WAR ROOM

WISH INTERNATIONAL EVENTS MANAGEMENT

May 26th, 2020

We are a group of MICE executives working on unfolding global best practices to booster the recovery of our industry. This is the actual status as for today.

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COVID-19

Countries situation around the world

COUNTRIES

confirmed cases • deaths

AUSTRALIA
7,116
102

BRAZIL
377,711
23,606

CANADA
86,614
6,637

CHINA
82,992
4,634

CZECH REP.
9,002
317

FRANCE
145,555
28,530

GERMANY
180,951
8,432

IRELAND
24,735
1,615

ISRAEL
16,743
281

ITALY
230,555
32,955

JAPAN
16,628
851

JORDAN
711
9

MONACO
98
4

PORTUGAL
31,007
1,342

NORWAY
8,364
235

RUSSIA
362,342
3,807

SEYSCHELLS
11
0

TURKEY
157,814
4,369

UK
265,227
37,048

USA
1,704,985
99,738

ITALY - Sicily: 3,429 • 270
ITALY - South Tyrol: 2,593 • 291
USA - San Francisco: 2,386 • 40

CLOSED BORDERS

Special rules for entry and exit apply. Entry is only permitted with evidence of travel for professional purposes, health reasons or other absolute necessity. Persons travelling from Italy to Austria must present a medical certificate of a negative test for COVID-19 not older than four days. Germany and Switzerland carry out checks at their respective national borders.

→ for americans

OPEN BORDERS

→ for EU

→ some states

RULES FOR THE POPULATION

States have individual rules.

The country is split between green and red zones. Red zones are very restrict. People from the green zones can travel among them. Not allowed to travel more than 100km from their home, except for business.

Monday 18th started Phase 1 of Recovery Plan. Allowed to exercise in a radius of up to 5km. People over 70 allowed to leave their homes. Key trade like builders and outdoor workers can get back to work, while maintaining social distancing rules.

Basic recommendation, like wearing masks.

Small shops are open, following WHO's instructions. Only can't cross the border with Spain. Workers, residents and goods are allowed. Wear masks, if someone doesn't comply the police can be called.

Some age groups are allowed to go out in determined days and times. Full lockdown during the weekend. To leave these cities, you need an authorization for serious reasons, like work.

Opening up gradually. People can return to place of work if they cannot work from home. Allowed to exercise for any length of time and can travel around England for exercise.

People can go out for work, grocery shopping and for real necessity. Wear masks in public. Trains and buses are working.

Maximum of 2 households can meet in public, others keep mininum 2m distance. Wear masks in public buildings and public transport. Stores are open. Hotels open end of May.

People can move freely within their region. In public, keep a distance of 2m, wear masks (mandatory in indoor spaces). Outdoor exercise is permitted, with distance of 3m. Public transport is half capacity, monitoring temperature for subway. School closed till september.

Hotels are 50% booked in June and July. Events with maximum 50 people are allowed.

State of emergency, lockdown till May 31st. Wear masks and gloves in public buildings and public transport, penalty of 50-60 euro. Only food markets, post offices, pharmacies, banks and cell phones shops are open.

Californians are allowed to leave their homes for essential services, activities and work. Wear masks in public in addition to physical distancing.

FRANCE - Paris: People can go 100km from their home. 1m physical distance. Masks in public. Meetings of maximum 10 pax & 100 family.

WALES: Garden centres, libraries and golf courses are open. Allowed to exercise but must not travel away from theis homes.

NEW GOVERNMENT PROTOCOLS

The state of emergency will end on May 17. Strict measurements are being released. From then, mask won't be compulsory except on public transport and in public buildings until the end of June.

Sanification of shops. Allowed to sit in restaurants and bars outside and inside at 2m distance each table. All places must have hand sanitary gel for use before entering and before leaving the place.

Before reopening, all facilities should: Perform a detailed risk assessment and implement a site-specific protection plan. Train employees and implement individual control measures and screenings, disinfecting protocols and physical distancing guidance

In terms of hospitality, our sector falls into Phase 4 - mid July, opening of hotels - and Phase 5 - early August, opening of pubs and people back to work.

All regional governments can issue new rules, regulations and extra restrictions according to their situation, thus some regions are isolated from each other. Parks and gardens will reopen within the next week.

RUSSIA: Some low-cost airlines announced the restart of regular and charter regional flights from June 1st (tickets are on sale already).

CZECH REP - Prague: Events up to 300 pax from May 26.

MARKET CERTIFICATIONS

NO → exploring options

YES

*others are uncertain

HOTEL RULES AND PROCEDURES

Will open on May 25. All places will need to provide disinfectant at the entrance and continue social distancing.

Guidelines for hotels, beaches, archaeological sites. Protocol for sanification, online check-in, wireless keys for rooms, 2m distancing with marks on the ground from the reception desk, no buffet (orders are delivered to the room), menus on devices that will be cleaned when you leave the room. There's no official document for it. For events, no buffet for coffee breaks and capacity reduced to 30-40 participants depending on the size of the venue. For the elevators maximum 2 persons per time with gloves and sanitary gel inside.

No collective spaces – only room service.

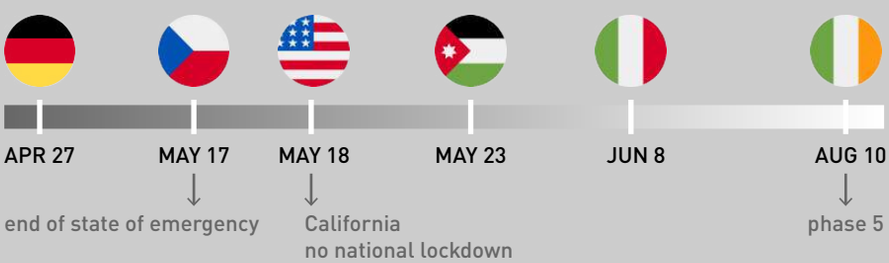
Currently developing SOPs to help guide hotels on best practices for opening.

All hotels must follow the recommendations of DGS (Ministry of Health) and receive the Clean and Safe seal. There are plainclothes inspectors for such control.

ITALY - South Tyrol: Accommodations and cable cars and hiking paths will be open from May 25th.

RUSSIA: All hotels are closed. Preparing a list of regulations to reopen seaside resorts.

QUARANTINE/LOCKDOWN END FORECAST



PORTUGAL: in stages, opening small businesses up to 40m², 15 days later 100m² and 15 days later larger shops.

Icons made by Freepik from www.flaticon.com

CERTIFICATIONS

Portugal

SELO "CLEAN & SAFE"

ACCOMMODATION | Requirements to comply with

TRAINING FOR ALL EMPLOYEES

> All Employees received information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_**Hand disinfection:** wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70º alcohol, covering all surfaces of the hands and rubbing them until dry.

_**Breath etiquette:** cough or sneeze into your bent forearm or use a tissue, which must then be binned immediately; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_**Social behaviour:** change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared work stations, physical meetings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Directorate General for Health guidelines for cleaning surfaces and dealing with clothing at work premises.

INFORMATION TO ALL CUSTOMERS

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.

THE SERVICE ORGANISATION ENSURES

> There will always be an employee responsible for following the necessary procedures in the event of a suspected case (including escorting the person to the isolation area, providing the necessary assistance and asking them to contact Directorate General for Health.

> In accordance with Directorate General for Health recommendations the isolation area will always be decontaminated after a positive or suspected case of infection, in particular frequently touched surfaces.

> The storage of waste produced by those suspected of infection will be placed in plastic bags, sealed with ties and then be disposed by a licensed provider that deals with the management of hospital bio-hazardous materials.

> Daily self-assessment aimed at measuring fever (measuring temperature twice daily and recording the value and time) and check if your colleagues have a cough or breathing difficulties.

THE ESTABLISHMENT ASSURES

> All surfaces where people, employees and clients have contact are washed and disinfected in accordance to our internal protocol, ensuring the control and prevention of infections and antimicrobial resistance.

> All surfaces and objects liable to be in touched are cleaned several times a day (including light and lift switches, door knobs, cupboard handles).

> Preference will be given to damp cleaning, as opposed to the use of a duster or vacuum cleaner.

> Enclosed offices and spaces shall be aired regularly.

> The disinfection of the swimming pool, or other equipment in SPAs / wellness areas (where applicable) will continue as a standard procedure, water will be replaced and chlorination will continue as defined in our internal protocol.

> The disinfection of the jacuzzi (where applicable) is done regularly by replacing all the water followed by sterilisation with an adequate quantity of chlorine, in accordance with internal protocol.

> Where food is served an increase in the cleaning of utensils, equipment and surfaces and avoidance of direct handling of food by clients and employees will be implemented.

THE ESTABLISHMENT HAS

> Personal Protection Equipment (PPE) in sufficient numbers, for all our employees.

> PPE available to all our clients (maximum capacity of the establishment).

> Single use cleaning materials in stock proportional to our requirements, including disinfectant wipes, bleach and 70º alcohol.

> Alcohol based antiseptic or alcohol based solution dispensers, at each floor, near entrances/exits and at the entrance of the restaurants, bars and shared toilet facilities.

> Non-manual waste collection bin.

> A room to isolate people suspected or infected with the COVID-19 virus, preferably with natural ventilation or a mechanical ventilation system, with washable outer coverings, bathroom, stocked with cleaning materials, surgical masks and disposable gloves, thermometer, handsfree waste bin, bin bags, bags for used clothing, a supply of water and non-perishable food.

> Liquid soap and paper towels should be available in the toilets.

THE INTERNAL PROTOCOL FOR CLEANING AND SANITATION ENSURES

> The definition of specific care for changing bed linen and cleaning in the rooms, carried out in two stages with spaced intervals and with adequate protection according to the internal protocol.

> The removal of bed linen and towels is performed without shaking, rolling it from the outside in, avoiding contact with the body and taking it directly to the washing machine.

> The washing of bed linen/towels and employees uniforms will be done separately and at high temperatures (around 60ºC).

Requirements that the Accommodation ensures that fulfils all the requirements of the Clean & Safe Stamp.

TURISMO DE PORTUGAL

SELO "CLEAN & SAFE"

TRAVEL AGENCIES WITH FACILITIES | **Requirements to comply with**

TRAINING FOR ALL EMPLOYEES

> All Employees received information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_**Hand disinfection:** wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70º alcohol, covering all surfaces of the hands and rubbing them until dry.

_**Breath etiquette:** cough or sneeze into your bent forearm or use a tissue, which must then be binned immediately; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_**Social behaviour:** change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared workstations, physical me etings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Ministry of Health guidelines for cleaning surfaces and dealing with clothing at work premises.

THE SERVICE ORGANISATION ENSURES

> Observance of the maximum permitted occupation of installations per m2 recommended by the Directorate General for Health.

> Maintenance of social distancing between those involved in business activities, in accordance with Directorate General for Health recommendations.

> The distribution of information relating to business, preferentially in digital/online form.

> Compliance with internal health and safety rules by partners involved in programmes sold by the Travel Agency.

> That there is always a responsible employee on duty to activate the procedures in the event of suspected infection (taking the person with symptoms to the isolation area, providing him/her with the necessary assistance and contacting the national health service).

INFORMATION TO ALL CUSTOMERS

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.

THE COMPANY ENSURES

> Washing and disinfection, in accordance with internal rules, of areas where employees and customers circulate, ensuring control and prevention of infections and resistance to antimicrobials.

> Cleaning, several times a day, of areas and objects in general use (including counters and desks, light switches and lift buttons, doorknobs and cupboard door handles).

> Wet cleaning in preference to dry or vacuum cleaning.

> Regular renewal of air in rooms and enclosed spaces.

> Provision of alcohol-based hand disinfectant dispensers, wherever necessary.

THE COMPANY HAS

> Sufficient sets of individual protective equipment for all employees.

> Stock of single-use cleansing materials in proportion to its size, including single-use paper towels moistened with disinfectant, bleach and 70º alcohol.

> Alcohol-based antiseptic solution or alcohol-based solution dispensers.

> Pedal-operated waste bin with plastic liner.

> Equipment for handwashing with liquid soap and paper towels in WCs.

Requirements that the Travel Agency ensures that fulfils all the requirements of the Clean & Safe Stamp.

TURISMO DE PORTUGAL

SELO "CLEAN & SAFE"

TRAVEL AGENCIES WITHOUT FACILITIES | **Requirements to comply with**

TRAINING FOR ALL EMPLOYEES

> All Employees received information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_**Hand disinfection:** wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70º alcohol, covering all surfaces of the hands and rubbing them until dry.

_**Breath etiquette:** cough or sneeze into your bent forearm or use a tissue, which must then be binned immediately; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_**Social behaviour:** change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared workstations, physical meetings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Ministry of Health guidelines for cleaning surfaces and dealing with clothing at work premises.

INFORMATION TO ALL CUSTOMERS

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.

THE SERVICE ORGANISATION ENSURES

> Compliance with internal health and safety rules by partners involved in programmes sold by the Travel Agency.

THE COMPANY ENSURES

> Washing and disinfection, in accordance with internal rules, of areas where employees and customers circulate, ensuring control and prevention of infections and resistance to antimicrobials.

> Wet cleaning in preference to dry or vacuum cleaning.

> Regular renewal of air in rooms and enclosed spaces.

THE COMPANY HAS

> Sufficient sets of individual protective equipment for all employees.

> Stock of single-use cleansing materials in proportion to its size, including single-use paper towels moistened with disinfectant, bleach and 70º alcohol.

> Alcohol-based antiseptic solution or alcohol-based solution dispensers.

> Pedal-operated waste bin with plastic liner.

> Equipment for handwashing with liquid soap and paper towels in WCs.

Requirements that the Travel Agency ensures that fulfils all the requirements of the Clean & Safe Stamp.

TURISMO DE PORTUGAL

SELO "CLEAN & SAFE"

TOUR OPERATORS WITH FACILITIES | **Requirements to comply with**

TRAINING FOR ALL EMPLOYEES

> All Employees will receive information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_**Hand disinfection:** wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70º alcohol, covering all surfaces of the hands and rubbing them until dry.

_**Breath etiquette:** cough or sneeze into your bent forearm or use a tissue, which must then be binned immedia tely; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_**Social behaviour:** change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared workstations, physical meetings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Ministry of Health guidelines for cleaning surfaces and dealing with clothing at work premises.

THE SERVICE ORGANISATION ENSURES

> Observance of the maximum permitted occupation per m2 recommended by the Ministry of Health, if business is conducted in enclosed spaces.

> Maintenance of social distancing between those involved in business activities, in accordance with Directorate General for Health recommendations.

> Observance of the maximum permitted occupation of means of transport used in business, in accordance with Directorate General for Health recommendations.

> The distribution of information relating to business, preferentially in digital/online form.

> Compliance with internal health and safety rules by partners involved in business activities.

> That there is always a responsible employee on duty to activate the procedures in the event of suspected infection (taking the person with symptoms to the isolation area, providing him/her with the necessary assistance and contacting the national health service).

> Decontamination of the isolation area whenever there are positive cases of infection, and extra cleaning and disinfection whenever there are patients suspected of being infected, particularly as to those surfaces that are frequently touched by hand and likewise most used, in accordance with Directorate General for Health recommendations.

> Storage of any waste produced by patients suspected of being infected, in plastic bags which, when sealed (e.g. with a clamp) must be separated and sent to an operator licensed to deal with biological-risk hospital waste.

INFORMATION TO ALL CUSTOMERS

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.

THE COMPANY ENSURES

> Washing and disinfection, in accordance with internal rules, of areas where employees and customers circulate, ensuring control and prevention of infections and resistance to antimicrobials.

> Cleaning, several times a day, of areas and objects in general use (including counters and desks, light switches and lift buttons, doorknobs and cupboard door handles).

> Wet cleaning in preference to dry or vacuum cleaning.

> Regular renewal of air in rooms and enclosed spaces.

> In areas where food and drink are served or stored, if any, extra disinfection of utensils, equipment and surfaces, and avoidance as far as possible of direct handling of foodstuffs by customers and employees.

THE COMPANY HAS

> Sufficient sets of individual protective equipment for employees involved in business activities.

> Individual protective equipment available to customers (maximum group capacity).

> Stock of single-use cleansing materials in proportion to its size, including single-use paper towels moistened with disinfectant, bleach and 70º alcohol.

> Alcohol-based antiseptic solution or alcohol-based solution dispensers at entrance/exit points, and, wherever applicable, on each floor, at entrances to restaurants, bars and WCs in general use.

> Pedal-operated waste bins with plastic liners.

> Equipment for handwashing with liquid soap and paper towels in WCs.

INTERNAL SAFETY CLEANING AND DISINFECTION RULES ENSURES

> High temperature washing of cloakrooms and other accessories provided (e.g. towels), used in business activities by employees and customers (around 60º C).

> Provision of alcohol-based hand disinfectant dispensers, wherever necessary, for persons participating in business activities.

> Cleaning or disinfection of equipment used after every activity, in accordance with the rules that apply to each type of equipment.

> Cleaning or disinfection of means of transport used, after every activity, in accordance with the rules that apply to each type of transport.

Requirements that the Tour Operator ensures that fulfils all the requirements of the Clean & Safe Stamp.

SELO "CLEAN & SAFE"

TOUR OPERATORS WITHOUT FACILITIES | **Requirements to comply with**

TRAINING FOR ALL EMPLOYEES

> All Employees will receive information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_**Hand disinfection:** wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70º alcohol, covering all surfaces of the hands and rubbing them until dry.

_**Breath etiquette:** cough or sneeze into your bent forearm or use a tissue, which must then be binned immedia tely; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_**Social behaviour:** change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared workstations, physical meetings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Ministry of Health guidelines for cleaning surfaces and dealing with clothing at work premises.

INFORMATION TO ALL CUSTOMERS

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.

THE SERVICE ORGANISATION ENSURES

> Maintenance of social distancing between those involved in business activities, in accordance with Directorate General for Health recommendations.

> Observance of the maximum permitted occupation of means of transport used in business, in accordance with Directorate General for Health recommendations.

> The distribution of information relating to business, preferentially in digital/online form.

> Compliance with internal health and safety rules by partners involved in business activities.

> That there is always a responsible employee on duty to activate the procedures in the event of suspected infection (taking the person with symptoms to the isolation area, providing him/her with the necessary assistance and contacting the national health service).

> Storage of any waste produced by patients suspected of being infected, in plastic bags which, once sealed (e.g. with a clamp), must be separated and sent to an operator licensed to deal with biological-risk hospital waste.

THE COMPANY HAS

> Sufficient sets of individual protective equipment for employees involved in business activities.

> Individual protective equipment available to customers (maximum group capacity).

> High temperature washing of cloakrooms and other accessories provided (e.g. towels), used in business activities by employees and customers (around 60º C).

> Provision of alcohol-based hand disinfectant dispensers, wherever necessary, for persons participating in business activities.

> Cleaning or disinfection of equipment used after every activity, in accordance with the rules that apply to each type of equipment.

> Cleaning or disinfection of means of transport used, after every activity, in accordance with the rules that apply to each type of transport.

Requirements that the Tour Operator ensures that fulfils all the requirements of the Clean & Safe Stamp.

Selo “Estabelecimento Clean & Safe” para as empresas do Turismo

Selos e distinções 05.05.2020

O **Turismo de Portugal** reconhece as empresas do setor do Turismo que cumpram as recomendações da **Direção-Geral da Saúde** para evitar a contaminação dos espaços com o SARS-CoV-2 (novo coronavírus).

Os **Empreendimentos Turísticos**, as **empresas de Animação Turística** e as **Agências de Viagens e Turismo** que pretendam obter o selo “**Estabelecimento Clean & Safe**” deverão cumprir o conjunto de disposições presentes na «**Declaração de Compromisso**» que está disponível nas plataformas digitais do Turismo de Portugal relativas ao registo das empresas turísticas: Registo Nacional de Empresas Turísticas (RNET), Registo Nacional de Animação Turística (RNAT) ou Registo Nacional Agências de Viagens e Turismo (RNAVT).

Só depois de submetida nas plataformas atrás referidas a **Declaração de Compromisso** por parte das empresas, é que estas ficam com a possibilidade de utilizar o Selo em causa, seja nas suas instalações físicas, seja nos canais e plataformas de divulgação e venda.

O Selo atribuído a cada empresa estará associada ao seu número de Registo RNET, RNAAT ou RNAVT.

No caso do **Alojamento Local**, **Estabelecimentos de Restauração e Bebidas** e **Áreas de Serviço de Autocaravanas** (ASAs), as empresas e os empresários em nome individual que pretendam obter o selo “Estabelecimento Clean & Safe” deverão aceder a:

- **Alojamento Local** – Balcão Empreendedor
- **Estabelecimentos de Restauração e Bebida**s – Balcão Empreendedor
- **Áreas de Serviço de Autocaravanas** - Federação de Campismo e Montanhismo de Portugal

Esta medida, dinamizada pelo **Turismo de Portugal** e envolvendo a **Agência para a Modernização Administrativa** (AMA) e a **Direção Geral das Atividades Económicas** (DGAE), em articulação com a **Confederação do Turismo de Portugal** (CTP) e as **Associações do Setor**, procura sensibilizar os empreendimentos para os procedimentos mínimos a adotar e incentivar a retoma do setor do turismo a nível nacional e internacional, reforçando a confiança de todos no destino Portugal e nos seus recursos turísticos.

CERTIFICATIONS

Turkey

TURKEY TOURISM PROMOTION AND DEVELOPMENT AGENCY

About Healthy Tourism Certification Program

Healthy Tourism Certification program, covers a broad range of measures which shall be taken towards transportation, accommodation, health condition of employees of the facilities and passengers. This certificate, which shall be granted by international certification institutions, will document the fulfilment of high level of health and hygiene requirements at airline companies, airports and other transportation, accommodation and food & beverage facilities.

Certification program of Turkey consists of 4 main pillars which are “Health and Safety of the Passenger”, “Health and Safety of the Employee”, “Precautions taken at Facilities” and “Precautions taken in terms of “Transportation”.

“Health and Safety of the Passenger”; covers the precautions which are required to be implemented in terms of passengers from the time of check-in until their check-out. Health and Safety of the Employee”; covers precautions with respect to ensuring physically and mentally healthy personnel at transportation, accommodation and food & beverage facilities.

