCE

Operational Toolkit for Businesses Considering Reopening or Expanding Operations in COVID-19

This [operational toolkit](#) has been developed to help business owners who are considering reopening or expanding their operations to determine their establishments' risk of transmission of COVID-19 and how to reduce it.

1. [An Instruction Manual](#)
Instructions that explain how to complete the 4-stage Business Risk Worksheet and Assessment Calculator.
2. [A Business Risk Worksheet](#)
A 4-stage step-by-step worksheet for you to report and understand your business's overall risk of spreading COVID-19 and how your business operations can be made safer.
3. [An Assessment Calculator](#)
An Excel spreadsheet you will fill out to receive a calculated risk score and a modification score.

Potential COVID-19 Exposure – Critical Infrastructure Workforce

Critical Infrastructure Workforce

- Federal, state, & local law enforcement
- 911 call center employees
- Fusion Center employees
- Hazardous material responders from government and the private sector
- Janitorial staff and other custodial staff
- Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

If law enforcement personnel have direct personal contact with an individual with suspected or confirmed COVID-19, they should immediately use alcohol-based hand sanitizers with at least 60% alcohol, or [wash hands](#) with soap and water for at least 20 seconds. They should also avoid touching their eyes, nose, and mouth. Any uniform items (or other surfaces) that were potentially exposed should be disinfected or cleaned as soon as feasible. For example, the duty belt or other non-porous items can be disinfected using products that are [EPA-approved for use against the virus external icon](#). Porous items, like the uniform, should be replaced as soon as possible and then laundered according to manufacturers' recommendations. This is especially important if any body fluids were expelled during the encounter

(bloodborne pathogen protocols should also be followed if applicable). Gloves should be worn when touching potentially contaminated items or applying disinfectants and it is important to perform hand hygiene upon removing gloves or other PPE.

Law enforcement personnel who have an exposure should be evaluated by their occupational health program and may be able to finish their work shift before starting home isolation.

If personnel and resources are available

It is most protective for law enforcement personnel to [stay at home until 14 days](#) after exposure to an individual with suspected or confirmed COVID-19 if the exposure was prolonged (10 minutes or more) or if the exposure was of concern (e.g., the individual coughed into the face of the law enforcement officer). This would best to protect the health of the exposed worker, their co-workers, and the general public.

If personnel and resources are not available

Law enforcement personnel (considered critical infrastructure workers) may be permitted to work after exposure to ensure continuity of operations. To continue working, the exposed worker should remain symptom-free, and the employer should put into place the following [prevention strategies](#) for the exposed worker:

- Screen the worker for symptoms of COVID-19 (fever, cough, or shortness of breath) before each work shift
- Regularly monitor the worker for symptoms, under the supervision of an occupational health program
- Ensure the worker practices social distancing (remaining at least 6 feet away from others)
- Ensure the worker wears a facemask (or cloth face covering if facemasks are unavailable) to protect others

If an exposed worker develops symptoms of COVID-19 (fever, cough, or shortness of breath) and is still working, the employer should:

- Send the worker home immediately and encourage them to follow CDC guidance for [What to Do If You Are Sick](#).
- [Clean and disinfect](#) surfaces in their workspace.
- Follow CDC guidance to determine when the worker can [return to work](#).

For more information, see CDC's updated guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#).

Potential COVID-19 Exposure - Asymptomatic Healthcare Professionals Who Were Exposed to Individuals with Confirmed COVID-19

Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. Work restrictions described in this guidance might be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of HCP exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.

This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also be from a person under investigation (PUI) who is awaiting testing. Work restrictions described in this guidance might be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of HCP exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask⁴ HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure⁵ Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of

		contact (e.g., occupational health program) to arrange for medical evaluation and testing.
<p>HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.</p>		

Potential COVID-19 Exposure - Community-Related Exposure

The following guidance is provided for definitions and management of contacts of people with COVID-19. Separate guidance is available for [international travelers](#). Healthcare personnel (HCP) should follow CDC’s [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) regarding work restrictions if they have potential exposure to people with COVID-19. However, such HCP should also follow this Guidance for Community-Related Exposure for what to do in the community. See also CDC’s guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Individuals should always follow guidance of the state and local authorities.

Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology, and the need to simplify risk assessment. New recommendations are based on:

- Growing evidence of transmission risk from infected people without symptoms (asymptomatic) or before the onset of recognized symptoms (presymptomatic);
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public;
- Continued focus on reducing transmission through social distancing and other [personal prevention strategies](#).

Summary of Changes: On June 4, 2020

1. Added exposure to people with confirmed COVID-19 who have not had any symptoms to this Guidance.

Current guidance based on community exposure, for asymptomatic persons exposed to persons with known or suspected COVID-19 or possible COVID-19		
Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none"> • Individual who has had close contact (< 6 feet)** for ≥15 minutes*** 	<ul style="list-style-type: none"> • Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) 	<ul style="list-style-type: none"> • Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times • Self-monitor for symptoms <ul style="list-style-type: none"> ○ Check temperature twice a day ○ Watch for fever*, cough, or shortness



	<ul style="list-style-type: none">• Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation)	<p>of breath, or other symptoms of COVID-19</p> <ul style="list-style-type: none">• Avoid contact with people at higher risk for severe illness from COVID-19• Follow CDC guidance if symptoms develop
All U.S. residents, other than those with a known risk exposure	<ul style="list-style-type: none">• Possible unrecognized COVID-19 exposures in U.S. communities	<ul style="list-style-type: none">• Practice social distancing and other personal prevention strategies• Be alert for symptoms<ul style="list-style-type: none">○ Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19○ Check temperature if symptoms develop• Follow CDC guidance if symptoms develop