Precautions taken at Facilities”, covers steps which are required to be taken in order to prevent spreading of the outbreak. In case of preventing such cases, processes that needs to be implemented by the accommodation, food & beverage facilities have been defined under the scope of the certificate. “Precautions taken in terms of Transportation vehicles”, includes certain measures and regulations for air, land and marine transportation.

“Healthy Tourism Certification” program was prepared under the leadership of the Ministry of Culture and Tourism, with the contributions of the Ministries of Health, Transport, Internal Affairs, and Foreign Affairs and the cooperation of the stakeholders in the entire sector. In this context, the Ministry of Culture and Tourism has completed pandemic protocols and certification processes that were created separately for airport operations, domestic airlines, highways, and tourism facilities as of May 04, 2020. The Ministry of Culture and Tourism, which plans to implement the certification processes for hotels as of May, will announce the list of the facilities obtaining this certificate as of June 1, 2020, through all channels including the website of our Ministry.

ASSESSMENT FORM ON
COVID-19 AND HYGIENE PRACTICES APPLIED DURING PANDEMIC
FOR ACCOMMODATION
AND
FOOD & BEVERAGE FACILITIES

NAME OF THE FACILITY: .....

ADDRESS OF THE FACILITY: .....

PHONE – FAX : .....

E-MAIL, WEB ADDRESS : .....

CURRENT TYPE AND CLASS: .....

CERTIFICATE DATE AND NO: .....

OWNER OF THE CERTIFICATE: .....

MANAGER: .....

Name of the Certification Document and Logo

Name of the certificate in Turkish and English.....

Logo designated as..... .

An ordinal number will be given by the Ministry of Culture and Tourism of the Republic of Turkey for each Certification.

Aim

The purpose of this Certification Document, as a preparation for the end of period of negative effects of Covid-19 pandemic and at the action resume stage of tourism facilities is to determine necessary workouts that should be fulfilled for consumers who have Covid-19 contagion anxiety and for maximum hygiene and security expectations, designate training programs for staff and personnel and identify procedures and principles regarding the prevention of contagion of Covid-19 virus.

Scope

This Certification Document comprises the establishments, which has obtained Business Management or Investment Certification from the Ministry of Culture and Tourism of the Republic of Turkey and the establishments/facilities approved by the Ministry.

Basis

The Assessment Form has been prepared on the basis of application samples of the Ministry of Health of Republic of Turkey, Ministry of Family, Labor and Social Services of Republic of Turkey, Ministry of Agriculture and Forestry of Republic of Turkey, Science Committee of Ministry of Health of Republic of Turkey, WTO-World Health Organization, Public Health Law in Turkey, Veterinarian Services, Plant Health, Food and Bait Law no 5996, Hygiene and Sanitation Management Systems no 13811 and National and International Health and Tourism Sectors.

Procedure and Objective

In order to fulfill the expectations of consumers and obtain positive perception and competitive edge, at the first stage, it is aimed for touristic establishments that they assign a manager who will manage all process, prepare Protocols for all departments, train the personnel, carry out effective workouts on Hygiene-Disinfection and Social Distance, complete processes of proper Food Hygiene and Security applications and mitigate Covid-19 contagion risks, announce their studies and workouts using effective communication procedures in Turkey and around the World and raise awareness.

Cooperation and Certification

On the basis of “Assessment Form” prepared for the certification and within the cooperation of national or international hygiene and sanitation material supplier firm, touristic establishments are certified to obtain the Certification Document provided that they fulfill necessary requirements after the supervision by the institution, agency or competent authority identified by the Ministry.

Duration and Validity

The regulations made within the framework of this certification are terminated automatically with all its provisions in pursuit of removing the measures regarding Covid-19 virus contagion, mitigating its effects and the prevention of its spread in our country taken by our Government.

ASSESSMENT FORM FOR ACCOMMODATION AND FOOD & BEVERAGE FACILITIES

A. OBLIGATORY APPLICATIONS

PROCESS MANAGEMENT, IDENTIFICATION OF STANDARDS, PREPARATION OF PROTOCOLS

	DESCRIPTION	YES	NO
1	Are there authorized personnel within the hotel to carry out the adaptation and verification of contamination measures and hygiene standards?		
2	Are protocols prepared for procedures involving hygiene practices that affect their processes for all departments and units within the hotel?		
3	Are periodic monitoring forms and checklists prepared, supporting all procedures and protocols?		
4	Is the created registry system effectively used in the business? Are the records subject to verification at certain periods?		
5	Are the records subject to verification at certain periods?		
6	Is it possible to take action when necessary, based on the verifications made?		
7	Is a social distance plan prepared?		
8	Have regulations been made indicating the social distance by marking the places considering the possible accumulation at the entrance of all units of the facility?		
9	Are people staying in the same room (family, etc.) as a group under the terms of social distance rules?		
10	Is there any alcohol-based hand sanitizer or disinfectant approved by the Ministry of Health?		
11	Are there alcohol-based hand antiseptics or disinfectants in common areas?		
12	Are periodic basic trainings planned on the plans and protocols to be applied to the employees working within the company?		
13	Are the trainings carried out in accordance with the plan envisaged in the enterprise for the employees working in the enterprise?		
14	Have the necessary arrangements been established for the meetings of the department managers of the hotel to be conducted by teleconferencing and training programs for the employees using the distance education (e-training) method?		
15	Are there trainings on the use of hygienic materials and protective equipment?		

16	Are printable wall charts prepared and hung in personnel areas and general areas for Covid-19 and hygiene practices?		
17	Are the prepared wall charts translated in at least 3 languages?		
18	Has a re-operational protocol been prepared for closed hotels?		
19	Is protective mask and equipment kept on site at the entrance of the facility, if requested?		
20	Are the guests given written information about the measures and practices regarding hygiene with Covid-19 and the rules to be followed by the guests?		
21	Do the managers responsible for the units regularly record their cleaning practices?		
22	Is it ensured that all the installations and equipment (energy, heating, ventilation, air conditioning equipment, dishwashers, washing machines, refrigerators, elevators, etc.) used in the tourism accommodation enterprise are periodically serviced by the authorized service or trained specialists?		
23	Are the ventilation filters replaced regularly?		
24	Is the natural ventilation of the spaces done if necessary?		
25	Are the body temperature measurements made by the thermal sensor at the entrance and exit of the employees and the biometric facial definitions are recorded and followed up at the same time? Are body temperature controls performed by means of thermal cameras or non-contact thermal sensor thermometers for incoming visitors, so that they are recorded with facial images?		
26	Are the measured body temperature records subject to validation?		
27	If there is any detection outside the accepted temperature range based on verification of body temperature records, are the actions to be taken defined?		
28	If there is any detection outside the accepted temperature range based on verification of body temperature records, are the actions to be taken recorded?		
29	On Food Safety and Hygiene, do all department managers in Purchasing, Goods Acceptance, Warehouse, Kitchen and Food production and presentation make periodic evaluation meetings on the measures and processes taken?		
30	Do the employees have Ministry of Education approved Hygiene Education Certificate?		
31	Has the in-house shops and stores been adapted to the necessary hygiene rules?		

B. ENTRANCE OF THE GUEST TO THE HOTEL

	DESCRIPTION	YES	NO
1	Has the protocol been prepared for informing the guest about the entrance to the hotel, social distance, and informing that the guest's luggage and / or belongings will be carried by him or bellboy by considering the pandemic risk (hotel management will make an individual decision to provide bellboy service during the pandemic)?		
2	Do the related department personnel have information about all actions to be taken during the check-in procedures?		
3	Are there alcohol-based hand sanitizer / disinfectant and protective equipment and etc. in the reception area for guest use?		
4	In the payments to be made by the guests, are methods such as contactless pos devices, online payment etc. preferred instead of cash payment as much as possible?		
5	In case of repeated usage of the equipment, is the equipment such as the room card or key, towel card, pen, reception bell, etc. disinfected and properly maintained?		

C. MEASURES AND APPLICATIONS TO BE TAKEN FOR THE STAFF

	DESCRIPTION	YES	NO
1	Is there regular and sufficient supply of protective equipment that the personnel should use?		
2	Are the necessary notifications made to the personnel regarding the use of protective equipment?		
3	Are the training, motivation and psychological support records of the staff on the processes recorded in their personal files?		
4	Are there measures to protect the social distance in staff rest and social areas?		

5	Are there any materials such as alcohol-based hand antiseptics / disinfectants available in staff rest and social areas?		
6	Are health checks performed in personnel recruitment?		

D. ARRANGEMENTS IN GENERAL AREAS

a) Bedrooms

	DESCRIPTION	YES	NO
1	Are the water heaters, television and air conditioning controls in the rooms dis-infected when every guest leaves the hotel?		
2	Is an arrangement made for the use of disposable materials (shampoo, soap, shower cap, glasses, plates, cutlery etc.) in the rooms?		

b) Kitchens

	DESCRIPTION	YES	NO
1	Do the kitchens have a cleaning protocol prepared by the hotel management?		
2	Are the applications carried out according to the cleaning protocol prepared for the kitchens recorded?		
3	Are the records taken according to the cleaning protocol prepared for the kitchens verified?		
4	Are actions taken when necessary regarding cleaning verification activities?		
5	Are the food safety requirements to be applied based on food entrance ac-ceptance, preparation, processing and service-delivery process steps defined?		
6	Are the monitoring activities described under food safety recorded?		
7	Are the monitoring activities described under food safety verified by competent personnel?		
8	Are actions taken when necessary regarding food safety verification activities?		
9	Are all foods stored in kitchens with clean, food-grade equipment and as covered?		

10	Is the layout in the existing storage areas in the kitchens made taking into account product groups and risks?		
11	Are temperature and humidity measurements when necessary made in the existing storage areas in kitchens and recorded?		
12	Are the recorded temperature and humidity measurements verified by qualified personnel?		
13	Is the periodic calibration or verification process applied to the equipment used during the measurements carried out in the kitchens?		
14	Are there any items that pose a physical risk such as thumbtack, pin, staples, broken glass etc. available in the kitchens?		
15	Are enough replicate samples taken every day?		
16	Is the label information of replicate samples available?		
17	Are the trash cans and etc. that are solid and can be kept as covered available in the required areas in the kitchens?		
18	Is there a protection against frangible materials in the kitchens?		
19	Are all waste generated in kitchens properly disposed of?		
20	Does staff working in kitchens wear jewelry, rings or any accessories?		
21	Are entrances of staff working in the kitchens to kitchens under control in the kitchen? (Use of Work Wear and Hygiene Equipment)		
22	Are the non-staff entrances to the kitchens under control?		
23	Is there any separation of dirty and clean equipment in the dishwashing areas in the kitchens?		
24	Are the areas such as the shelves and etc. where the equipment used in the kitchens are placed clean and suitable?		
25	Is there any specific area for raw materials / products to be returned / disposed in the kitchens?		

26	Are there any remains such as food / detergent etc. in the washed equipment?		
27	Are cleaning chemicals and equipment placed separately?		
28	Does the water used in food production meet the conditions specified in the "Regulation on Water for Human Consumption"?		

c) Food & Beverage Units

	DESCRIPTION	YES	NO
1	Is there a minimum distance of 1.5 meters between tables and 60 cm between chairs?		
2	Are service equipment regularly cleaned before and after service in food & beverage areas?		
3	Are common tea / coffee machines, dispensers, beverage machines and similar devices removed or have any arrangements been made to deliver drinks from these devices through a staff member?		
4	Is the cleaning of dining tables and furniture, tabletop equipment (except disposable ones) made with alcohol-based products after each customer use?		
5	Are disposable salt shakers, pepper shakers and napkins on the table?		
6	If the "Open Buffet" continues, is there a glass visor for the food in the buffet not to be taken by the guests and not to contact with the food? Is it ensured that the food requested is given by the staff to the guest within the precautions?		
7	Do the materials such as alcohol-based hand sanitizer / disinfectant etc. exist in areas accessible to guests and staff?		

d) Swimming Pools and Beaches

	DESCRIPTION	YES	NO
1	Is chlorine level in pool water kept between 1-3 ppm in outdoor pools and between 1 - 1.5 ppm in indoor pools? Is it periodically recorded?		

2	Are chlorine levels measured periodically recorded and verified?		
3	Are there any actions to be taken if there is any determination other than accepted ranges based on verification of chlorine level records?		
4	Are the cleaning and disinfection activities envisaged for toilets, showers and changing cabins around the pool and beach recorded?		
5	Are additional actions taken when necessary, based on the verification of the cleaning records carried out around the pool and beach?		

e) Fitness Centers & SPA

	DESCRIPTION	YES	NO
1	Is there any regulation for the cleaning of the areas such as sauna, Turkish bath, steam bath for cleaning the area for at least 15 minutes after limiting the duration of use by the guest for a maximum of 30 minutes?		
2	Is there any arrangement made for restriction on the number of people in the centers and the entrance and exit times?		
3	Are the guests using the related areas registered?		
4	Are there any hand antiseptics or disinfectants in the related areas?		
5	Is proper air quality provided in the SPA, is humidity controlled?		
6	Is it ensured that the materials used in the related areas (washing gloves, soap, shower gel, shampoo etc.) are disposable as much as possible?		

f) Animation Centers

	DESCRIPTION	YES	NO
1	Is capacity warning made in the animation program?		

2	Are alcohol based hand antiseptics / disinfectants available at the entrance to the areas or in the activity areas?		

E. SECURITY

	DESCRIPTION	YES	NO
1	Are the processes of the security department coordinated with other departments of the hotel?		
2	In order to minimize the manual security control of guests other than x-ray device, if it is required to be controlled manually, are the processes determined for using the mask, disposable gloves for each control, for using face protective equipment and then washing or cleaning hands?		
3	Have the existing evacuation, emergency plans and risk management processes been reorganized considering the pandemic?		

F. HOTEL VEHICLES

	DESCRIPTION	YES	NO
1	Are all passengers using masks in the vehicle?		
2	Are there alcohol-based hand antiseptics / disinfectants, cologne and enough masks for passengers in the vehicles?		
3	Is cleaning of frequently contacted surfaces such as seat, door handle, and hand grip of the vehicles made before each service?		
4	If valet service is provided, have the necessary measures been taken regarding employee and guest safety?		

G. STAFF ACCOMMODATION UNITS AND LODGINGS

	DESCRIPTION	YES	NO
1	Have regulations and precautions been taken in order not to accept visitors, relatives, friends from outside to Personnel Accommodation Units and Lodging?		

2	Have measures and other hygiene measures been taken to protect social distance in the personnel transfers in Personnel Accommodation Units and Lodging?		

H. WASTE MANAGEMENT

	DESCRIPTION	YES	NO
1	Have staff been appointed by the hotel management to follow up on the entire process of waste management?		
2	Is "Waste Management" implemented and recorded according to the protocol prepared by the hotel management?		
3	Are the records taken under Waste Management verified by competent personnel?		
4	Do personnel use personal protective equipment (disposable gloves and gowns, surgical masks) during work?		
5	Are trash cans and other cleaning equipment periodically cleaned?		
6	Are medical and household wastes properly collected and separated and disposed of regularly by the Municipality or Licensed institutions?		
7	Is necessary cleaning and disinfection done periodically in the garbage rooms?		
8	Have alcohol-based hand sanitizer / disinfectant, disposable wipes and special garbage bags for wastes been provided to the security officers to be used after their actions (giving and taking identity cards etc.)?		

I. INSECT CONTROL

	DESCRIPTION	YES	NO
1	Is insect control applied and recorded according to the protocol prepared by the hotel management?		
2	Are insect control practices confirmed by competent personnel and are actions taken when necessary?		
3	Has the responsible personnel been determined in the insect control?		

4	Do the personnel use personal protective equipment (disposable gloves, surgical mask, bone, face / eye protective visor, boots, overalls) during the implementation?		
5	Are there an Enterprise Insect Control Plan, Certificates of Authorized Service, MSDS's, Official Documents (Responsible Manager, Service Adequacy etc.), Service Contract, and Insurances belonging to the service provider in the file for insect control?		
6	Are waste water channels (drains) easy to clean, arranged to prevent the entry of harmful insects (pest, rodent, etc.), dirty smell and return of waste liquids?		

J- PURCHASING, ACCEPTANCE AND STORAGE

	DESCRIPTION	YES	NO
1	Is the entire process to be followed regarding the Purchasing, Acceptance and Storage activities of the enterprise implemented according to the protocol prepared by the hotel management, is it monitored and recorded by the relevant manager?		
2	Are the records taken during the Purchasing, Acceptance and Storage activities verified?		
3	Are actions taken when necessary regarding the Purchasing, Acceptance and Storage activities?		
4	Do the employees working in this department use personal protective equipment?		
5	Have measures been taken to ensure that people such as suppliers who enter the procurement and production of food products within the hotel temporarily, maintenance staff, drivers who bring goods, etc. do not make contact with the employees of the business, to carry out their operations by protecting the social distance rule and using protective equipment?		
6	Have the necessary precautions been taken to ensure minimum human contact with the goods in the process from the arrival of the purchased goods from the supplier to the warehouse?		
7	Are purchases made by the purchasing unit primarily preferred from suitable products and packaged products from licensed suppliers?		

K- EMERGENCY AND ISOLATION

	DESCRIPTION	YES	NO
1	Are the protocols to be implemented and people and institutions to be reached determined in case of emergencies and in case of detection of a patient, symptom or suspect (including epidemic diseases crisis management requirements)?		
2	Is the information of the people and institutions to be reached for emergencies shared in necessary places and channels?		
3	If the guests show any signs of illness (coughing, weakness, high fever, etc.) at the entrance or during their stay, do personnel have information about the response plan?		
4	Are the isolation areas determined in the hotel in emergency situations?		
5	Are the immediate cleaning conditions determined after the use and evacuation of the isolation areas?		
6	Are the cleaning practices described about the insulation areas recorded and verified?		
7	Is action taken when necessary in accordance with the cleaning verifications performed in the isolation areas?		
8	When employees are suspected of Covid-19 or show signs of illness, is the situation reported to the manager of the workplace?		
9	Is the Ministry of Health ALO 184 Coronavirus Hotline and Provincial Directorate of Agriculture and Forestry informed about employees with symptoms associated with Covid-19 (fever, cough and / or shortness of breath) or positive Covid-19 test?		
10	Is it possible to put all textile materials such as linens, bed sheets, and towels in the room of the guest, who is diagnosed with Covid-19, in separate bags and make them washed as being separately from other materials by sending them to laundry or laundry service provider outside the hotel?		

GLOBAL PROTOCOLS

Consolidated by Wish International Events Management and our global partners

Czech Republic - Prague

Events Up to 300 People Allowed From May 25 (https://www.praguemorning.cz/events-up-to-300-people-allowed-from-may-25/)

BY PRAGUE MORNING (HTTPS://WWW.PRAGUEMORNING.CZ/AUTHOR/ADMIN_PM/)
MAY 15, 2020

Group events indoors and outdoors will be allowed for a maximum of 300 people from 25 May.

If the epidemic remains under control, the capacity will increase to 500 people from June 8 and to 1,000 from June 22, said Health Minister Adam Vojtech. However, it will be necessary to keep a safe distance.

- From 25 May, visits to hospitals and nursing homes will also be allowed.
- Inside the restaurant, the staff will have to wear a face mask and guests can take it off only while eating and drinking
- Establishments have to remain closed between 23:00 and 06:00. During this time, they can only operate through a window.
- In swimming pools, people will have to wear face masks – they will not be necessary only in water or on a lounger or towel.

- From 25 May, citizens will be able to visit the interiors of state castles and chateaux as well as zoos.
- Face masks, on the other hand, will not be mandatory outdoors, while maintaining a safe distance.

“We still do not underestimate the situation,” said Rastislav Maďar. “The virus is still here and that is why people should follow the rules. Wear the face mask, and keep a safe distance when possible” he added.

The Czech Republic had 8,352 confirmed cases of coronavirus infection by Friday morning. So far 5,249 people have recovered and 293 people have died.

Germany

Re-opening plans

TUI and DER Touristik present hygiene concepts

by Paul Needham

TUI's 10-point hygiene plan will be implemented in the 400 properties of its own hotels such as TUI Blue Nam Hoi An in Vietnam.

Europe's two biggest tour operator groups, TUI and DER Touristik, want hotels to introduce social distancing measures and improve hygiene standards, including by scrapping buffet catering, in order to operate safely once anti-coronavirus travel restrictions are lifted.

The two German groups have each presented their concepts for how their own properties as well as partner hotels can operate safely and hygienically in future to combat any spread of the coronavirus. Key measures include intensive cleaning, social distancing between staff and guests, virtually no food buffets and fewer entertainment or sports activities.

"Customer surveys clearly indicate that safety and hygiene will be of paramount importance for holidaymakers after the lockdown," explained Sebastian Ebel, TUI's board member responsible for Holiday Experiences. "With our group-wide, integrated health and safety management system, we can ensure that our hotels meet guests' high expectations and offer the best possible protection against infections during these unusual times."

TUI's 10-point plan, with a set of measures and standards, will be implemented in the 400 properties of its own brands such as TUI Blue, Robinson and TUI Magic Life and made available to joint venture and hotel partners. Here is the plan in detail:

Hotel organisation

- 1) **Online check-in**: Holidaymakers can make check-in contactless at many hotels by checking in online via the hotel's website or via their smartphone.
- 2) **Distance rule**: In public areas such as in the restaurants, corridors or gyms, all employees are required to keep a distance of 1.5 to two metres between them and the guests. For example, tables in restaurants will only be cleaned when guests have vacated them.
- 3) **Personnel planning**: Staff will work together in fixed teams in order to reconstruct possible infection chains.

Capacity adjustment

- 4) **Restaurant**: To limit the number of guests in restaurants capacities will be significantly reduced. Tables will be set up at a minimum distance of 1.5 metres apart.
- 5) **Extension of opening hours**: In order to provide sufficient space for all guests, the opening hours of restaurants and other hotel facilities will be extended.
- 6) **Entertainment and activities**: Only events, sports and entertainments involving a small number of participants and without close contact will be made available. The spa offer will be adapted and childcare will be organised according to new standards.

Hygiene and disinfection

- 7) **Expansion of disinfectant dispensers**: The number of dispensers will be significantly increased so that guests and employees can disinfect their hands at all important contact points.
- 8) **Room cleaning**: all rooms will be thoroughly 'deep cleaned' before the arrival and after the departure of all guests.

- 9) **Restriction of self-service**: Self-service offers such as buffets will be reduced to a minimum. Wherever possible, food and beverages will be served to guests by staff wearing protective masks.

Extensive training programme

- 10) **Training by independent auditors**: TUI will train all employees in its own hotels. There will be a comprehensive independent training and inspection programme for partner hotels.

Similar measures om DER Touristik

For its part, DER Touristik is preparing to relaunch its travel programme, including with adapted rules for distance and hygiene throughout the entire trip. This includes a concept developed by its hotels unit DER Touristik Hotels & Resorts (DTHR) together with international experts for employees, guests and partners of its own hotel brands Sentido, LTI, Calimera, Primasol, Cooee and Playitas.

Besides upgraded disinfectant plans, the concept also recommends spatial adjustments in hotel communal areas. For example, distances between seating areas are to be increased and, where necessary, receptions will be equipped with protective barriers made of plexiglass. In the restaurant areas, instead of buffets, alternative forms of catering are recommended in order to comply with the adapted rules on distance and hygiene. One hotel employee would be responsible for monitoring implementation of the new standards.

“We are conscious of our responsibility for relaunching the extensive value chain of tourist hotels, with their guests, employees and partners, and want to use this awareness raising document to ensure that the relaunch for our hotels takes place as quickly and seamlessly as possible,” explained Christian Grage, Managing Director of DER Touristik Hotels & Resorts.

Themen

Ireland

Overview of Reopening Phases
Commencing May 18th

Coronavirus **COVID-19** National Programme

	1 (Commencing 18th May)	2	3	4	5
Community Health	5km travel limit. Avoid unnecessary journeys. Small groups meet outdoors.	5km to 20km. Avoid unnecessary journeys. Retail hours and visits for cocooners. Short home visits in small groups Easing of funeral restrictions.	5km to 20km. Avoid unnecessary journeys.	Travel beyond home area Short but slightly larger home visits. Small social gatherings (e.g. small weddings, baptisms).	Travel beyond home area Some larger social gatherings (e.g. weddings).
Education & Childcare	Childcare for essential healthcare workers. Opening of schools and colleges for teachers.	Childcare for essential healthcare workers. Opening of schools and colleges for teachers.	Phased opening of crèches and pre-schools for children of essential workers.	Phased opening of crèches, childminders and pre-schools for all.	Schools, 3rd level and adult education centres opening on a phased basis for 2020/21 academic year.
Economic Activity & Work	Phased return of outdoor workers Remote working continues for all that can do so.	Limited return to onsite working subject to compliance capability Remote working continues for all that can do so.	Return to low-interaction work. Remote working continues for all that can do so.	Return to work where employees cannot remote work. Staggered hours. Remote working continues for all that can do so.	Phased return to work across all sectors. Remote working continues for all that can do so.
Retail, Services & Commercial Activity	Retail that is mainly outdoor + homeware, opticians, motor, bicycle & repair, office products, electrical, IT, phone sales & repair open. All subject to social distancing.	Small retail outlets with control of numbers open. Marts open. All subject to social distancing.	Open non-essential retail outlets with street level access.	Gradual easing of restrictions on higher-risk services. e.g. Barbers and hairdressers	Further easing of restrictions higher-risk services. e.g. shopping centres, tattoo, piercing.
Cultural & Social	Open outdoor public amenities, incl. pitches, tennis courts and golf courses. tourism sites, beaches and walks. Outdoor sporting and fitness activities, in groups max. four people, resume All subject to social distancing.	Open public libraries. Small group team sports training (not matches) resume. All subject to social distancing.	Open playgrounds. / Behind closed doors sporting activities. Open cafés and restaurants providing on-premises food & beverages—all subject to social distancing and strict cleaning protocols	Museums, galleries and places of worship re-open. Sports and team leagues (e.g. Soccer & GAA) and swimming pools. All subject to social distancing.	Pubs, bars, nightclubs, theatres, cinemas and casinos. Close physical contact sports. Open gyms, exercise, dance studios and other indoor and outdoor festivals, events and mass gatherings.
Transport & Travel	Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.	Numbers restricted and monitored. Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.	Travel restrictions on numbers travelling to and in major urban centres. Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.	Gradually decrease restrictions in major urban centres. Hotels etc. on a limited occupancy basis re-open. Bars remain closed. Social distancing and hygiene measures continue. Specific measures at ports and airports.	Resume tourist travel to offshore islands. Social distancing and hygiene measures continue for public and private transport as passengers increase. Specific measures at ports and airports.

Criteria for progressing from one phase to the next are:

- **Progress of disease**
- **Testing and contact tracing**
- **Secondary morbidity and mortality**
- **Healthcare capacity/resilience**
- **Shielding at-risk groups**

The details of this phased re-opening of our country are now available on **gov.ie**
Please stay the course, and please continue to save lives by staying apart.

Supported by the Government of Ireland.

Rialtas na hÉireann
Government of Ireland

Rialtas na hÉireann
Government of Ireland

Roadmap for Reopening Society & Business

INTRODUCTION

Not for generations has Ireland been faced with a health threat as serious as COVID-19 and the daily life of every single person has been changed. In the early weeks, as this pandemic was emerging, Government and our health and social care service monitored the evolving global situation, deployed our plans and started to prepare for the disease's likely impact in Ireland. At the same time, businesses, organisations, communities, families and each of us individually were becoming informed, changing our individual and collective behaviours so that we would know what to do, and do the right things as COVID-19 found its way closer.

Within a very short few weeks after the first cases of COVID-19 were reported in Ireland at the end of February 2020, as with other EU countries, it became necessary to take unprecedented steps to control the disease. A tiered approach of public health social distancing measures was first advised by An Taoiseach on 12 March, and these measures were further strengthened on 24 March and again on 27 March, extended to 5 May to continue to suppress transmission of the virus.

We have been working with a range of Departments and stakeholders to draw up a roadmap for modifying restrictions imposed to combat the COVID-19 pandemic. This Roadmap includes:-

1. A sequence of actions to re-open the economy and society
2. A decision-making framework for Government
3. A process for engaging with unions, employers and other representative groups to build a co-operative approach to re-opening workplaces and other facilities
4. An updated economic policy response
5. Updated response on other pressing societal concerns
6. Travel and international co-operation

The Roadmap is guided by a number of over-riding principles. That is, an approach which is:-

Safe –informed and guided by a public health assessment of risk

Rational - includes consideration of the social and economic benefits and impacts of any modifications of restrictions and their feasibility

Evidence-informed – uses all of the data and research available to us to guide thinking

Fair – Ethical and respects human dignity, autonomy and supports equality

Open and transparent – decisions are clear, well communicated and subject to the necessary checks and balances

Whole of Society - based on the concept of solidarity and supporting cohesion as we exit over time

SEQUENCE OF ACTIONS TO RE-OPEN THE ECONOMY AND SOCIETY

Public health should always be clearly and transparently provided as part of the decision-making process to inform Government on the slow unwinding of the restrictions. It will be a risk-based approach, considering risk both from the perspective of protecting those most vulnerable to infection as well as protecting against causes, situations, circumstances, and behaviours that may lead to risk of spread of disease.

The role of the National Public Health Emergency Team in assessing the public health risk has been critical and will continue to guide Government while we are living with this Pandemic. The Report of the NPHET is published in full as an accompanying document to this Roadmap. That Report outlines 5 phases and the triggers which will allow us to progress from one phase to the next.

The Government accepts the recommendations of NPHET and the overall framework provided. The triggers and framework for a phased reduction of restrictions are reproduced here.

Based on a 3 week review process, the current phases would commence on the following dates:	
Phase 1	18th May
Phase 2	8th June
Phase 3	29th June
Phase 4	20th July
Phase 5	10th August

Public Health Framework Approach to advising Government regarding reduction of measures

Approach: public health evidence-led and risk-based

- **public health-led** and **grounded in evidence**, **guidance & advice** of ECDC, WHO and EU, as well as experience and learning from similar countries
- **risk-based** to protect those most vulnerable to infection and to minimise the risk of spread of disease
- **proportionate**, practical, feasible and acceptable, balancing public health risk with hierarchy of **benefits** in terms of overall population health & wellbeing, adherence, public sentiment, social & economic considerations.

Key principles: communicating openly and acting together

- **Clear consistent sustained accessible communication** with public from **trusted sources** outlining benefits associated with all stages of phased reductions
- **Support** desired behavioural change through communication and education
- Maintain **solidarity, mental wellbeing and resilience**
- Continue to maintain **openness**, **transparency** and **confidence** in public health advice
- **Update, tailor and adapt advice**, based on data & evolving disease situation
- Tailor key messages for **target groups**, such as, vulnerable groups & health workers
- Reinforce underpinning **ethical approach** of solidarity and caring for community, minimising harm, fairness, privacy, duty to provide care, proportionality

Core concepts for us all:

What we can each do:

- Maintain handwashing & respiratory hygiene
- Keep 2m distance from other people
- Be hyper-alert to, and isolate if we have symptoms, including flu-like symptoms
- Reduce close contacts and duration of contact with people outside our households (have a micro-community)
- Access advice and supports for mental wellbeing and resilience

What we can do together:

- Follow public health advice
- Keep informed about disease in Ireland
- Support vulnerable people and maintain solidarity in your community
- Support healthcare workers and health service
- Accept that measures can only be lifted in slow stepwise manner and may need to be reintroduced if rate of infection increases

Principles of Approach to reducing measures

- **No assurance that it is safe to reduce social distancing measures** and stricter measures will have to be reintroduced if there is strong upsurge of infection
- Measures will be reduced in a **slow, gradual, stepwise** manner over 5 broad phases with **3 weeks** between each phase.
- Reduction of measures will be **robustly and continuously monitored** in terms of adherence and effect
- Ideally a '**whole-of-country approach**, but potentially a differentiated geographical approach depending on circumstances, e.g. urban/rural
- Approaches to reducing measures will evolve as information becomes available and in line with **international learning and experience,** especially countries ahead in terms of their outbreak
- Reducing measures **critically dependent** on health service's ability to:
  - find new cases by consistently **testing and contact tracing**, and utilise **robust information** on disease, system capacity and performance,
  - implement mechanisms to **protect 'at risk' groups** particularly, from outbreaks.

Disease indicators

1. Trajectory in incidence of disease
2. Trajectory in number of cases and clusters in residential healthcare settings
3. Trajectory in number of deaths
4. Hospitalisation and ICU occupancy
5. Programme to consistently sample, test and contact trace.

* and other criteria as may arise in the future.

Monitoring the Disease & reduction of measures

- **Essential Health data sources:** epidemiological data & modelling; incidence of outbreaks in residential settings; testing and contact tracing; health service capacity & performance (incl. ICU beds, hospital, access to essential products, PPE, masks)
- **Non-health information sources:** transportation data;data and information on mobility and congregation; other sources

Alternative and evolving regulatory approach

- Travel and distance restrictions currently in place will change over time
- New requirements will be developed in relation to premises, transport, and business compliance
- Existing regulatory approaches will be examined and structures put in place to support organisations in meeting new requirements

Guide to the NPHET public health framework approach to reducing public health social distancing measures

The National Public Health Emergency Team's (NPHET) Public Health Framework is a living document and will be subject to regular review in the context of the progression or suppression of the disease in Ireland at different points in time; new guidance and evidence which emanate from the research, experience and findings of international bodies and of other countries.

This framework approach contains a range of indicative measures set out under a number of different headings (categories) and across a number of potential phases. Over the coming period, as NPHET monitors the progress of the disease, these are intended to provide the NPHET with a flexible menu of possible options to consider, in providing public health advice to Government regarding the adjustment of social distancing measures.

- Under each heading, a number of phases are set out. These are broadly considered to be sequential under each heading. However, the categories can be read independently of each other (for example a middle phase Education measure might be started before a middle phase Social / Recreational measure, depending on the circumstances at the time).
- Recommendations to action a measure under one phase does not mean that all other measures in the same phase under that heading will necessarily be recommended for activation. The framework is intended to be applied flexibly, so that it would be open to the NPHET, at any point in time, to recommend measures from later phases depending on the prevailing circumstances.

Ongoing two-way communication with the public will be essential to ensure that–

- the public are informed of the changes in restrictions as approved by Government, and the social distancing and other measures that are in place at each phase;
- there is clear and coherent information about the public health rationale and an explanation of changes made by Government, with a view to encouraging adherence with measures;
- feedback mechanisms are in place to better understand the measures which work most effectively, areas of challenge, opportunities to innovate in protecting the safety of people while progressing towards a return to economic and social life.

The purpose of this public health framework approach is to inform a slow, gradual, step-wise and incremental reduction of the current public health social distancing measures, in a risk-based, fair and proportionate way with a view to effectively suppressing the spread of COVID-19 disease while enabling the gradual return of social and economic activity.

This framework also acknowledges that there are other important considerations regarding the reduction of measures that Government will have, such as social and economic considerations, adherence, public sentiment, acceptability, feasibility, overall population health & wellbeing and others.

1. Community Health Measures					
Phases	**1**	**2**	**3**	**4**	**5**
Wearing of face coverings in community	• Based on Guidance				
'Stay at home' restriction	• Continue to avoid unnecessary journeys	• Extend restriction to within 20km of your home • Continue to avoid unnecessary journeys	• Maintain restriction to within 20km of your home • Continue to avoid unnecessary journeys	• Extend travel to outside your region	
Cocooning		• Designate specific retail hours coordinated across all retailers for over 70s and medically vulnerable, with strict social distancing; provision of gloves, ideally wearing face coverings • Visits to homes of over 70s and medically vulnerable by no more than a small number of persons for a short period of time wearing gloves, face coverings, maintaining strict 2m social distancing			
Small groups outdoors	• Up to four people not of same household to meet outdoors while maintaining strict social distancing				
Social visits	• Continue to avoid non-essential social visiting	• Up to four people may visit another household for a short period of time while maintaining strict social distancing		• Slightly larger number of people may visit another household for a short period of time while maintaining social distancing	
Family-type social gatherings	• Continue current restrictions on attendance at funerals to a maximum of ten people and only members of the household, close family or close friends if the deceased has no household or family members	• Slightly larger number of people in attendance at funerals but still restricted to immediate family and close friends and limited to a maximum number of mourners for a limited period of time where social distancing can be maintained		• Small social gatherings by family and close friends limited to a maximum number of attendees for a limited period of time where social distancing can be maintained (e.g. small weddings, baptisms)	• Large social gatherings (e.g. large weddings to be restricted due to risk)
Other (non-commercial) social events				Small social (non-family) gatherings limited to a maximum number of participants for a limited period of time where social distancing can be maintained	• Large social (non-family) gatherings restricted due to risk
Household **contacts** of					• Continue to restrict all household contact of suspect cases (awaiting

1. Community Health Measures					
Phases	**1**	**2**	**3**	**4**	**5**
suspect cases					test results or 14 days isolation)

Public health rationale:

Social distancing measures have succeeded in reducing the transmission of COVID-19. Continuing to limit the number and duration of contacts is important in any measure reduction.

As the stringency of physical distancing measures is reduced, members of the public should be encouraged to carefully consider with whom they come into contact; consistently meeting with the same colleagues and small group of friends will lead to lower rates of transmission than meeting with a diverse and changing group. The promotion of 'micro-communities' will allow for work to be conducted and for social interaction to promote wellbeing, while still limiting the spread of infection[1].

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[2].

The continued protection of people aged over 70 and those with underlying health conditions is in line with recommendations of WHO, ECDC and EU Commission which all recognise the importance of protecting the vulnerable populations.

International and national evidence shows that those over 70 years and people with specific underlying health conditions are groups with an elevated risk for COVID-19. On this basis it is recommended that the cocooning measures for the over 70s and for those in at risk groups be continued[3,4].

ECDC and WHO, on basis of increasing evidence that infected persons with mild or no symptoms can contribute to spread of COVID-19, advise that public wearing of face coverings may reduce spread of infection by the wearer.

[1] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – Ninth update 23 April 2020
[2] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020
[3] WHO Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance, 16 April 2020
[4] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – Ninth Update 23 April 2020

2. Education & Childcare Measures					
Phases	**1**	**2**	**3**	**4**	**5**
Education & Childcare	• DCYA-supported in-reach service where registered childcare workers provide support in an essential healthcare worker's home		• Opening of crèches, childminders and pre-schools for children of essential workers in phased manner with social distancing and other requirements applying	• Opening of crèches, childminders and pre-schools for children of all other workers on a gradually increasing phased basis (e.g. one day per week) and slowly increasing thereafter	
	• Opening of school and college buildings for access by teachers for organisation and distribution of remote learning				• Commence opening on phased basis at the beginning of the academic year 2020/21: • Primary and secondary schools • Universities, 3rd level education centres and adult education centres
Public health rationale: The introduction of the above on a phased and stepwise basis allows for arrangements to be put in place for the control of population density onsite in childcare/pre-school and education facilities at junior levels to facilitate social distancing and reduce risk of transmission of the disease. *It appears that COVID-19 infections are less frequently observed in children[5] and that child-to-adult transmission appears to be uncommon[6].* *The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[7].*					

[5] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – ninth update 23 April 2020
[6] ECDC Rapid Risk Assessment Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – ninth update 23 April 2020
[7] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

3. Health & Social Care Services Measures					
Phases	**1**	**2**	**3**	**4**	**5**
a) Increasing delivery of "non-COVID-19" care and services alongside COVID-19-care	Across phases 1 and 2 increase delivery of non-COVID-19 care and services alongside COVID-19 care to meet demand through: • Capacity planning for ongoing delivery of COVID-19 and non-COVID-19 care and services side by side, utilising modelling capability to assist in predicting demand for: primary, acute (including ICU), community, social care, mental health, disabilities and other services along the continuum of care. • Implement measures to ensure safe delivery of COVID-19 and non-COVID-19 care and services side by side. • Continue to deliver care and services in new ways (e.g. through telephone, online, virtual clinics etc) and new models of care to meet demand and to alleviate concerns of patients, service users and healthcare workers. • Communication campaign with public to: - encourage people to present for care when they need it, - advise of health and social care services initiatives to reduce risk of contracting COVID-19, and - what to expect in regard to non-COVID-19 care access. • Implement activities to mitigate risk in the provision of care and services (in addition to social distancing. measures) such as the use of masks, personal protective equipment, testing and other measures that may emerge over time. • Continue to support the mental health and wellbeing initiatives directed to meeting the diverse mental health and resilience needs of the public during these times. • Continue to maintain mechanisms to provide community support to those in vulnerable groups.			
b) Visiting			• Commence a phased approach to visiting at hospital / residential healthcare centre / other residential settings / prisons etc., bearing in mind the particular features of types of settings and each individual centre, also considering personal protective equipment availability and other protections.		• Return to normal visiting for hospital / residential healthcare centre / other residential settings / prisons

Public health rationale:

The full resumption of the Health Services is contingent on the demands placed on it by the transmission of COVID-19. The WHO recently highlighted the importance of taking a dual approach i.e. balancing COVID-19 care with health service recovery.

Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice. Continuation of primary health care services is essential. Where possible, the use of technological solutions such as telemedicine to monitor patients and remote consultations should be considered, to minimize risk to patients. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse…. Establishing effective patient flow (through screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.[8]

[8] WHO COVID Strategy Update: 14 April 2020

4. Economic Activity (Work)					
Phases	**1**	**2**	**3**	**4**	**5**
Economic Activity **(Work)** (applying over and above currently permitted work arrange-ments)	Applying a risk-based approach: • Permit phased return of outdoor workers (e.g. construction workers, gardeners, including people working on allotments). Social distancing requirements continue to apply. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based approach: • Permit phased return of workers, such as solitary and other workers that, due to nature of work, can maintain 2m distance constantly. Social distancing requirements continue to apply. • Continue to maintain remote working for all workers / businesses that can do so. Organisations to develop plans for return to onsite working by employees in light of COVID-19 considering: • Social distancing compliance • Hygiene and cleaning • Compliance in higher risk situations • plans for medically vulnerable / pregnant etc • extended opening hours to enable social distancing. State to develop mechanism for supporting, advising on, assessing, regulating planning for return to onsite working by organisations.	Applying a risk-based approach: • Organisations where employees have low levels of daily interaction with people and where social distancing can be maintained. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based return to onsite working: • Organisations where employees cannot remote work to be considered first for return to onsite working arrangements. • Depending on business, shift work, staggered hours etc should be operated to increase % of workforce available for work in any 24-hour period, as long as they can limit the number of workers interacting with each other. • Continue to maintain remote working for all workers / businesses that can do so.	Applying a risk-based return to onsite working applicable fairly across all sectors: • Phased "return to onsite working" arrangement • 'Higher risk' organisations which by their nature cannot easily maintain social distancing implement plans for how they can eventually progress towards onsite return of full staff complement.

Public health rationale:

Public health risk is lower in workplaces where adequate arrangements are made to limit population density in order to facilitate social distancing and limit person to person contact and the time spent in contact.

The re-start of the economic activity should be phased in, thus ensuring that authorities and businesses can adequately adjust to increasing activities in safe way recognising the interdependency between public health and wellbeing and economic activity. There are several models (jobs suitable for teleworking, economic importance, shifts of workers etc.) but not all the population should go back to the workplace at the same time, with an initial focus on less endangered groups and sectors that are essential to facilitate economic activity (e.g. transport)[9].

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[10].

[9] EU Commission – European Roadmap towards lifting COVID-19 containment measures 14 April 2020
[10] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

5. Retail, Personal Services and Commercial Activities					
Phases	**1**	**2**	**3**	**4**	**5**
Commercial Activity **(Retail)** (applying over and above currently permitted retail arrange-ments)	Applying a risk-based approach: • Open retail outlets that are primarily outdoor (e.g. garden centres, hardware stores, farmers markets) • Open retail outlets that were open in Tier 2 (e.g. homeware, opticians, motor, bicycle & repair, office products, electrical, IT, phone sales & repair etc.) Retailers to develop plan for safe operation and protection of staff and customers considering: • Social distancing compliance • Hygiene and cleaning • Compliance in higher risk situations • Extended opening hours to enable social distancing	Applying a risk-based approach: • Small retail outlets with small number of staff on basis that the retailer can control number of individuals that staff and customers interact with at any one time • Open marts where social distancing can be maintained	Applying a risk-based approach: • Phase in opening of all other non-essential retail outlets on basis of restriction on the number of staff and customers per square metre so that social distancing can be maintained. To be limited to retail outlets with street-level entrance and exit i.e. which are not in enclosed shopping centres due to higher risk.	Applying a risk-based approach: • Commence loosening restrictions on higher risk services involving direct physical contact for periods of time between people and for which there is a population-wide demand (e.g. hairdressers, barbers).	• Opening of enclosed shopping centres where social distancing can be maintained. • Further loosening of restrictions on services involving direct physical contact for periods of time between people for which there is not a population-wide demand (e.g. tattoo, piercing) for later phases due to risk.

Public health rationale:

Ease restrictions in such a way as to protect the ability to maintain social distancing prerequisite for and between customers and staff, thereby limiting the transmission rate and protect the capacity of the health system to cope with the inevitable increase in disease.

Retail outlets that are small in size with low staff numbers may be well placed to limit and control the number of customers that their staff interacts with on a daily basis thus reducing risk.

There is a higher risk associated with the spread of the infection associated with person to person contact e.g. hairdressers, beauticians etc.

Control of the population density is more difficult in outlets which are designed for the congregation of people e.g. indoor shopping centres / malls thereby facilitating person to person transmission.

A review of the progression of the disease within and between each stage is required.

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact.[11]
Some measures could be lifted first where population density or individual density is lower or where access control is achievable (…..small stores versus shopping malls)[12].
Commercial activity (retail) with possible gradation (e.g. maximum number of people allowed, etc.)[13].

[11] OECD: Flattening the COVID-19 peak: Containment and mitigation policies: Updated 24 March 2020
[12] WHO Considerations in adjusting public health and social measures in the context of COVID-19: 16 April 2020
[13] EU Commission – European Roadmap towards lifting COVID-19 containment measures: 14 April 2020

6. Cultural & Social Measures					
Phases	**1**	**2**	**3**	**4**	**5**
a) **Culture & religious**	• Open outdoor public amenities and tourism sites (e.g. carparks, beaches, mountain walks etc) where people are non-stationary and where social distancing can be maintained	• Open public libraries with numbers limited, social distancing observed and strict hand hygiene on entry	• Open playgrounds where social distancing and hygiene can be maintained	• Open museums, galleries, and other cultural outlets where people are non-stationary, social distancing can be maintained and strict hand hygiene on entry • Open religious and places of worship where social distancing can be maintained	• Open theatres and cinemas where social distancing can be maintained
b) **Sport**	• Open outdoor public sports amenities (e.g. pitches, tennis courts, golf courses etc) where social distancing can be maintained • Permit people to engage in outdoor sporting and fitness activities, either individually or in very small groups (maximum 4 people), where social distancing can be maintained and where there is no contact	• Permit people to engage in outdoor sporting and fitness activities, involving small group team sports training (but not matches) where social distancing can be maintained and where there is no contact	• Permit "behind closed doors" sporting activities events where arrangements are in place to enable participants to maintain social distancing	• Permit sports team leagues (e.g. soccer and GAA) but only where limitations are placed on the numbers of spectators and where social distancing can be maintained • Open public swimming pools where effective cleaning can be carried out and social distancing can be maintained	• Permit close physical contact sports (rugby, boxing, wrestling) • Open gyms, exercise, dance studios and sports clubs, only where regular and effective cleaning can be carried out and social distancing can be maintained • Permit sports spectatorship which involve mass gatherings only in accordance with both indoor and outdoor numbers restrictions and where social distancing can be complied with
c) **Social / Recreational**			• Open cafés and restaurants providing on-premises food & beverages where they can comply with social distancing measures and strict cleaning in operation	• Opening of hotels, hostels, caravan parks, holiday parks for social and tourist activities initially on a limited occupancy basis (or number of people per square metre) and then increasing over time (and where social distancing is complied with). Hotel bars remain closed	• Indoor recreational venues (roller skating, bowling alley, bingo halls where numbers can be limited, cleaning can be maintained, restrictions where social distancing can be complied with. Open pubs, bars, nightclubs, casinos, where social distancing and strict cleaning can be complied with • Festivals, events and other social and cultural mass gatherings only in accordance with both indoor and outdoor numbers and where social distancing can be complied with.

Public health rationale :Recognises need to balance social distancing with physical, cultural and social needs, to support mental and physical health and wellbeing. The public health rationale is to lift restrictions in such a way as to protect the ability to maintain social distancing prerequisite, thereby limiting the transmission rate and protect the capacity of the health system to cope with the inevitable increase in disease. This will be done where the visiting population density can be minimised. Restrictions on sporting, entertainment, culinary and cultural sites to be relaxed on phased basis linked to ability to maintain social distance, with emphasis on sport and exercise in the initial and early phases, and social aspects in the later phases.

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact[14].

Social activity measures (restaurants, cafes, etc.), with possible gradation (restricted opening hours, maximum number of people allowed, etc.)[15]

[14] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020:
[15] EU Commission – European Roadmap towards lifting COVID-19 containment measures, 14 April 2020

7. Transport & Travel Measures					
Phases	**1**	**2**	**3**	**4**	**5**
	Public health risks connected with travel include: • collective and time-bound nature of public transport; • numbers of vehicles (including private cars) travelling to specific destinations resulting in significant crowding at those locations and associated (e.g. urban areas, popular public amenities etc.) – which will require continued focus on social distancing and other hygiene requirements both while travelling and at destination • travel from areas of higher infection rate to areas of lower infection rate potentially increasing spread. • an ongoing requirement that people travelling in private transportation maintain social distancing and hygiene and compliance with other requirements when travelling and when at destinations				
a) Transport and travel (national)	• Public transport providers & Local Authorities to provide detailed data on traveller numbers to enable monitoring of movement as part of data feed on assessing impact of lifting of measures	Public transport providers- • actively restrict & monitor nos. travelling to ensure SD compliance • cleaning and timetables to be enhanced to ensure SD can be complied with	Consider implement travel restrictions on nos. travelling to and in major urban centres on weekdays and weekend days: • public transport providers to actively restrict & monitor nos. travelling to ensure SD compliance • restrictions to be implemented on nos. of private cars	Progressively decrease restrictions on numbers travelling in major urban centres- • on public transport and • in private cars	• Resume tourist travel to offshore islands by non-residents
Public health rationale Social distancing measures to limit social interaction and slow down the spread of the virus can be complemented by restriction on non-essential travel. Increasing the numbers of the population using public transport must be done in a way which continues to limit the amount of contact people have with each other and limits the amount of time spent in each other's company in order to reduce transmission of the disease. The continued cleaning, modification of timetables and the restriction of numbers will go some way to facilitating social distancing in conjunction with individual responsibility for hand hygiene, cough etiquette and physical distancing. *The gradual reintroduction of transport services should be adapted to the phasing out of travel restrictions and the phasing in of particular types of activities while taking account of the level of risk in the areas concerned. Lower-risk, individualised transport (e.g. private cars) should be allowed as soon as possible, while collective means of transport should be gradually phased in with necessary health-oriented measures (e.g. reducing the density of passengers in vehicles, higher service frequency, issuing personal protective equipment to transport personnel and/or passengers, using protective barriers, making sanitizing/disinfecting gel available at transport hubs and in vehicles, etc.)*[16] *The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact*[17]*.*				

THE FRAMEWORK FOR FUTURE DECISION-MAKING

The introduction of tiered social-distancing measures had wide-ranging and multi-dimensional policy impacts. The kinds of restrictive measures that have been taken go beyond what we might

[16] EU Commission – European Roadmap towards lifting COVID-19 containment measures 14 April 2020
[17] OECD: Flattening the COVID-19 peak: Containment and mitigation policies, Updated 24 March 2020

normally do. These were led by clear public health advice, grounded in guidance, evidence and experience from international organisations and other countries.

Government will make regular assessments of the possibility of modifying the existing restrictions. The Public Health Framework and process set out below are a means of assessing how we can keep the level of transmission as low as possible, while balancing continuing restrictions proportionately with the positive social and economic benefits which can accrue from the lifting of some restrictions.

The decision-making framework will be as follows:

1. Before each Government consideration of the easing of restrictions, the Department of Health will provide a report to the Government regarding the following on/off trigger criteria :
    a. The latest data regarding the progression of the disease
    b. The capacity and resilience of the health service in terms of hospital and ICU occupancy
    c. The capacity of the programme of sampling, testing and contact tracing
    d. The ability to shield and care for at risk groups
    e. An assessment of the risk of secondary morbidity and mortality as a consequence of the restrictions.

2. It will also provide risk-based public health advice on what measures could be modified in the next period.

3. The Government would then consider what restrictions could be lifted, having regard to the advice of the Department of Health as well as other social and economic considerations, e.g. the potential for increased employment, relative benefits for citizens and businesses, improving national morale and wellbeing etc.

4. It is acknowledged that there is also an ongoing possibility that restrictions could be re-imposed and this process will be carried out on an ongoing basis once every 3 weeks.

ENGAGING STAKEHOLDERS AND PROVIDING ASSURANCE

Preparedness to Re-open

To prepare for a return to operations, there is a need for overarching guidance to support business and services to mitigate any risks of infection; and an inevitable lead-in time will be required to prepare staff and premises to ensure physical distancing layouts and other resources are sourced and available.

The Government has already been working closely with employer and trade union representatives through the Labour Employer Economic Forum (LEEF) on a shared approach to a gradual re-starting of economic activity in a safe and measured way. This builds on the extensive work already undertaken by a number of bodies in providing guidance and advice to essential businesses during the initial period of the crisis. The Government also notes the preparatory work being undertaken by many individual groups, bodies and agencies to assess what safe re-opening of their sectors might look like, at the appropriate time. Many sectors have already provided us with their thinking and have demonstrated a considered approach and a very clear understanding of the requirements to keep people safe. This is in informing the overall approach.

The Department of the Taoiseach will arrange for a process of consultation through relevant Departments which will assist to flesh out how the Public Health Framework can be implemented effectively and safely across different sectors of the economy with an initial focus on measures to commence in the first phase of easing of restrictions.

As well as workplace arrangements, there has been engagement by relevant Departments on safe re-opening of community and other facilities, e.g. sporting and cultural activities, tourism sites, childcare centres, schools and universities etc. As with workplaces, the collective national impact of increasing access and mobility will have to be assessed, and not just the safety of the individual facility.

National Protocol

A National Protocol is being finalised by Government, employers and trade unions, with the assistance of the Health and Safety Authority, which will support a gradual restart of economic activity as restrictions are eased, while protecting the health and safety of workers as they return to work.

The Protocol is being developed following discussions at the Labour Employer Economic Forum (LEEF), which is the forum for high level dialogue between Government, Union and Employer representatives on matters of strategic national importance.

It will be necessary to determine the most effective type of inspection/enforcement regime that is required to achieve compliance across all business sectors. Employers, employees and the public at large will need to have confidence that they will continue to be protected in going about their business.

There are existing monitoring and enforcement mechanisms across a number of State Departments and Agencies. These mechanisms will need to evolve as the process of restarting economic activity

develops in line with this Plan, and to take account of the specific issues which will arise across different areas of the economy.

There will also be a need for parts of the public service that deal with workplace issues to be re-organised and to get additional resources, whether through redeployment or additional recruitment. There is a role for both central and line Departments in developing these arrangements. This will have to be carefully designed so as to ensure coherence across Government.

UPDATED ECONOMIC POLICY RESPONSE

The global, and national, economic landscape has fundamentally changed in recent weeks, as large elements of economic activity have come to a standstill in an effort to suppress the transmission of the COVID-19 virus.

This profound shock means that Ireland's GDP is projected to fall by 10.5% in 2020 resulting in a deficit of at least 7.5% of GDP and a further large deficit in 2021. Unemployment is expected to reach a peak of 22% in the second quarter before falling gradually. The overall economic cost of the crisis is unprecedented and the longer the public health restrictions are required, the greater these costs for the Economy and the Exchequer, with fundamental implications for the future of the public finances.

The Government's overarching approach therefore is to ensure that economic activity recovers as quickly as possible, consistent with public health advice. The Government is working to limit business failures and workers lay-offs with timely, targeted and temporary supports for firms and workers; this is how the permanent or 'scarring' effects of the crisis will be minimised.

In taking these measures, the Government must also reflect on the affordability of these interventions, and the need to ensure that Ireland retains full confidence in its economic and fiscal position, while also ensuring that interventions are targeted in the most effective manner possible.

Measures introduced by the Government to date include:

- the Temporary Wage Subsidy Scheme which aims to keep workers closely linked to the labour market, while providing immediate cash flow assistance to employers
- the Pandemic Unemployment Payment to support the income of those who lose their jobs due to the crisis, as well as measures in relation to mortgages\rents
- a series of enterprise supports including liquidity funding, loan schemes and grants\vouchers, as well as deferred tax payments, deferral of commercial rates to help maximise the survival rate of SMEs

The Government will also continue to work with the banking sector who have agreed to extend a six month payment break to customers that require continued support.

As this Plan makes clear, the pathway back to resumption of a full level of economic activity will be lengthy and subject to considerable uncertainty.

Supports for Business

Recognising the pressures facing many sectors, in particular SMEs, which will not be able to re-open in the short-term based on the framework set out in this Plan, the Government will shortly introduce a number of additional measures to assist affected enterprises which are facing acute liquidity pressures as a result of the further extension of the shut-down period. It will also develop targeted measures to assist enterprises as and when sectors are permitted to re-open under the gradual relaxation of restrictions.

In developing its approach, the Government will ensure that Ireland makes maximum use of EU funding and support where available and appropriate, including the European Investment Bank.

As re-opening more sectors becomes possible, the Government will bring forward initiatives including a re-alignment of public capital investment under the National Development Plan, the promotion of the digital economy and remote working, while seeking to ensure Ireland is well-placed for what is likely to be a very different global and domestic economic paradigm.

Income Supports for Workers and Families

As outlined above, the Government has introduced extensive emergency supports to help retain workers in employment and provide income support to those who have lost their jobs due to the crisis. It has also introduced enhanced supports for those who can't work due to being diagnosed with the disease or required to self-isolate, as well as additional support via the fuel allowance for pensioners.

These measures were a rapid response to the crisis, providing immediate income support to people affected and their families, at a very high cost to the Exchequer. These costs will not be sustainable over the longer term.

The Government is extending the emergency measures taken in relation to Illness Benefit and the waiver of waiting days for jobseeker payments, which were due to finish on the 9th of May, until 19th of June.

Between now and the end of May, the Government will be developing a roadmap for future labour market measures as we move towards a path of normalising the emergency interventions taken to date. This will take account of decisions to re-open certain sectors, the need to support people back into jobs as they become available as well as structural changes in the labour market.

RESPONSE ON OTHER PRESSING SOCIETAL CONCERNS

It is clear that there are significant consequences of social distancing measures. The normal structures of daily life – work, school, sport, entertainment - have temporarily ceased to exist and even as we re-open society, we will be living our daily lives in modified ways for as long as we live with this pandemic.

These restrictions affect different groups in different ways and to greater and lesser extents. Therefore, our assessment of risk must recognise that, in mitigating for risks of transmission of COVID-19 through social distancing restrictions, we are creating other challenges for individuals, families and communities. Some of these challenges are manageable in the very short term but as restrictions continue, the impact becomes greater for some groups.

In living with restrictions, the Government will take account of these balancing impacts and the particular consequences for more vulnerable groups in our society. The areas where social-distancing causes most concern include:-

1. Non-COVID Health Delays
2. Well-being and Mental Health
3. Vulnerable Groups for whom Home is not a Safe Place
4. Minorities and other Groups Disproportionately Impacted by the Restrictions
5. Risk-taking Behaviour and Offending
6. Crime and Policing & Access to Justice

Government Departments and agencies have been working to modify work practices and modes of delivery to meet with these challenges and this work will have to continue.

It is acknowledged that additional measures have to be taken to reach out to more vulnerable groups and those that are particular affected by the guidance on cocooning and social distancing. Some of these measures are already underway, through various cross-government efforts such as the *Community Call, In this Together* and *Still Here* initiatives and campaigns.

This focus on the particular difficulties that prolonged restrictions are having will need to continue and evolve as we work our way through a re-opening of society.

TRAVEL AND INTERNATIONAL CO-OPERATION

As the process for modifying restrictions proceeds, and as the international situation evolves, we need to continue to work intensively on our approach to travel restrictions and controls at ports and airports; and our co-operation with Northern Ireland, the UK and our EU partners.

Travel Restrictions and Controls and Airports and Ports

While we are making progress in our efforts to interrupt the spread of COVID-19 and to mitigate its effects, we are taking necessary additional steps to protect our communities from imported or community cases of COVID-19.

Government advice remains that all non-essential travel should be avoided. This includes travel both into and from Ireland.

From Friday, 24 April 2020, all passengers arriving in Ireland from overseas are expected to self-isolate for 14 days on entry into the State. Self-isolation means staying indoors and completely avoiding contact with other people and is a more stringent measure than the stay at home requirements that apply to the wider public. (In effect, arriving passengers are required to follow the same arrangements as persons who test positive or are known to have been in close contact with someone who has tested positive.)

Further, incoming passengers are, for the first time, being provided with a public health information leaflet and asked to complete a Public Health Passenger Locator Form, showing their contact details and the address at which they will self-isolate. The Form also allows for the operation of a system of spot checks to verify that incoming passengers are complying with self-isolation.

We must continue to recognise the severity of the threat of COVID-19, continue to be guided by the best evidence and advice available and continue to do what we have been doing. The WHO in recently issued strategic guidance, identified the management of imported cases as a key criterion to be satisfied by countries as they consider the unwinding of social distancing measures.

The new measures adopted are in keeping with expert advice and will be important in ensuring that the sacrifices we have all had to make to date are not undermined by complacency in other areas.

The issue of the imposition of mandatory quarantine for a 14 day period and testing on entry may need to be considered and will be kept under view.

Co-operation with Northern Ireland on an all-island approach

COVID-19 doesn't respect national, political or geographic borders. It follows that international cooperation and coordination is a crucial element of the campaign to restrict and eradicate the virus.

This is particularly relevant in the case of an island, where coordination between the two jurisdictions can make a significant contribution to management of COVID-19. Close cooperation and, where possible, alignment of public health advice and policy decisions can contribute to more effective management and containment of the virus.

With this in mind, there is ongoing, close engagement with the Northern Ireland authorities in a variety of forums, at both official and political level, both on a North-South basis and as part of broader engagement with the United Kingdom.

The health administrations on both parts of the island have agreed a Memorandum of Understanding on Public Health Cooperation on COVID-19, which provides a framework for close consultation, coordination and cooperation. There are regular meetings on COVID-19 at political level, involving the Tánaiste and Minister for Foreign Affairs and Trade, the Secretary of State for Northern Ireland and the First Minister and deputy First Ministers of Northern Ireland. These meetings can also include the Health Ministers and Chief Medical Officers from Ireland and Northern Ireland.

This close coordination will continue, and intensify, over the coming weeks as we each move to reopen business and society.

Co-operation with the UK

Given the very close links between Ireland and Great Britain, there is also good engagement between the Irish and British Governments governments. This is particularly important in the context of the Common Travel Area, and the fact that both the UK and Ireland are not participants in the Schengen area of free movement. It is also important given the strong linkages of our respective economies and supply chains, both in terms of ensuring the continued supply of essential goods and services while, at the same time, seeking to manage any competitive divergences that may arise due to different approaches to the unwinding of economic restrictions.

We have ensured that strong consultation and flow of information takes place between our administrations in the initial phases of COVID-19. This sharing of information and consultation has helped to ensure that, in many areas, the approaches taken have been similar in both countries, and to share understandings and experiences where they differ.

Both countries have followed broadly similar approaches to the management of travel from abroad, which in part reflects the Common Travel Area.

As with Northern Ireland, this engagement takes place at a number of levels, both political and official. We will intensify this engagement over the coming weeks.

Co-operation with EU partners on re-opening borders and economic recovery

Ireland is participating fully in all EU-level discussions and decisions relating to COVID-19. Several ministers are actively participating in meetings with all of their counterparts. Thus far, there have been four meetings of the Heads of State and Government, in which the Taoiseach has participated each time, to oversee the EU response to the virus. These meetings take place by video conference.

The EU has coordinated action across a number of policy areas and responses:

- limiting the spread of the virus;
- procuring medical equipment;
- promoting research, including on vaccines;

- helping to repatriate EU citizens stranded abroad, and
- tackling the socio-economic impact.

Different EU countries are at different stages in terms of the spread, impact, and management of the disease. Some were hit earlier than others, and in some countries the impact and spread has been more severe. EU countries also have different capacities to respond, in terms both of their health systems and resources and of their public finances and economic situations.

The EU is working to provide a balanced, coordinated and effective response. The next phase of this work will focus on economic recovery and ensuring ongoing capacity of health systems. A number of instruments have already been agreed, in order to provide Member States, particularly those with more constrained public finances, with access to funding to support necessary policy decisions and actions.

Ireland will continue to participate fully in all of these discussions, in order to ensure that a coordinated approach is taken across the EU where that would be the most effective course of action. We will also seek to ensure that Ireland takes advantage of any relevant economic supports agreed and implemented at EU level.

Monaco

MONACO'S SITUATION

RESTRICTIONS OF MOVEMENTS

Last update: 15/05/2020
Since Monday the 4th of May the travel restriction and the curfew from 10 p.m. to 6 a.m. are lifted.

However, **the rules of social distancing** and preventive measures are still in force.
It is recommended to continue to **restrict travel to the maximum** extent possible, in particular for vulnerable persons.
Wearing a mask during each outing is strongly **recommended.**
Moreover, all **gatherings of more than five people** remain **prohibited** in the public space or at home.

HEALTH PRECAUTIONS / BARRIER MEASURES

Last update: 04/05/2020
To prevent the spread of COVID-19, the following prevention measures should be adopted :

- ✓ Wash your hands frequently (+ than 10 seconds)
- ✓ Avoid hugging and kissing
- ✓ Avoid handshakes
- ✓ Cough or sneeze into your elbow
- ✓ Avoid touching your eyes, nose and mouth
- ✓ Avoid crowds, maintain a distance of 1,5 metre
- ✓ Use single-use tissues
- ✓ To avoid infecting others, please do not visit your normal doctor or the Accident and Emergency Unit
- ✓ If you develop symptoms, contact the emergency services directly on 18 or 112.

ABOUT FAMILIES

CAN MY FRIENDS AND FAMILY VISIT ME?

This is not prohibited, but it's strongly recommend to take the same health precautions at home as you would in public.

All gatherings of **more than five people remain prohibited.**

Whether you are with friends or family, you are strongly advised to maintain social distancing to avoid facilitating the spread of the virus, which is still out there.

UNDER WHAT CONDITIONS WILL STUDENTS RETURN TO SCHOOL?

Schools will be gradually reopening for some classes from Monday 11 May.

Specific measures will be put in place within schools to limit the health risks:

- ✓ All students and teachers will need to wear masks.
- ✓ Premises and equipment will be disinfected on a frequent and regular basis.
- ✓ Hand sanitiser and soap will be widely available throughout schools.

- ✓ Barrier measures will be introduced, including hand washing on entering and leaving school, as well as after each lesson or activity.
- ✓ Entrances and exits will be organised to avoid people gathering together.
- ✓ Movement around the school will be organised and managed to limit contact and interaction between people.
- ✓ Students will return to school in half-size class groups to limit numbers.
- ✓ Students will remain in a single classroom to limit movement.
- ✓ Neither school meals nor physical education and sports classes will resume.

ABOUT MASKS

WILL IT BE MANDATORY TO WEAR A MASK ?

In the public space, it is not mandatory but highly recommended to wear a mask.

On the other hand, in public transport, in shops or in health professional's office, wearing a mask is mandatory.

WHO WILL BE ISSUED WITH A MASK AND HOW?

Initially, people aged over 65 will receive two washable fabric masks which will last for 30 days. The masks will be delivered through letterboxes by teams from Monaco City Hall.

Everyone else will then receive their masks via the postal service. All residents of the Principality will have received their supply within three to four weeks.

ABOUT MOBILITY

I COME FROM ABROAD, WHAT SHOULD I DO?

Any person, regardless of nationality, who enters the Principality and does not come from the European Area (Member States of the European Union), United Kingdom, Switzerland, Norway, Iceland, Holly See, Liechtenstein, Andorra and San-Marino) must contact the COVID19 call center as soon as they return to Monaco: 92 05 55 00 from 9.00am to 6.00pm or covid19@gouv.mc.

These people arriving on Monegasque territory may be placed in quarantine by decision of the Director of Health Affairs, accompanied, if necessary, by a certificate of cessation of work drawn up by a Medical Inspector of Public Health.

CAN I USE THE BIKE SHARING SCHEME (MONABIKE) ?

Yes, of course but don't forget to wash your hands carefully or use hand sanitiser before and after each time you rent a bike.

Use the PBSC app to check where you can pick up a bike before you go out.

Persons returning from the European Area are not concerned by these measures.

CAN I TRAVEL TO ITALY TO SHOP?

No, travel to another country within Europe (European Union, Schengen Area, United Kingdom) remains restricted until 15 June. Only cross-border and seasonal workers or those travelling for essential family reasons will be allowed to cross the border.

In addition, cross-border workers must always carry a special international travel exemption declaration.

Borders with non-European countries will remain closed until further notice.

CAN I GO TO FRANCE FOR THE WEEKEND?

Yes, as long as you don't travel more than 100 km from your home.

Since 11 May 2020, France has been gradually easing its lockdown. This means that changes to travel restrictions are being introduced from 17 March.

People are once again allowed to travel for any reason, within a 100 km radius of their homes. You must therefore carry with you proof of address (e.g. a telephone, electricity, gas or water bill, a rent receipt, a home or vehicle insurance certificate, a vehicle registration certificate, etc.) showing that you have not travelled beyond the permitted distance.

Travel further than 100 km from your home may be authorised for essential work or personal reasons. In such cases, you must carry proof of address and a "declaration of travel beyond your home department and more than 100 km from your residence". This can be downloaded from French Ministry of the Interior website.

It should be noted that travel beyond a 100 km radius within the same department does not require a declaration.

SBM SANITARY MEASURES

Monte-Carlo Société des Bains de Mer is following the Covid-19 epidemic very closely and is focused on ensuring the health and safety of employees and customers.

The Group is:

- **Committed** to protecting employees and customers.
- **Responsible** for ensuring that new regulations are followed.
- **Ready and eager** to make your stay as safe and enjoyable as possible

Based on the recommendations of the Government of Monaco, we're introducing a number of preventive and protective measures, including:

Health and Safety - the following rules are enforced in our establishments:

- Protective measures are communicated and compulsory in all of our establishments.
- Social distancing measures have been introduced using ground markings in all of our establishments, for both personnel and customers.
- Foot traffic is being managed by limiting the number of people allowed into our establishments.
- Masks are compulsory for our employees and customers.
- Temperature checks are performed at all key points of entry into our establishments. Anyone with a temperature above 38°C will be denied access.
- Hand sanitizer dispensers are available at points of contact for our customers and employees.
- All of our establishments are regularly disinfected using virus-killing agents whose use is approved and effective against viruses, bacteria and other pathogens.
- Contact surfaces (handles, elevator buttons, counters, etc.) are disinfected with a virus-killing agent at least every two hours.
- All of our employees are provided with personal protective equipment recommended by the Prince's Government, and have been trained to follow good preventive practices.
- Occupancy is limited to at most one person for every four square meters.
- Physical distancing rules (with a minimum distance of 1.5 m) have been introduced, especially in lines, elevators and places with high foot traffic.

Hotels:

in addition to the general health measures introduced in all of our establishments, we have also introduced a number of specific measures in our hotels.

- Prior to your stay, we will send you an email prompting you to fill out all of the information needed for check-in, along with some additional details that will help us make your stay as safe and enjoyable as possible.
- Valet parking is provided with strict rules in place. Vehicles are disinfected before and after each use.
- The Resort shuttle service will be maintained with strict rules in place, in accordance with governmental health requirements.

- Rooms will be cleaned using protocols approved by the Government of Monaco. Room service will be adapted to conform with governmental requirements.
- Luggage storage is suspended.
- Room service must be ordered by phone and left in front of the door to the room. Buffets will not be permitted under the usual format.
- Lastly, for your peace of mind, we have relaxed our hotel cancellation policy in light of the current Covid-19 situation.
- During peak season, changes and cancellations may now be made up to three days before arrival*
- All new reservations must be guaranteed by credit card upon confirmation. No deposit or prepayment is required*
- The majority of our special offers (e.g. Advance Purchase) are now flexible: no prepayments are required, and bookings may be cancelled up to three days before arrival.
  **Excluding the Diamond Suite and long stays*

Casinos:
All customers who wish to visit the casinos are asked to briefly lower their masks for identity checks, in accordance with current regulations in the Principality of Monaco.

- Foot traffic is being managed with ground markings, to ensure that social distancing measures are followed. Measures are also in place to limit the number of people allowed into the casinos.
- Hand sanitizer dispensers have been placed in every gaming area, so that customers may wash their hands before playing.
- Personnel on the floor are provided with personal protective equipment.
- Gaming-table rooms have been re-arranged to comply with social distancing measures.
- Gaming tables, seats, chips, plaques, gaming equipment and slot machines are regularly disinfected with virus-killing agents.
- In order to maintain an appropriate distance between each customer at the slot machines, only one in two machines will be operational, with partitions placed between them.
- Bar service remains available, with drinks served by request. Valets are still available to provide food service in the private and VIP gaming areas reserved for My Monte-Carlo members.

Gradual re-openings:
With the current environment, we will be opening our establishments gradually, in accordance with the government's instructions.
To view the latest information, please contact us or visit the webpage of the relevant establishment.
At present, the following establishments are open:

- The Mada One restaurant: open for takeaway
- The Shopping Promenade in the One Monte-Carlo district
- The Hôtel de Paris Monte-Carlo
- The Monte-Carlo Bay Hotel & Resort
- The hair salon and beauty section of Thermes Marins Monte-Carlo

My Monte-Carlo:
In light of the current health situation, we have decided to offer more flexibility in the My Monte-Carlo loyalty programme.
Accordingly, we are now ready to announce that any My Points that have not been used by 31 December 2020 will not expire. Members will have until 31 March 2021 to claim these points.
Any new changes will be communicated to programme members at a later date.

"We look forward to having you here and are eager to provide you with the best possible service, so that you can enjoy an unforgettable experience in complete comfort and safety."
The general managers and employees of Monte-Carlo Société des Bains de Mer

Monaco, Norway, Jordan and Seychelles

GVA

DESTINATIONS

COVID Situation – May 13th, 2020

Jordan Tourism Board Convention Bureau

- ✓ **Situation:** Airports and borders closed until the Ramadan time (May, 22nd);
- ✓ Deaths: 9 | Positive cases: +576;
- ✓ People are still wearing masks and hotels are closed except for quarantine and government use only;
- ✓ Touristic sites still close;
- ✓ Restaurants are open but all orders to take out, no seating.

Norway

- ✓ **Situation:** reopening slowly;
- ✓ Deaths: 229 | Positive cases: + 8.158;
- ✓ May, 7th: small events will be allowed, up to 50 people. Cinemas will reopen (50 pax max);
- ✓ Comprehensive measures are imposed to limit the transmission of the coronavirus and to help maintain necessary health and care services.

the seychelles islands another world

- ✓ **Situation:** under control;
- ✓ Deaths: 0 | Positive cases: 11;
- ✓ May 3th: progressive come back to many services;
- ✓ May 11th: shoppings and schools reopen;
- ✓ Campaign "Dream now, travel later";
- ✓ Video inspiring the people to relax to get the to the new normal soon.

visit MONACO

- ✓ **Situation:** under control;
- ✓ Deaths: 4| Positive cases: +96;
- ✓ May 4th: progressive comeback to hotels, restaurants;
- ✓ May 11th: shoppings and schools will reopen;
- ✓ SBM Group launches a document "Sanitary Measures";
- ✓ Hand sanitiser available everywhere;
- ✓ Regular sterilisation of passageways and places where people gather
- ✓ The wearing of masks is very strongly recommended in public spaces and mandatory on public transport and in shops;
- ✓ The wearing of gloves is not recommended;
- ✓ Social distancing is the norm, and is implemented by limiting capacity, using appointments and managing flows of people;
- ✓ The use of plexiglass is recommended at shop tills;
- ✓ Ongoing checks will be carried out to ensure compliance with these regulations;
- ✓ In healthcare practices, hairdressing salons and dentists, appointments will be mandatory to avoid people gathering in waiting rooms;
- ✓ No public gatherings of more than five people;
- ✓ Sports grounds and playgrounds will not be reopened.

Portugal

Covid-19
Plan for lifting lockdown measures

REPÚBLICA PORTUGUESA

	Dates	Measures
General Rules	4/05	- Compulsory confinement for sick individuals and patients on active surveillance; - Civic duty of home confinement; - Prohibition of events and gatherings of more than 10 individuals - Maximum capacity of 5 individuals/100m2 in indoor spaces - Funerals: the presence of relatives is allowed
	30-31 /05	- Religious ceremonies: community celebrations following rules to be agreed by the public health authorities and religious communities
Public Transports	4/05	- Limitation of maximum capacity to 2/3
Work	4/05	- Homework (telework) will continue insofar as professional duties allow
	1/06	- Partial teleworking, with lagged schedules and shadow teams
Public Services	4/05	- Reopening of decentralised offices (such as civil registries and tax offices) - By appointment only
	1/06	- Reopening of "Lojas do Cidadão" (one-stop shops for public services)
Shops and Restaurants	4/05	- Reopening of commercial establishments with a floor area up to 200m2 - Reopening of personal hygiene establishments (hairdressers, barbershops, nail salons, pedicures and similar businesses) by appointment only - Bookshops and car businesses, regardless of floor area
	18/05	- Reopening of commercial establishments with a floor area, or parts of the shop, up to 400m2 - Municipalities can decide to open larger establishments on a case-by-case basis - Reopening of restaurants, coffee shops and bakeries with a 50% maximum occupancy - Reopening of outdoor terraces
	1/06	- Reopening of shops with a floor area larger than 400m2 - Reopening of shops in shopping malls
Schools and Social Facilities	18/05	- Reopening of secondary schools for junior and senior years and 2nd and 3rd years of other educational programmes (10h -17h) - Reopening of facilities for people with disabilities - Reopening of nurseries (parents can still opt to continue at home)
	1/06	- Reopening of nurseries, kindergardens and day-care services
Culture	4/05	- Reopening of libraries and archives
	18/05	- Reopening of museums, monuments, palaces, galleries, exhibition halls and similar facilities
	1/06	- Reopening of cinemas, theatres, concert halls and auditoriums (with limited capacity, booked seats and physical distancing)
Sports	4/05	- Authorisation for the practice of individual outdoor sports, such as tennis and golf (without the use of locker-rooms and pools)
	30-31 /05	- Restart of official soccer competitions for the Primeira Liga ("Premier League") and Taça de Portugal ("National Cup") (30-31st of May)

General Conditions

The following sanitary and physical distancing conditions will be in place:

1. Availability of masks and hand sanitiser;
2. Regular sanitization of spaces;
3. Reduced maximum capacity per square meter;
4. Hand hygiene and respiratory etiquette;
5. Minimum physical distancing (2 meters);
6. Facial masks will be required in all public transportation, schools, shops and other indoor spaces with several individuals;
7. Maximum capacity of 5 individuals/100m2 in indoor spaces;
8. Revaluation of adopted measures between phases (every 15 days).

não paramos
ESTAMOS ON
covid19estamoson.gov.pt

ORIENTAÇÃO

NÚMERO:	023/2020
DATA:	08/05/2020
ASSUNTO:	COVID-19 Procedimentos em estabelecimentos de restauração e bebidas
PALAVRAS-CHAVE:	COVID-19; SARS-CoV-2; Coronavírus; Estabelecimentos de Restauração e Bebidas
PARA:	Estabelecimentos de Restauração e Bebidas
CONTACTOS:	medidassaudepublica@dgs.min-saude.pt

A COVID-19 é uma doença causada pela infeção pelo novo Coronavírus (SARS-CoV-2).

Com base na evidência científica atual, este vírus transmite-se principalmente através de:

- Contacto direto: disseminação de gotículas respiratórias produzidas quando uma pessoa infetada tosse, espirra ou fala, que podem ser inaladas ou pousar na boca, nariz ou olhos de pessoas que estão próximas (< 2 metros).
- Contacto indireto: contacto das mãos com uma superfície ou objeto contaminado com SARS-CoV-2 e, em seguida, com a boca, nariz ou olhos.

Para mais informações e recomendações consultar: www.covid19.min-saude.pt.

Os estabelecimentos de restauração e bebidas, pelas suas características, podem ser locais de transmissão da infeção por SARS-CoV-2, quer por contacto direto e/ou indireto. Por isso, medidas adicionais devem ser tomadas para assegurar a minimização da transmissão da doença nestes contextos.

Assim, nos termos da alínea a) do nº 2 do artigo 2º do Decreto Regulamentar nº 14/2012, de 26 de janeiro, a Direção-Geral emite a seguinte Orientação:

Medidas a Adotar para a Diminuição da Transmissão da COVID-19

Empresas

1. Os estabelecimentos devem assegurar que todas as pessoas que neles trabalham e que o frequentam estão sensibilizadas para o cumprimento das regras, da lavagem correta das mãos (Anexo I), da etiqueta respiratória (Anexo II), assim como as outras medidas de higiene pessoal e ambiental. Salienta-se ainda a importância de:
   a. Elaborar e/ou atualizar o seu próprio Plano de Contingência específico para COVID-19, de acordo com a Orientação 006/2020 "*Procedimentos de prevenção, controlo e vigilância em empresas*", da Direção-Geral da Saúde (DGS) [1];

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b. Fornecer a todos os colaboradores o Plano de Contingência e garantir que estão aptos para colocar em prática todas as medidas preconizadas, informando-os especialmente sobre como reconhecer e atuar perante um cliente ou colaborador com suspeita de COVID-19;

c. Reduzir a capacidade máxima do estabelecimento (interior, incluindo balcão, e esplanada), por forma a assegurar o distanciamento físico recomendado (2 metros) entre as pessoas nas instalações e garantir o cumprimento da legislação em vigor. A capacidade máxima de pessoas/serviço do estabelecimento deve estar afixada em documento próprio, visível para o público;

d. Privilegiar a utilização de espaços destinados aos clientes em áreas exteriores, como as esplanadas (sempre que possível) e serviço *take-away;*

e. Dispor, sempre que possível, as cadeiras e as mesas por forma a garantir uma distância de, pelo menos, 2 metros entre as pessoas (Anexo III):

   i. A disposição dos lugares em diagonal pode facilitar a manutenção da distância de segurança;

   ii. Os coabitantes podem sentar-se frente a frente ou lado a lado a uma distância inferior a 2 metros.

f. Impedir que os clientes modifiquem a orientação das mesas e das cadeiras, permitindo que os colaboradores o façam, sempre dentro das considerações do ponto anterior (ponto e);

g. Antever todas as circunstâncias que podem ocorrer no estabelecimento, por forma a promover a adequada distância entre as pessoas, por exemplo (Anexo IV):

   i. Sempre que possível e aplicável, promover e incentivar o agendamento prévio para reserva de lugares por parte dos clientes;

   ii. Os lugares em pé, pela dificuldade de garantir a distância entre as pessoas, estão desaconselhados, assim como as operações do tipo *self-service*, nomeadamente *buffets* e dispensadores de alimentos que impliquem contato por parte do cliente [2];

   iii. Nos pedidos/pagamentos ao balcão, no caso de poder formar-se uma fila de espera, os clientes devem ser incentivados a manter uma distância de, pelo menos, 2 metros o que pode ser conseguido através da sinalização do local onde devem permanecer à espera da sua vez [3];

   iv. A fila de espera no espaço exterior ao estabelecimento deve garantir as condições de distanciamento, segurança. Tal pode ser conseguido através de sinalética ou informação adequada.

   v. A circulação das pessoas para as instalações sanitárias, que devem ocorrer em circuitos onde seja possível manter a distância adequada entre as pessoas que circulam e as que estão sentadas nas mesas.

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h. Disponibilizar dispensadores de solução à base de álcool localizados perto da entrada do estabelecimento e noutros locais convenientes, associados a uma informação incentivadora e explicativa (Anexo I);

i. Garantir que as instalações sanitárias dos clientes e dos colaboradores possibilitam a lavagem das mãos com água e sabão e a secagem das mãos com toalhas de papel de uso único. As torneiras devem ser, sempre que possível, automáticas. A utilização de secadores que produzem jatos de ar não é recomendada. Sempre que possível os lavatórios devem estar acessíveis sem necessidade de manipular portas;

j. Garantir uma adequada limpeza e desinfeção das superfícies, de acordo com a Orientação 014/2020 "*Limpeza e desinfeção de superfícies em estabelecimentos de atendimento ao público ou similares*", da DGS [4]. Os protocolos de limpeza e desinfeção devem ser reforçados, incluindo:

    i. Desinfetar pelo menos seis vezes por dia, e com recurso a detergentes adequados, todas as zonas de contato frequente (por exemplo, maçanetas de portas, torneiras de lavatórios, mesas, bancadas, cadeiras, corrimãos, etc.);

    ii. Desinfetar após cada utilização, com recurso a detergentes adequados, os equipamentos críticos (tais como terminais de pagamento automático e ementas individuais);

    iii. Higienizar pelo menos três vezes por dia as instalações sanitárias com produto que contenha na composição detergente e desinfetante (2 em 1);

    iv. Trocar as toalhas e higienizar as mesas com produtos recomendados entre cada cliente.

k. Retirar os motivos decorativos nas mesas;

l. Substituir as ementas individuais por ementas que não necessitem de ser manipuladas pelos clientes (por exemplo, placas manuscritas ou digitais) ou adotar ementas individuais de uso único (por exemplo, seladas ou impressas nas toalhas de mesa descartáveis) ou ementas plastificadas e desinfetadas após cada utilização;

m. Assegurar uma boa ventilação e renovação frequente de ar nas áreas do restaurante, por exemplo através da abertura de portas e janelas. Em caso de utilização de ar condicionado, esta deve ser feita em modo de extração e nunca em modo de recirculação do ar. O equipamento deve ser alvo de uma manutenção adequada (desinfeção por método certificado).

n. Garantir o cumprimento das medidas previstas no HACCP.

<u>Colaboradores</u>

1. Os colaboradores de estabelecimentos de restauração e bebidas devem:

    a. Conhecer as medidas que constam do Plano de Contingência e saber como agir perante um caso suspeito de COVID-19;

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b. Cumprir as recomendações de segurança e reportar à empresa ou às entidades competentes situações de incumprimento das medidas implementadas que podem condicionar perigo para a Saúde Pública;

c. Cumprir as medidas de higiene das mãos e etiqueta respiratória recomendadas pela Direção-Geral da Saúde;

d. Higienizar as mãos entre cada cliente;

e. Utilizar corretamente uma máscara, durante todo o período de trabalho num espaço com múltiplas pessoas, respeitando as condições de higiene e de segurança durante a sua colocação, utilização e remoção. Contemplar a necessidade de substituição da máscara, adotando as boas práticas de utilização. O uso de máscara não substitui outras medidas de prevenção, como o distanciamento físico recomendado, que devem ser mantidas [5,6];

f. Garantir que a disposição das mesas e das cadeiras no estabelecimento permitem uma distância de, pelo menos, 2 metros entre todas as pessoas;

g. Manter, sempre que possível, uma distância de 2 metros dos clientes e dos outros colaboradores;

h. Colocar os pratos, copos, talheres e outros utensílios nas mesas na presença do cliente que os vai utilizar, devendo ser assegurada a sua higienização e acondicionamento;

i. A loiça utilizada pelos clientes deve ser lavada na máquina de lavar com detergente, a temperatura elevada (80-90ºC) [7];

j. Relativamente ao uso de luvas descartáveis, o colaborador deve saber:

   i. O uso de luvas para preparar e manusear alimentos não substitui a adequada e frequente higienização das mãos;

   ii. Os colaboradores não devem entrar em contato com alimentos expostos e prontos para comer com as próprias mãos e devem usar utensílios adequados, como guardanapos, espátulas, pinças, luvas de uso único ou equipamentos de distribuição [8];

   iii. Não devem passar com as luvas de uma área suja para uma área limpa. Antes que essa passagem aconteça as luvas devem ser substituídas;

   iv. O mesmo par de luvas pode ser utilizado apenas para uma tarefa e deve ser substituído se danificado ou se o colaborador interromper a tarefa. Se um colaborador estiver a executar uma mesma tarefa continuadamente, as luvas devem ser substituídas a cada quatro horas ou sempre que necessário [9].

2. Os colaboradores que desenvolvam sinais ou sintomas sugestivos de COVID-19 não devem apresentar-se no local de trabalho, e devem contactar a Linha SNS24 (808 24 24 24) ou outras linhas telefónicas criadas especificamente para o efeito, e proceder de acordo com as indicações fornecidas.

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3. Os colaboradores que desenvolvam sinais ou sintomas sugestivos de COVID-19 durante o seu turno de trabalho devem ser considerados como Caso Suspeito e ser encaminhados para a área de isolamento, de acordo com o Plano de Contingência.

Clientes

1. Por forma a contribuir para a limitação da transmissão da COVID-19, todos os clientes devem assegurar as seguintes medidas:

   a. Higienizar as mãos com solução à base de álcool ou com água e sabão à entrada e à saída do estabelecimento (antes da refeição deve ser privilegiada a lavagem das mãos com água e sabão);

   b. Respeitar a distância entre pessoas de, pelo menos, 2 metros (exceto coabitantes);

   c. Cumprir medidas de etiqueta respiratória;

   d. Considerar a utilização de máscara nos serviços *take-away* que estão instalados dentro dos estabelecimentos, utilizando-a sempre de forma adequada de acordo com as recomendações da DGS;

   e. Evitar tocar em superfícies e objetos desnecessários;

   f. Dar preferência ao pagamento através de meio que não implique contato físico entre o colaborador e o cliente (por exemplo, terminal de pagamento automático *contactless*);

2. Se apresentar sinais ou sintomas de COVID-19 não deve frequentar espaços públicos.

Graça Freitas
Diretora-Geral da Saúde

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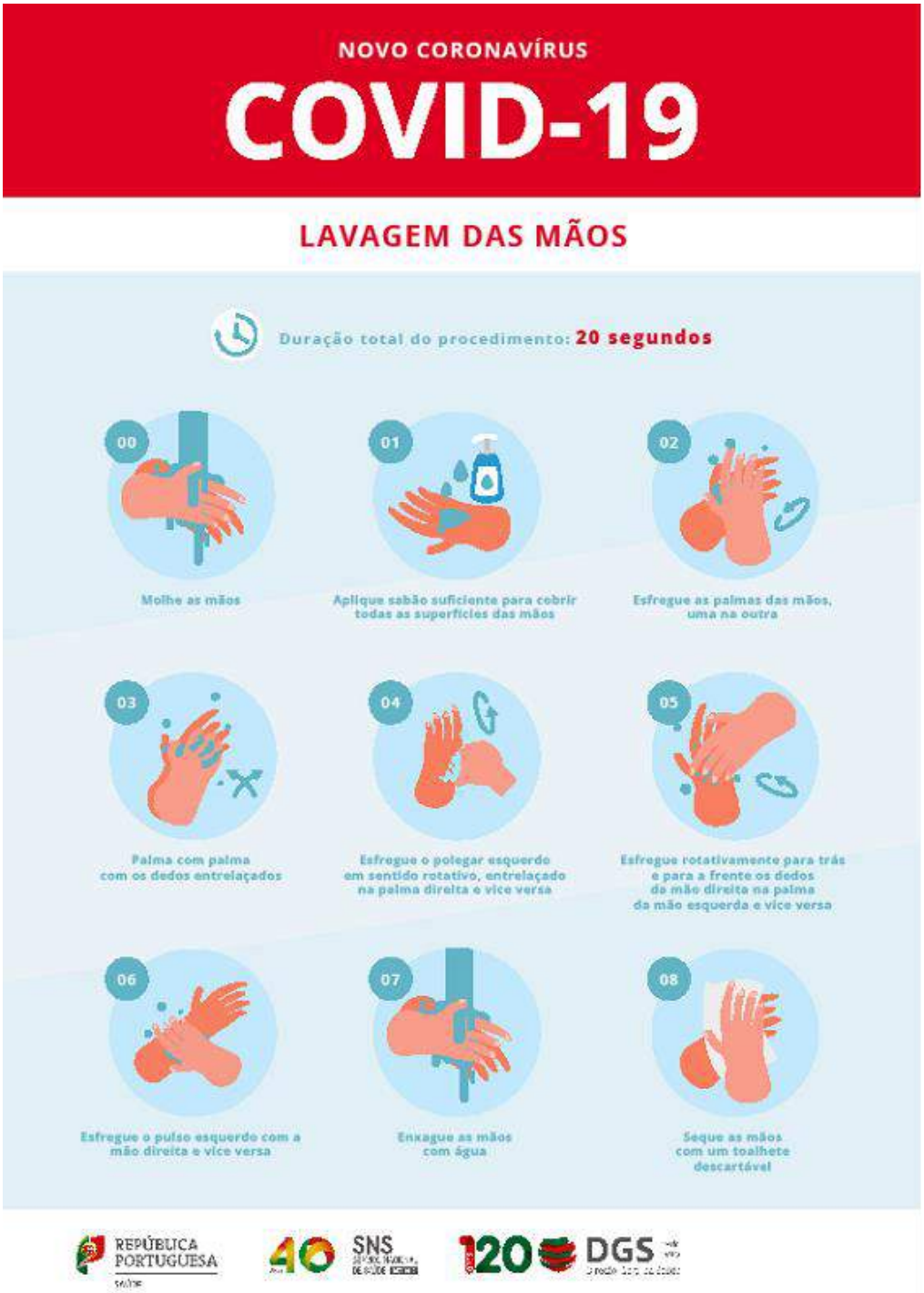
Anexo I - Cartaz informativo sobre lavagem das mãos



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Anexo II – Cartaz informativo sobre medidas de etiqueta respiratória

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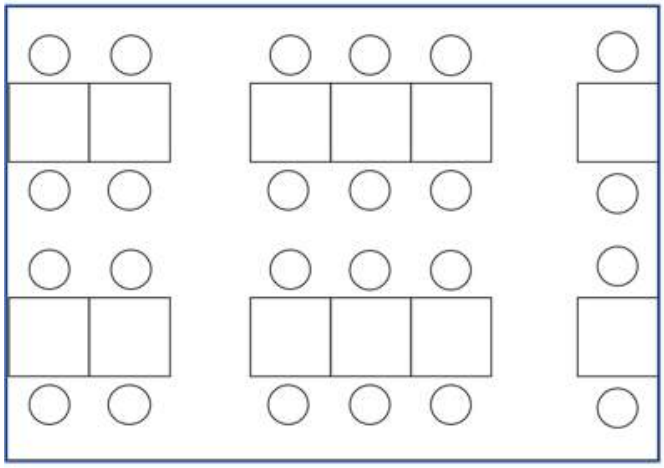
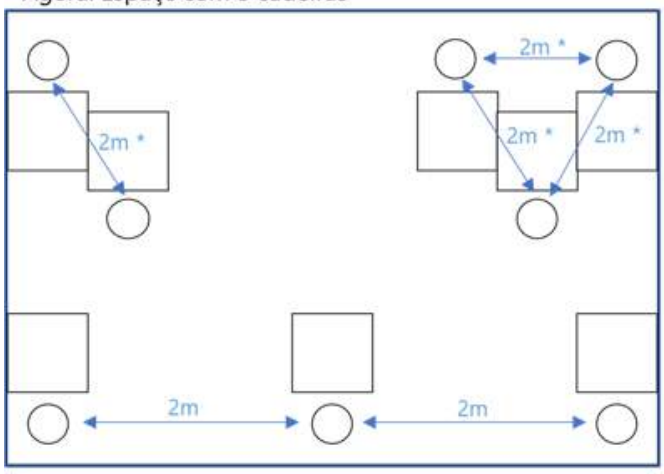
Anexo III – Exemplo de disposição no espaço das cadeiras e mesas

Antes: Espaço com 24 cadeiras



Agora: Espaço com 8 cadeiras



Legenda:

- ○ Cadeira
- □ Mesa
- ▭ Sala
- * Os coabitantes podem sentar-se frente a frente ou lado a lado

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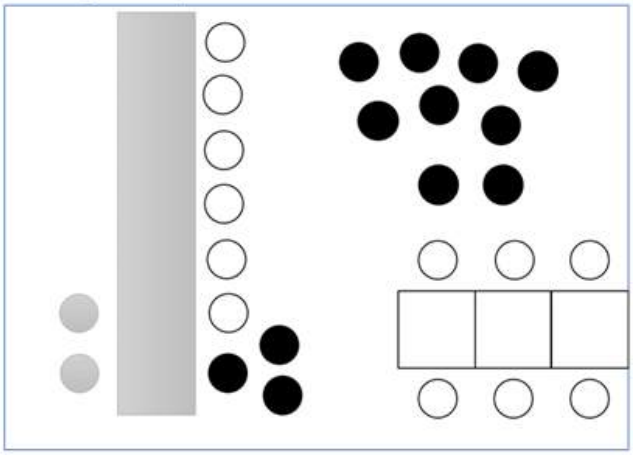
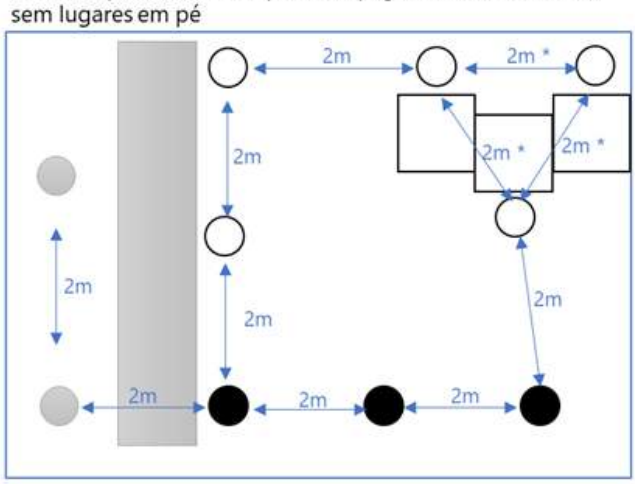
Anexo IV – Exemplo de disposição no espaço das cadeiras, mesas, lugares ao balcão e filas para pedidos/pagamentos

Antes: Espaço com 6 cadeiras em mesa, 6 cadeiras ao balcão, 3 pessoas a fazer pedidos/pagamentos ao balcão e com lugares em pé



Agora: Espaço com 3 cadeiras em mesa, 2 cadeiras ao balcão, 3 pessoas a fazer pedidos/pagamentos ao balcão e sem lugares em pé



Legenda:

- ○ Cadeira
- ● Pessoa de pé
- □ Mesa
- ● Funcionário
- Sala
- Balcão

* Os coabitantes podem sentar-se frente a frente ou lado a lado

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Turkey

Fight Against Covid-19 In Turkey

Republic of Turkey is one of the most disciplined and successful countries in fighting against Covid-19 pandemic. In the last 15 years, Turkey's health system has undergone a major restructuring process. Thanks to abilities that can respond to such a pandemic and crises. The new hospital capacities have been built and most modern hospitals. Only in 2020, 11 new hospitals with a total of 14 thousand beds and equipped with the latest technology will come into service.

At the same time, Turkey has made large investments in health information technology in this process. Turkey has become the country using the health information systems, "big data" and "artificial intelligence" in the decision-making processes in the best way.

Turkey is one of the countries taking the measures related to the pandemic in the earliest time upon the declaration of the start of the pandemic originating from China and appearance of this disease in other in our country.

We determined the road map against Covid 19 exactly 31 days before the World Health Organization declared the disease as a pandemic and 50 days before the disease was seen in our country (11th March). We prepared our health institutions and citizens against the possibility of pandemic.

An Operation Center was urgently established within the Ministry of Health on January 10, 2020, exactly 31 days before the World Health Organization declared the disease as pandemic.

At the same date, the Scientific Board, consisting of successful scientists working in different branches in our country, was established. Our Scientific Board is the advisory board that makes the scientific opinion about any steps to be taken from the beginning of the Covid 19 process.

The leaves of all healthcare workers were cancelled and the health personnel and equipment plans were made for each region according to the pandemic scenarios created.

CASE DETECTION AND CONTROL: FILIATION ACTIVITIES

Turkey gives special importance to the filiation activities for the strict monitoring and isolation of people having contact with cases within the community in addition to put communal limitations to keep the disease limited. The filiation has a big role in the success of Turkey so far.

The filiation is a method of tracking from whom the virus is transmitted to the positive test case and who the case has infected. In other words, in every positive case, it is the method of tracing the infection of virus and determining the chain of spread.

For filiation activities, 20.000-person filiation team has been established as composed of primary care physicians as well as dentists for following contacted cases in whole Turkey.

Since the first case on March 11, the virus was traced around the contact of each new patient. With the tracing method, everyone who has been in contact with the person having the disease in the last 4 days has been contacted, and the necessary tests have been made, and positive cases have been quarantined and treated. In this context, 600 thousand filiation studies have been carried out so far.

The contacted people were reached and asked to isolate themselves, and their evaluations and tests were made by visiting their locations. The trainings were provided to them for preventing their infection potentials. In this way, 99% of those who come in contact with positive cases are reached within a period of 20 hours.

With the help of filiation studies, the cases are detected early and the risk of transmitting the disease to others is minimized. Again, the early detection of the patients by means of the filiation provides early start of the treatment process and increases the recovery rate.

TEST CAPACITY AND NUMBERS

In Turkey, a PCR test is applied to those who show symptoms and apply to health institutions, as well as to citizens that are found to show symptoms during controls and, in the framework of filiation activities, to people who have been in close contact with the aforementioned individuals.

Turkey has so far performed more than 1 million 250 thousand tests. Daily test capacity is 50 thousand.

If needed, human resources and infrastructure are available to increase the daily testing capacity.

HEALTH SYSTEM AND EQUIPMENT CAPACITY

Turkey has a strong health care system capacity and infrastructure. The fight against Covid-19 has not created a strain on Turkey's health system capacity.

Turkey is very well prepared in terms of the intensive care bed and mechanic ventilation number used within the context of fight against Covid 19. The Turkish health system has 39,934 intensive care beds and 17,852 mechanic ventilators. Even though the peak point has been passed in the pandemic; only 6% of the intensive care bed occupancy rate and only 5% of the ventilator occupancy rate have been reached in scope of Covid-19. In other words, Covid-19 has not put a pressure on Turkey's health system.

DATA FOR TURKEY AS A WHOLE*			
	Beds*	Intensive care beds*	Adult ventilators**
Total occupacny rate	32.31%	64.20%	37.72%

** Located in Istanbul, Başakşehir City Hospital, with a capacity of 2,682 beds and 446 intensive care beds, will become functional on 15 May 2020. The construction of two hospitals, each with a capacity of a thousand beds immediately convertible into intensive care beds, will be finished at the beginning of June.*

** Located in Istanbul, Başakşehir City Hospital, with a capacity of 2,682 beds and 446 intensive care beds, will become functional on 15 May 2020. The construction of two hospitals, each with a capacity of a thousand beds immediately convertible into intensive care beds, will be finished at the beginning of June.*

OCCUPANY RATE OF HEALTH INFRASTRUCTURE IN CERTAIN CITIES

	Occupancy rate of intensive care beds	Occupancy rate of ventilators**
Antalya	59.44%	41.34%
Aydın	69.19%	47.88%
Muğla	50.19%	29.36%
Istanbul*	62.61%	43.57%
İzmir	67.87%	36.69%
Nevşehir	44.13%	25.95%
NATAIONAL	**64.20%**	**37.23%**

** There will be additional beds and intensive care beds capacity in Istanbul in May and June.*

*** The capacity of ventilators will increase by the end of May in all cities.*

In terms of protective equipment such as masks and protective overall suits, which are of critical importance during the pandemic, Turkey is a self-sufficient country.

NUMMBER OF FULLY EQUIPPED AMBULANCES	
Ambulances	5,447
Snow ambulances	479
Helicopter ambulances	17
Aircraft ambulances	3
Naval ambulances	6

Turkey is providing medical aid assistance, which includes products such as masks, protective overall suits and ventilators, to various countries around the world.

Thanks to the capacity it has reached, Turkey is also not leaving alone its citizens living abroad. Up until now, citizens living abroad and who have requested to return to Turkey have been repatriated. Furthermore, our citizens who cannot receive treatment abroad and their family members are repatriated by aircraft ambulances.

In this framework, our fully equipped ambulance fleet has the capacity to provide services in Turkey and other parts of the world.

METHOD OF TREATMENT

With the data analysis method and health system experience in the context of Covid-19 treatment, Turkey has been able to develop her own algorithm. In this framework, Turkey has stocked the required medicaments before the virus spread into its borders.

Thanks to the treatment algorithms it applies, Turkey is more successful than most other countries in the treatment process, and mortality rates are considerably low.

In the rate of conversion of cases to pneumonia in Turkey, there has been a big drop from 60% to 12%. This situation has also led to a decrease in our need for intensive care.

In addition, the death rate in patients undergoing intensive care has progressively decreased from 58% to 10%.

Turkey’s successes in filiation, patient monitoring and treatment processes are shared with the World Health Organization and other countries and appreciated and are being followed.

Turkey shares its experiences and knowledge acquired during the treatment process with other countries.

UK

HM Government

Working safely during COVID-19 in restaurants offering takeaway or delivery

Guidance for employers, employees and the self-employed

11 May 2020

HM Government

Introduction

What do we mean by 'restaurants offering takeaway or delivery'?

This guidance applies to any food preparation or food service setting where food is sold for takeaway or delivery. For example, bars, pubs and restaurants operating as take-aways, cafes, food to go, food delivery, takeaways and mobile catering; and contract catering at the point of service to the consumer such as in offices or similar environments.

It also applies to the food services provided by businesses.

It does not apply to food preparation or food service in clinical or healthcare settings.

This document is to help employers, employees and the self-employed in the UK understand how to work safely during the COVID-19 pandemic, keeping as many people as possible 2 metres apart from those they do not live with. We hope it gives you freedom within a practical framework to think about what you need to do to continue, or restart, operations during the COVID-19 pandemic. We understand how important it is that you can work safely and support your employees' health and wellbeing during the COVID-19 pandemic. We know that many businesses of this type are currently closed for their usual service. We hope this document will help those who are already working because they cannot work from home, as well as help other people think about how to prepare for when they return to work. The government is clear that workers should not be forced into an unsafe workplace.

This document has been prepared by the Department for Business, Energy and Industrial Strategy (BEIS) with input from firms, unions, industry bodies and the devolved administrations in Wales, Scotland and Northern Ireland, and in consultation with Public Health England (PHE) and the Health and Safety Executive (HSE).

Public health is devolved in Northern Ireland, Scotland and Wales; this guidance should be considered alongside local public health and safety requirements and legislation in Northern Ireland, Scotland and Wales. For advice to businesses in other parts of the UK please see guidance set by the Northern Ireland Executive, the Scottish Government, and the Welsh Government..

We expect that this document will be updated over time. This version is up to date as of 11 May 2020. You can check for updates at https://www.gov.uk/workingsafely. If you have any feedback for us, please email workingsafely@beis.gov.uk.

This document is one of a set of documents about how to work safely in different types of workplace. This one is designed to be relevant for people who work in or run restaurants offering takeaway or delivery services.

How to use this guidance

This document sets out guidance on how to work safely. It gives practical considerations of how this can be applied in the workplace.

Each business will need to translate this into the specific actions it needs to take, depending on the nature of their business, including the size and type of business, how it is organised, operated, managed and regulated.

This guidance does not supersede any legal obligations relating to health and safety, employment or equalities and it is important that as a business or an employer you continue to comply with your existing obligations, including those relating to individuals with protected characteristics. It contains non-statutory guidance to take into account when complying with these existing obligations. When considering how to apply this guidance, take into account agency workers, contractors and other people, as well as your employees.

To help you decide which actions to take, you need to carry out an appropriate COVID-19 risk assessment, just as you would for other health and safety related hazards. This risk assessment must be done in consultation with unions or workers.

HM Government

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HM Government

1. Thinking about risk

Objective: That all employers carry out a COVID-19 risk assessment.

Everyone needs to assess and manage the risks of COVID-19. As an employer, you also have a legal responsibility to protect workers and others from risk to their health and safety. This means you need to think about the risks they face and do everything reasonably practicable to minimise them, recognising you cannot completely eliminate the risk of COVID-19.

You must make sure that the risk assessment for your business addresses the risks of COVID-19, using this guidance to inform your decisions and control measures. A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. If you have fewer than five workers, or are self-employed, you don't have to write anything down as part of your risk assessment. Your risk assessment will help you decide whether you have done everything you need to. There are interactive tools available to support you from the Health and Safety Executive (HSE) at https://www.hse.gov.uk/risk/assessment.htm.

Employers have a duty to consult their people on health and safety. You can do this by listening and talking to them about the work and how you will manage risks from COVID-19. The people who do the work are often the best people to understand the risks in the workplace and will have a view on how to work safely. Involving them in making decisions shows that you take their health and safety seriously. You must consult with the health and safety representative selected by a recognised trade union or, if there isn't one, a representative chosen by workers. As an employer, you cannot decide who the representative will be.

At its most effective, full involvement of your workers creates a culture where relationships between employers and workers are based on collaboration, trust and joint problem solving. As is normal practice, workers should be involved in assessing workplace risks and the development and review of workplace health and safety policies in partnership with the employer.

Employers and workers should always come together to resolve issues. If concerns still cannot be resolved, see below for further steps you can take.

Where the enforcing authority, such as the HSE or your local authority, identifies employers who are not taking action to comply with the relevant public health legislation and guidance to control public health risks, they will consider taking a range of actions to improve control of workplace risks. For example, this would cover employers not taking appropriate action to socially distance, where possible. The actions the HSE can take include the provision of specific advice to employers through to issuing enforcement notices to help secure improvements.

How to raise a concern:

- Contact your employee representative.
- Contact your trade union if you have one.
- Contact HSE online using our working safely enquiry form.
- Contact HSE by phone on 0300 790 6787 (lines are open Monday to Friday 8:30am to 10pm).

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1.1 Managing risk

Objective: To reduce risk to the lowest reasonably practicable level by taking preventative measures, in order of priority.

Employers have a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. In the context of COVID-19 this means working through these steps in order:

- In every workplace, increasing the frequency of handwashing and surface cleaning.
- Businesses and workplaces should make every reasonable effort to enable working from home as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and if so, take all the mitigating actions possible to reduce the risk of transmission between their staff.
- Further mitigating actions include:
  - Increasing the frequency of hand washing and surface cleaning.
  - Keeping the activity time involved as short as possible.
  - Using screens or barriers to separate people from each other.
  - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
  - Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ (so each person works with only a few others).
- Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment.
- In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19.

The recommendations in the rest of this document are ones you should consider as you go through this process. You could also consider any advice that has been produced specifically for your sector, for example by trade associations or trades unions.

If you have not already done so, you should carry out an assessment of the risks posed by COVID-19 in your workplace as soon as possible. If you are currently operating, you are likely to have gone through a lot of this thinking already. We recommend that you use this document to identify any further improvements you should make.

HM Government

1.2 Sharing the results of your risk assessment

You should share the results of your risk assessment with your workforce. If possible, you should consider publishing the results on your website (and we would expect all employers with over 50 workers to do so). Below you will find a notice you should display in your workplace to show you have followed this guidance.

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

FIVE STEPS TO SAFER WORKING TOGETHER

- We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here
- We have **cleaning, handwashing and hygiene procedures** in line with guidance
- We have taken all reasonable steps to **help people work from home**
- We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer _____ Date _____

Who to contact: Your Health and Safety Representative

(or the Health and Safety Executive at www.hse.gov.uk or 0300 003 1647)

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2. Who should go to work

Objective:

That everyone should work from home, unless they cannot work from home.

Nobody should go to work if your business is closed under current government regulations.

Steps that will usually be needed:

- [ ] Considering who is essential to be on site; for example, those not in customer-facing roles such as administrative staff should work from home if at all possible.
- [ ] Planning for the minimum number of people needed on the premises to operate safely and effectively.
- [ ] Monitoring the wellbeing of people who are working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site.
- [ ] Keeping in touch with off-site workers on their working arrangements including their welfare, mental and physical health and personal security.
- [ ] Providing administrative staff with equipment to work from home safely and effectively, for example, remote access to work systems.

HM Government

2.1 Protecting people who are at higher risk

Objective: To protect clinically vulnerable and clinically extremely vulnerable individuals.

- Clinically extremely vulnerable individuals (see definition in Appendix) have been strongly advised not to work outside the home.
- Clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing conditions, see definition in Appendix), have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.
- If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk. As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers who are, as always, entitled to suspension on full pay if suitable roles cannot be found. Particular attention should also be paid to people who live with clinically extremely vulnerable individuals.

Steps that will usually be needed:

- ☐ Providing support for workers around mental health and wellbeing. This could include advice or telephone support.
- ☐ See current guidance for advice on who is in the clinically extremely vulnerable and clinically vulnerable groups.

2.2 People who need to self-isolate

Objective: To make sure individuals who are advised to stay at home under existing government guidance do not physically come to work. This includes individuals who have symptoms of COVID-19 as well as those who live in a household with someone who has symptoms.

Steps that will usually be needed:

- ☐ Enabling workers to work from home while self-isolating if appropriate.
- ☐ See current guidance for employees and employers relating to statutory sick pay due to COVID-19.
- ☐ See current guidance for people who have symptoms and those who live with others who have symptoms.

HM Government

2.3 Equality in the workplace

Objective: To treat everyone in your workplace equally.

- In applying this guidance, employers should be mindful of the particular needs of different groups of workers or individuals.
- It is breaking the law to discriminate, directly or indirectly, against anyone because of a protected characteristic such as age, sex or disability.
- Employers also have particular responsibilities towards disabled workers and those who are new or expectant mothers.

Steps that will usually be needed:

- ☐ Understanding and taking into account the particular circumstances of those with different protected characteristics.
- ☐ Involving and communicating appropriately with workers whose protected characteristics might either expose them to a different degree of risk, or might make any steps you are thinking about inappropriate or challenging for them.
- ☐ Considering whether you need to put in place any particular measures or adjustments to take account of your duties under the equalities legislation.
- ☐ Making reasonable adjustments to avoid disabled workers being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.
- ☐ Making sure that the steps you take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.

3. Social distancing at work

Objective:

To maintain 2m social distancing wherever possible, including arriving at and departing from work, while in work and when travelling between sites.

- You must maintain social distancing in the workplace wherever possible.
- Where the social distancing guidelines cannot be followed in full in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff. Mitigating actions include:
  - Further increasing the frequency of hand washing and surface cleaning.
  - Keeping the activity time involved as short as possible.
  - Using screens or barriers to separate people from each other.
  - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
  - Reducing the number of people each person has contact with by using ‘fixed teams or partnering’ (so each person works with only a few others).
- Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.

HM Government

3.1 Coming to work and leaving work

Objective: To maintain social distancing wherever possible, on arrival and departure and to ensure handwashing upon arrival.

Steps that will usually be needed:

- [ ] Staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics.
- [ ] Providing additional parking or facilities such as bike-racks to help people walk, run, or cycle to work where possible.
- [ ] Reducing congestion, for example, by having more entry points to the workplace. If you have more than one door, consider having one for entering the building and one for exiting.
- [ ] Using markings to guide staff coming into or leaving the building.
- [ ] Providing handwashing facilities, or hand sanitiser where not possible, at entry and exit points.
- [ ] Providing alternatives to touch-based security devices such as keypads.
- [ ] Providing storage for staff clothes and bags.
- [ ] Requesting staff change into work uniforms on site using appropriate facilities/changing areas, where social distancing and hygiene guidelines can be met.
- [ ] Washing uniforms on site rather than by individual staff members at home.

Reduced staffing levels to maintain social distancing

HM Government

3.2 Moving around buildings and worksites

Objective: To maintain social distancing wherever possible, while people travel through the workplace.

Steps that will usually be needed:

- Reducing movement by discouraging non-essential trips within buildings and sites, for example, restricting access to some areas, encouraging use of radios or telephones, where permitted, and cleaning them between use.
- Reducing job and location rotation, for example, assigning workers to specific floors or keeping temporary personnel dedicated to one site.
- Introducing more one-way flow routes through buildings through signage that clearly indicate the direction of flow.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts and encouraging use of stairs wherever possible.
- Making sure that people with disabilities are able to access lifts.
- Regulating use of high traffic areas including corridors, lifts and staircases to maintain social distancing.

3.3 Workplaces and workstations

Objective: To maintain social distancing between individuals when they are at their workstations.

- For people who work in one place, workstations should allow them to maintain social distancing from one another as well as the public.
- Workstations should be assigned to an individual as much as possible. If they need to be shared, they should be shared by the smallest possible number of people.
- If it is not possible to keep workstations 2m apart then businesses should consider whether that activity needs to continue for the business to operate, and if so take all mitigating actions possible to reduce the risk of transmission.

Steps that will usually be needed:

- Reviewing layouts and processes to allow staff to work further apart from each other.
- Only where it is not possible to move workstations further apart, arranging people to work side-by-side or facing away from each other rather than face-to-face.
- Only where it is not possible to move workstations further apart, using screens to separate people from each other.
- Using floor tape or paint to mark areas to help people keep to a 2m distance.
- Using screens to create a physical barrier between people where appropriate, for example, considering areas such as till points.

Taped floor to help indicate 2m distance

HM Government

3.3 Workplaces and workstations

3.3.1 Food preparation

Objective: To maintain social distancing and reduce contact where possible in kitchens and other food preparation areas.

- COVID-19 is a respiratory illness. It is not known to be transmitted by exposure to food or food packaging.

Steps that will usually be needed:

- [ ] Following government guidance on managing food preparation and food service areas.
- [ ] Allowing kitchen access to as few people as possible.
- [ ] Minimising interaction between kitchen staff and other workers, including when on breaks.
- [ ] Putting teams into shifts to restrict the number of workers interacting with each other.
- [ ] Spacing workstations 2m apart as much as possible, recognising the difficulty of moving equipment such as sinks, hobs and ovens. Consider cleanable panels to separate workstations in larger kitchens.
- [ ] Providing floor marking to signal distances of 2m apart.
- [ ] Using 'one way' traffic flows to minimise contact.
- [ ] Minimising access to walk-in pantries, fridges and freezers, for example, with only one person being able to access these areas at one point in time.
- [ ] Minimising contact at 'handover' points with other staff, such as when presenting food to serving staff and delivery drivers.

3.3 Workplaces and workstations

3.3.2 Food consumption areas

Objective: To maintain social distancing and reduce contact where possible in public spaces. Current guidance for public spaces is as follows:

- Bar areas must be closed.
- Seated restaurants and café areas must be closed.
- All food and drink outlets should be takeaway only.

Steps that will usually be needed:

- [ ] Using signage to make clear to customers and the public that these areas are closed.

HM Government

3.4 Meetings

Objective: To reduce transmission due to face-to-face meetings and maintain social distancing in meetings.

Steps that will usually be needed:

- [ ] Using remote working tools to avoid in-person meetings.
- [ ] Only absolutely necessary participants should attend meetings and should maintain 2m separation throughout.
- [ ] Avoiding transmission during meetings, for example, avoiding sharing pens and other objects.
- [ ] Providing hand sanitiser in meeting rooms.
- [ ] Holding meetings outdoors or in well-ventilated rooms whenever possible.
- [ ] For areas where regular meetings take place, use floor signage to help people maintain social distancing.

3.5 Common areas

Objective: To maintain social distancing while using common areas.

Steps that will usually be needed:

- [ ] Staggering break times to reduce pressure on the break rooms or places to eat.
- [ ] Using safe outside areas for breaks.
- [ ] Creating additional space by using other parts of the working area or building that have been freed up by remote working.
- [ ] Installing screens to protect staff in front of house areas or serving customers at till points.

HM Government

3.6 Accidents, security and other incidents

Objective: To prioritise safety during incidents.

Steps that will usually be needed:

- In an emergency, for example, a fire or break-in, people do not have to stay 2m apart if it would be unsafe.
- People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards, including washing hands.

HM Government

4. Managing your customers, visitors and contractors

HM Government

4.1 Manage contacts

Objective: To minimise the contact resulting from visits to restaurants, bars and cafés offering takeaway or delivery services.

Steps that will usually be needed:

- Providing handwashing and hand sanitiser and encourage visitors to wash their hands regularly.
- Regulating entry so that the premises do not become overcrowded, and placing 2m markers on the floor to maintain social distancing inside the premises.
- Providing clear guidance on social distancing and hygiene to people on arrival, for example, signage, visual aids and before arrival, such as by phone, on the website or by email.
- Determining if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night.

4.1 Manage contacts

4.1.1 Selling food or drink

Objective: To minimise interactions with outside workers and the public when selling food or drinks.

Steps that will usually be needed:

- Minimising contact between kitchen workers and front of house workers, delivery drivers or riders, for example, by having zones from which delivery drivers can collect packaged food items.
- Using front of house staff to serve customers purchasing food and drink, minimising the time they spend in the kitchen.
- Creating a physical barrier such as a screen, between front of house workers and customers where possible.
- Encouraging contactless payments where possible.
- Limiting access to premises for people waiting for or collecting takeaways. Setting out clear demarcation for 2m distances for customers queuing. Asking customers to wait in their cars.
- Asking customers to order online, on apps or over the telephone to reduce queues and stagger pick-up times.
- Making regular announcements to remind customers to follow social distancing advice and clean their hands regularly.

HM Government

4.2 Providing and explaining available guidance

Objective: To make sure people understand what they need to do to maintain safety.

Steps that will usually be needed:

- [ ] Displaying clearly to customers the social distancing guidelines in place.
- [ ] Where site visits are required, for example, inbound supplier deliveries or safety critical visitors, providing site guidance on social distancing and hygiene on or before arrival.
- [ ] Reviewing entry and exit routes for customers, visitors and contractors, to minimise contact with other people.

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5. Cleaning the workplace

HM Government

5.1 Before reopening

Objective: To make sure that any site or location that has been closed or partially operated is clean and ready to restart, including:

An assessment for all sites, or parts of sites, that have been closed, before restarting work.

Cleaning procedures and providing hand sanitiser before restarting work.

Steps that will usually be needed:

- Checking whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels.
- Most air conditioning systems do not need adjustment, however where systems serve multiple buildings, or you are unsure, advice should be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers.
- Opening windows and doors frequently to encourage ventilation, where possible.

Enhanced cleaning measures

HM Government

5.2 Keeping the workplace clean

Objective: To keep the workplace clean and prevent transmission by touching contaminated surfaces.

Steps that will usually be needed:

- [ ] Following government guidance on cleaning food preparation and food service areas.
- [ ] Wedging doors open, where appropriate, to reduce touchpoints. This does not apply to fire doors.
- [ ] Cleaning laminated menus or disposing of paper menus after each use.
- [ ] Providing only disposable condiments or cleaning non-disposable condiment containers after each use.
- [ ] If you are cleaning after a known or suspected case of COVID-19 then you should refer to the specific guidance
- [ ] Frequent cleaning of work areas and equipment between uses, using your usual cleaning products.

5.2 Keeping the workplace clean

5.2.1 Kitchen or café cleaning

Objective: To ensure the highest hygiene standards are operated in kitchen areas.

Steps that will usually be needed:

- [ ] Following government guidance on cleaning food preparation and food service areas.
- [ ] Recognising that cleaning measures are already stringent in kitchen areas, consider the need for addition cleaning and disinfection measures.
- [ ] Having bins for collection of used towels and staff overalls.
- [ ] Asking workers to wash hands before handling plates and takeaway boxes.
- [ ] Continuing high frequency of hand washing throughout the day.

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5.3 Hygiene – handwashing, sanitation facilities and toilets

Objective: To help everyone keep good hygiene through the working day.

Steps that will usually be needed:

- [ ] Following government guidance on hygiene in food preparation and food service areas.
- [ ] Using signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available.
- [ ] Providing regular reminders and signage to maintain hygiene standards.
- [ ] Providing hand sanitiser in multiple locations in addition to washrooms.
- [ ] Setting clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible.
- [ ] Enhancing cleaning for busy areas.
- [ ] Special care should be taken for cleaning of portable toilets.
- [ ] Providing more waste facilities and more frequent rubbish collection.
- [ ] Providing hand drying facilities – either paper towels or electrical dryers.

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5.4 Changing rooms and showers

Objective: To minimise the risk of transmission in changing rooms and showers.

Steps that will usually be needed:

- [ ] Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible.
- [ ] Introducing enhanced cleaning of all facilities regularly during the day and at the end of the day.

5.5 Handling goods, merchandise, other materials and onsite vehicles

Objective: To reduce transmission through contact with objects that come into the workplace and vehicles at the worksite.

Steps that will usually be needed:

- [ ] Cleaning procedures for goods and merchandise entering the site.
- [ ] Cleaning procedures for the parts of shared equipment you touch after each use.
- [ ] Encouraging increased handwashing and introducing more handwashing facilities for workers handling goods and merchandise or providing hand sanitiser where this is not practical.
- [ ] Regular cleaning of vehicles that workers may take home.
- [ ] Enhanced handling procedures of laundry to prevent potential contamination of surrounding surfaces, to prevent raising dust or dispersing the virus.

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6. Personal Protective Equipment (PPE) and face coverings

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6. Personal Protective Equipment (PPE) and face coverings

PPE protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment, such as face masks.

Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.

At the start of this document we described the steps you need to take to manage COVID-19 risk in the workplace. This includes working from home and staying 2m away from each other in the workplace if at all possible. When managing the risk of COVID-19, additional PPE beyond what you usually wear is not beneficial. This is because COVID-19 is a different type of risk to the risks you normally face in a workplace, and needs to be managed through social distancing, hygiene and fixed teams or partnering, not through the use of PPE.

The exception is clinical settings, like a hospital, or a small handful of other roles for which Public Health England advises use of PPE. For example, first responders and immigration enforcement officers. If you are in one of these groups you should refer to the advice at:

https://www.gov.uk/government/publications/coronavirus-covid-19-personal-protective-equipment-ppe-plan/covid-19-personal-protective-equipment-ppe-plan

and

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings.

Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

Unless you are in a situation where the risk of COVID-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly .

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6.1 Face coverings

There are some circumstances when wearing a face covering may be marginally beneficial as a precautionary measure. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible. It just needs to cover your mouth and nose. It is not the same as a face mask, such as the surgical masks or respirators used by health and care workers. Similarly, face coverings are not the same as the PPE used to manage risks like dust and spray in an industrial context. Supplies of PPE, including face masks, must continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers, and those in industrial settings like those exposed to dust hazards.

It is important to know that the evidence of the benefit of using a face covering to protect others is weak and the effect is likely to be small, therefore face coverings are not a replacement for the other ways of managing risk, including minimising time spent in contact, using fixed teams and partnering for close-up work, and increasing hand and surface washing. These other measures remain the best ways of managing risk in the workplace and government would therefore not expect to see employers relying on face coverings as risk management for the purpose of their health and safety assessments.

Wearing a face covering is optional and is not required by law, including in the workplace. If you choose to wear one, it is important to use face coverings properly and wash your hands before putting them on and taking them off.

Employers should support their workers in using face coverings safely if they choose to wear one. This means telling workers:

- Wash your hands thoroughly with soap and water for 20 seconds or use hand sanitiser before putting a face covering on, and after removing it.
- When wearing a face covering, avoid touching your face or face covering, as you could contaminate them with germs from your hands.
- Change your face covering if it becomes damp or if you've touched it.
- Continue to wash your hands regularly.
- Change and wash your face covering daily.
- If the material is washable, wash in line with manufacturer's instructions. If it's not washable, dispose of it carefully in your usual waste.
- Practise social distancing wherever possible.

You can make face-coverings at home and can find guidance on how to do this and use them safely on GOV.UK.

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7. Workforce management

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7.1 Shift patterns and working groups

Objective: To change the way work is organised to create distinct groups and reduce the number of contacts each worker has.

Steps that will usually be needed:

- As far as possible, where staff are split into teams or shift groups, fixing these teams or shift groups so that where contact is unavoidable, this happens between the same people.
- Considering where congestion caused by people flow and 'pinch points' can be improved. Using one-way systems, staggered shifts and assigned staff mealtimes are possible ways to minimise the risk of transmission.

7.2 Work-related travel

7.2.1 Cars, deliveries on motorcycles and bicycles, accommodation and visits

Objective: To avoid unnecessary work travel and keep people safe when they do need to travel between locations.

Steps that will usually be needed:

- Minimising non-essential travel – considering remote options first.
- Minimising the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face.
- Cleaning shared vehicles between shifts or on handover.
- Where workers are required to stay away from their home, centrally logging the stay and making sure any overnight accommodation meets social distancing guidelines.
- Ensuring that delivery drivers or riders maintain good hygiene and wash their hands regularly.

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7.2 Work-related travel

7.2.2 Deliveries to other sites

Objective: To help workers delivering to customers to maintain social distancing and hygiene practices.

Steps that will usually be needed:

- Putting in place procedures to minimise person-to-person contact during deliveries to other customers.
- Assisting in maintaining consistent pairing where two-person deliveries are required.
- Minimising contact during payments and exchange of documentation, for example, by using electronic payment methods and electronically signed and exchanged documents.

7.3 Communications and training

7.3.1 Returning to work

Objective: To make sure all workers understand COVID-19 related safety procedures.

Steps that will usually be needed:

- Providing clear, consistent and regular communication to improve understanding and consistency of ways of working.
- Engaging with workers and worker representatives through existing communication routes to explain and agree any changes in working arrangements.
- Developing communication and training materials for workers prior to returning to site, especially around new procedures for arrival at work.

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7.3.2 Ongoing communications and signage

Objective: To make sure all workers are kept up to date with how safety measures are being implemented or updated.

Steps that will usually be needed:

- [ ] Ongoing engagement with workers, including through trade unions or employee representative groups, to monitor and understand any unforeseen impacts of changes to working environments.
- [ ] Awareness and focus on the importance of mental health at times of uncertainty. The government has published guidance on the mental health and wellbeing aspects of coronavirus (COVID-19).
- [ ] Communicating approaches and operational procedures with suppliers, customers or trade bodies to help their adoption and share experience.
- [ ] Using simple, clear messaging to explain guidelines using images and clear language, with consideration of groups for which English may not be their first language.
- [ ] Using visual communications, for example, whiteboards or signage, to explain changes to schedules, breakdowns or materials shortages without the need for face-to-face communications.

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8. Inbound and outbound goods

Objective:

To maintain social distancing and avoid surface transmission when goods enter and leave the site, especially in high volume situations, for example, distribution centres, despatch areas.

Steps that will usually be needed:

- Revising pick-up and drop-off collection points, procedures, signage and markings.
- Considering methods to reduce frequency of deliveries, for example by ordering larger quantities less often.
- Minimising unnecessary contact at gatehouse security, yard and warehouse. For example, non-contact deliveries where the nature of the product allows for use of electronic pre-booking.
- Where possible and safe, having single workers load or unload vehicles.
- Where possible, using the same pairs of people for loads where more than one is needed.
- Enabling drivers to access welfare facilities when required, consistent with other guidance.
- Encouraging drivers to stay in their vehicles where this does not compromise their safety and existing safe working practice, such as preventing drive-aways.
- Creating one-way flow of traffic in stockrooms.
- Adjusting put-away and replenishment rules to create space for social distancing. Where social distancing cannot be maintained due to workplace design, sufficient mitigation strategies should be designed and implemented.

HM Government

Where to obtain further guidance

COVID-19: what you need to do

https://www.gov.uk/coronavirus

Support for businesses and employers during coronavirus (COVID-19)

https://www.gov.uk/coronavirus/business-support

General guidance for employees during coronavirus (COVID-19)

https://www.gov.uk/guidance/guidance-and-support-for-employees-during-coronavirus-covid-19

COVID-19: cleaning of non-healthcare settings

https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

COVID-19: guidance for food businesses

https://www.gov.uk/government/publications/covid-19-guidance-for-food-businesses/guidance-for-food-businesses-on-coronavirus-covid-19

Appendix

Definitions

Common Areas	The term 'common area' refers to areas and amenities which are provided for the common use of more than one person including canteens, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.
Clinically extremely vulnerable	Clinically extremely vulnerable people will have received a letter telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19
Clinically vulnerable people	Clinically vulnerable people include those aged 70 or over and those with some underlying health conditions, all members of this group are listed in the 'clinically vulnerable' section here: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others

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OUR PLAN TO REBUILD:
The UK Government's COVID-19 recovery strategy

May 2020

CP 239

HM Government

OUR PLAN TO REBUILD:

The UK Government's COVID-19 recovery strategy

Presented to Parliament
by the Prime Minister
by Command of Her Majesty

May 2020

CP 239

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Foreword from the Prime Minister

We will remember 2020 as the year we were hit, along with all other nations, by a previously unknown and remorseless foe.

Like the rest of the world, we have paid a heavy price. As of 6 May, 30,615 people have lost their lives having tested positive for COVID-19. Every one of those deaths is a tragedy for friends and family: children have lost mothers and fathers; parents have lost sons and daughters, before their time. We should pay tribute to the victims of this virus: those who have died, and their loved ones who remain.

That price could have been higher if not for the extraordinary efforts of our NHS and social care workers and had we not acted quickly to increase the capacity of the NHS. People up and down the UK have made an extraordinary sacrifice, putting their lives on hold and distancing themselves from their loved ones. It would have been higher had we not shielded the most vulnerable - providing help and support to those that need it.

On 3 March we published our plan[1], and since then millions of hardworking medical, health and care workers, military personnel, shopkeepers, civil servants, delivery and bus drivers, teachers and countless others have diligently and solemnly enacted it.

I said we'd take the right decisions at the right time, based on the science. And I said that the overwhelming priority of that plan was to keep our country safe.

Through the unprecedented action the people of the United Kingdom have taken, we have begun to beat back the virus. Whereas the virus threatened to overwhelm the NHS, our collective sacrifice has meant that at no point since the end of March have we had fewer than one third of our critical care beds free.

We can feel proud of everyone who worked so hard to create Cardiff's Dragon's Heart Hospital, Glasgow's Louisa Jordan Hospital, and the Nightingale Hospitals in London, Belfast, Birmingham, Exeter, Harrogate, Sunderland, Bristol and Manchester. In addition to these new Nightingales, the UK has just over 7,000 critical care beds as of 4 May; an increase from 4,000 at the end of January.

Meanwhile the Government increased daily tests by over 1,000% during March - from 11,041 on 31 March to 122,347 on 30 April. Teachers have worked with Google to create the Oak National Academy - a virtual school - in just two weeks, delivering 2.2 million lessons in its first week of operation. We have supported businesses and workers with a furlough scheme - designed and built from scratch - that has safeguarded 6.3 million jobs. Right across the country we have seen huge ingenuity, drive and selflessness.

[1] https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk

Now, with every week that passes, we learn more about the virus and understand more about how to defeat it. But the more we learn, the more we realise how little the world yet understands about the true nature of the threat - except that it is a shared one that we must all work together to defeat.

Our success containing the virus so far has been hard fought and hard won. So it is for that reason that we must proceed with the utmost care in the next phase, and avoid undoing what we have achieved.

This document sets out a plan to rebuild the UK for a world with COVID-19. It is not a quick return to 'normality.' Nor does it lay out an easy answer. And, inevitably, parts of this plan will adapt as we learn more about the virus. But it is a plan that should give the people of the United Kingdom hope. Hope that we can rebuild; hope that we can save lives; hope that we can safeguard livelihoods.

It will require much from us all: that we remain alert; that we care for those at most risk; that we pull together as a United Kingdom. We will continue to work with the devolved administrations in Scotland, Wales and Northern Ireland to ensure these outcomes for everybody, wherever they live in the UK.

It is clear that the only feasible long-term solution lies with a vaccine or drug-based treatment. That is why we have helped accelerate this from the start and are proud to be home to two of the world's most promising vaccine development programmes at Oxford University and Imperial College, supported by a globally renowned pharmaceutical sector.

The recent collaboration between Oxford University and AstraZeneca is a vital step that could help rapidly advance the manufacture of a COVID-19 vaccine. It will also ensure that should the vaccine being developed by Oxford's Jenner Institute work, it will be available as early as possible, helping to protect thousands of lives from this disease.

We also recognise that a global problem needs a global solution. This is why the United Kingdom has been at the forefront of the international response to the virus, co-hosting the Coronavirus Global Response Summit on 4 May, pledging £388m in aid funding for research into vaccines, tests and treatment including £250m to the Coalition for Epidemic Preparedness Innovations, the largest contribution of any country.

But while we hope for a breakthrough, hope is not a plan. A mass vaccine or treatment may be more than a year away. Indeed, in a worst-case scenario, we may never find a vaccine. So our plan must countenance a situation where we are in this, together, for the long haul, even while doing all we can to avoid that outcome.

I know the current arrangements do not provide an enduring solution – the price is too heavy, to our national way of life, to our society, to our economy, indeed to our long-term public health. And while it has been vital to arrest the spread of the virus, we know it has taken a heavy toll on society - in particular to the most vulnerable and disadvantaged - and has brought loneliness and fear to many.

We've asked you to protect those you love by separating yourself from them; but we know this has been tough, and that we must avoid this separation from turning into loneliness.

So this plan seeks to return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible, in a way that is safe and continues to protect our NHS.

The overriding priority remains to save lives.

And to do that, we must acknowledge that life will be different, at least for the foreseeable future. I will continue to put your safety first, while trying to bring back the things that are most important in your lives, and seeking to protect your livelihoods.

That means continuing to bolster the NHS and social care system so it can not only cope with the pressures from COVID-19 but also deliver the Government's manifesto commitment to continue improving the quality of non-COVID-19 health and social care.

It means a huge national effort to develop, manufacture and prepare to distribute a vaccine, working with our friends and allies around the world to do so.

It means optimising the social distancing measures we've asked the nation to follow, so that as the threat changes, the measures change as well - doing as much as possible to suppress the epidemic spread, while minimising the economic and social effects.

That will require a widespread system of testing, of tracing and monitoring the spread of the disease, of shielding the most vulnerable, of protecting those in care homes, of securing our borders against its reintroduction, and of re-designing workplaces and public spaces to make them "COVID-19 Secure."

Our NHS is already, rightly, the envy of the world. But we now need to build up the other world-leading systems that will protect us in the months ahead.

I must ask the country to be patient with a continued disruption to our normal way of life, but to be relentless in pursuing our mission to build the systems we need. The worst possible outcome would be a return to the virus being out of control – with the cost to human life, and – through the inevitable re-imposition of severe restrictions – the cost to the economy.

We must stay alert, control the virus, and in doing so, save lives.

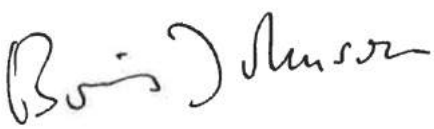
If we get this right we will minimise deaths – not just from COVID-19, but also from meeting all our non-COVID-19 health needs, because our (bigger) NHS will not be overwhelmed.

We will maximise our economic and societal bounce-back: allowing more people to get on with more of their normal lives and get our economy working again.

Then, as vaccines and treatment become available, we will move to another new phase, where we will learn to live with COVID-19 for the longer term without it dominating our lives.

This is one of the biggest international challenges faced in a generation. But our great country has faced and overcome huge trials before. Our response to these unprecedented and unpredictable challenges must be similarly ambitious, selfless and creative.

Thank you for your efforts so far, and for the part everyone in the UK will play over the months ahead.



1. The current situation

Phase one

COVID-19 is a new and invisible threat. It has spread to almost every country in the world.

The spread of the virus has been rapid. In the UK at its maximum, the number of patients in intensive care was estimated to be doubling every 3-4 days.

This type of exponential growth would have overwhelmed the NHS were it not contained (as shown in Figure 1).

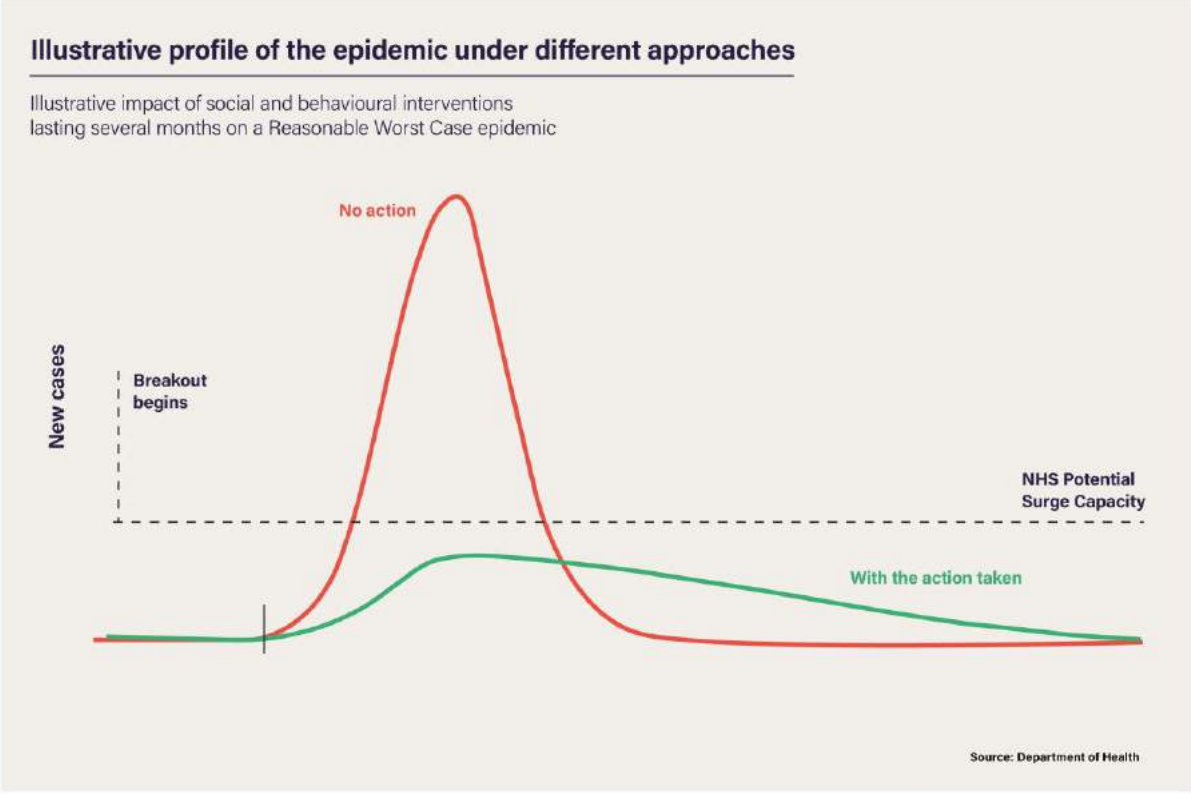


Figure 1: ***Illustrative profile of the epidemic under different approaches*** *Illustrative impact of social and behavioural interventions lasting several months on a Reasonable Worst Case epidemic.*

From the start, the Government was guided by science, publishing on 3 March its plan[2] to contain, delay, and mitigate any outbreak, and use research to inform policy development.

Responding to the advice of Government scientists, on 7 March those with symptoms were asked to self-isolate for 7 days. On 16 March, the Government introduced shielding for the most vulnerable and called on the British public to cease non-essential contact and travel. On 18 March, the Government announced the closure of schools. On 20 March entertainment, hospitality and indoor leisure venues were closed. And on 23 March the Government took decisive steps to introduce the Stay at Home guidance. Working with the devolved administrations, the Government had to take drastic action to protect the NHS and save lives. Delivering this plan was the first phase of the Government's response, and due to the extraordinary sacrifice of the British people and the efforts of the NHS, this first phase has suppressed the spread of the virus.

In an epidemic, one of the most important numbers is R - the reproduction number. If this is below one, then on average each infected person will infect fewer than one other person; the number of new infections will fall over time. The lower the number, the faster the number of new infections will fall. When R is above one, the number of new infections is accelerating; the higher the number the faster the virus spreads through the population.

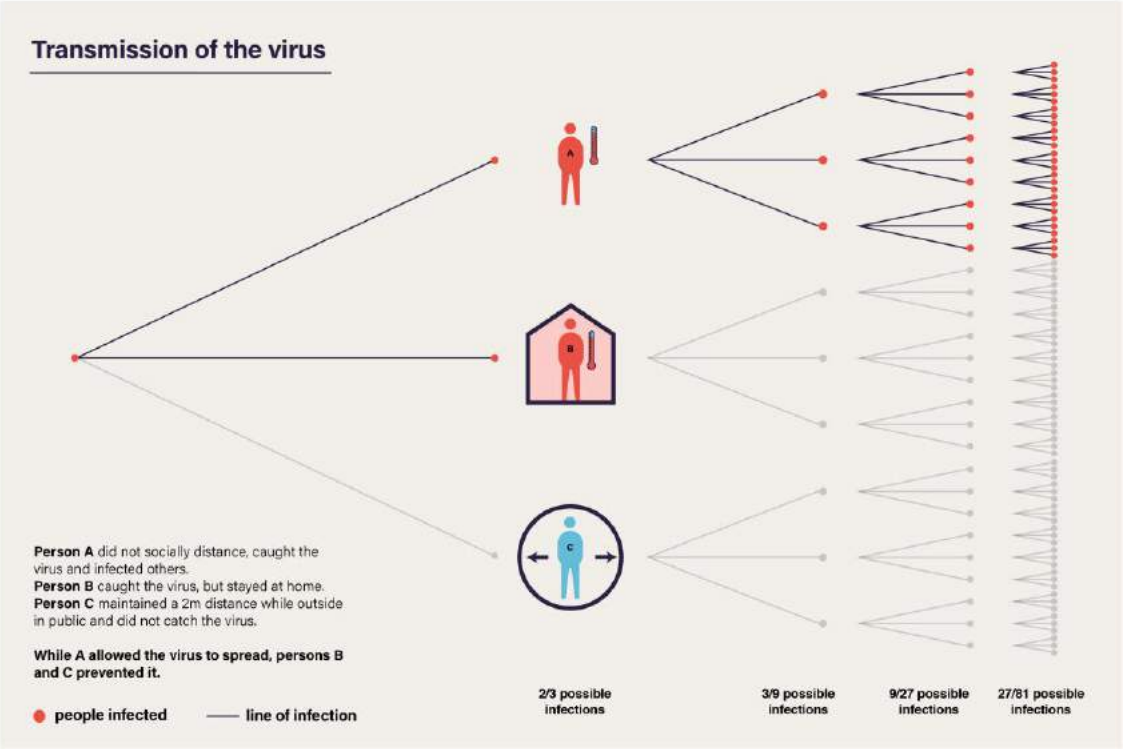


Figure 2: ***Transmission of the virus*** *Schematic diagram of the transmission of the virus with an R value of 3, and the impact of social distancing.*

[2] https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk

In the UK, the Scientific Advisory Group for Emergencies (SAGE) assessed that R at the beginning of the epidemic was between 2.7 and 3.0; each person with the disease gave it to nearly three other people, on average. But the Government and devolved administration response means SAGE's latest assessment is that, across the UK, R has reduced to between 0.5 and 0.9, meaning that the number of infected people is falling. The impact of social distancing measures on R is demonstrated in Figure 2.

The Government now sees that:

- There are no regions of the country where the epidemic appears to be increasing.
- As of 9 May, it is estimated that 136,000 people in England are currently infected with COVID-19.[3]
- The number of patients in hospital in the UK with COVID-19 is under 13,500 as of 4 May; 35% below the peak on 12 April.[4]
- 27% of NHS critical care beds in the UK were occupied by a COVID-19 patient on 4 May - compared to 51% on 10 April.[5]

At the same time, the Government has invested heavily in its ability to tackle the disease. NHS capacity has increased significantly, with 3,000 new critical care beds across the UK since January[6], and daily tests have increased by over 1,000% during March - from 11,041 on 31 March to 122,347 on 30 April.[7]

[3] https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/england10may2020

[4] Source: NHSE (COVID daily sitrep), Scottish Gov, Welsh Gov, NI. Note: For NHS acute trusts with Type 1 A&E only

[5] Source: NHSE (COVID daily sitrep, A&E daily sitrep), Welsh Gov, Scottish Gov, NI Gov. Different health systems collect this data differently; in Wales critical care beds are taken to be invasive ventilation including surge capacity and both confirmed and suspected COVID-19 cases, in Scotland critical care beds include ICU beds and additional surge capacity. In Northern Ireland, critical care beds includes all adult ICU beds (this is a change to previous reporting). Note: For NHS acute trusts with Type 1 A&E only.

[6] NHSE (COVID daily sitrep), Scottish Gov, Welsh Gov, NI. Note: For NHS acute trusts with Type 1 A&E only

[7] https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public. This data includes tests under Pillars 1 and 2 for March. Our cumulative total of 1,023,824 tests by 30 April compares with 2.5m tests in Germany, 724,000 in France and 640,000 in South Korea (PHE collation of data from national published sources)

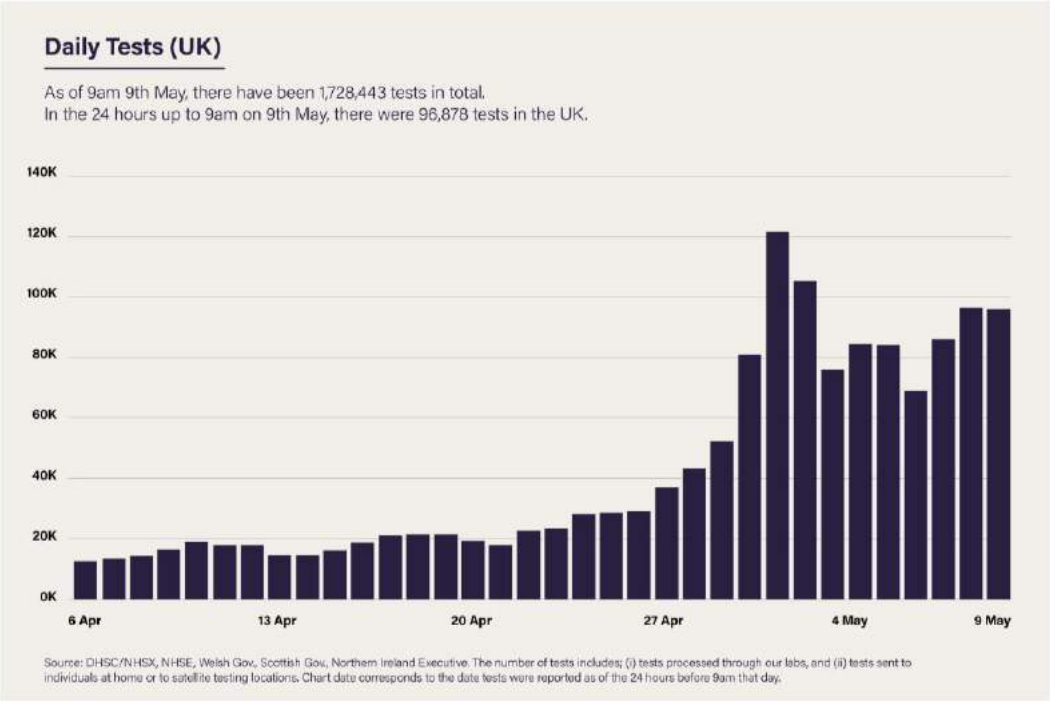


Figure 3: ***Daily tests (UK)*** *The number of tests carried out in the UK as of 9am on 9 May*

Tragically, however, the number of deaths so far this year is 37,151 higher than the average for 2015 to 2019.[8] The Government is particularly troubled by the impact of COVID-19 in care homes, where the number of COVID-19 deaths registered as taking place up to 24 April is 6,934,[9] and by the higher proportion of those who have died of COVID-19 who have been from minority ethnic backgrounds. It is critical that the Government understands why this is occurring. It is why on 4 May Public Health England launched a review into the factors affecting health outcomes from COVID-19, to include ethnicity, gender and obesity. This will be published by the end of May.[10]

Alongside the social distancing measures the Government has announced in this first phase, it has also taken unprecedented action to support people and businesses through this crisis and minimise deep and long-lasting impacts on the economy. 800,000 employers had applied to the Coronavirus Job Retention Scheme to help pay the wages of 6.3m jobs, as of midnight on 3 May.[11]

The Office for Budget Responsibility (OBR) and the Bank of England have both been clear that if the Government had not taken the actions they had, the situation would be much worse. But despite this, the impact on people's jobs and livelihoods has been severe: economic activity has been brought to a stop across large swathes of the UK economy. The Government is supporting millions of families and businesses, but cannot protect every job and every business.

[8] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales; https://www.nrscotland.gov.uk/covid19stats; https://www.nisra.gov.uk/publications/weekly-deaths
[9] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwale
[10] https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19
[11] HMRC, https://twitter.com/HMRCgovuk/status/1257324798847451136/photo/1

Unemployment is rising from a 40-year low at the start of the year; around 1.8 million households made claims for Universal Credit between 16 March and 28 April.[12] The OBR has published a 'reference' scenario which suggests that, if the current measures stay in place until June and are then eased over the next three months, unemployment would rise by more than 2 million in the second quarter of 2020.[13] The OBR's scenario suggests that GDP could fall by 35% in the second quarter of this year – and the annual contraction could be the largest in over 300 years.[14]

Workers in those sectors most affected, including hospitality and retail, are more likely to be low paid, younger and female. Younger households are also likely to be disproportionately hit in the longer term, as evidence suggests that, following recessions, lost future earnings potential is greater for young people.[15]

The longer the virus affects the economy, the greater the risks of long-term scarring and permanently lower economic activity, with business failures, persistently higher unemployment and lower earnings. This would damage the sustainability of the public finances and the ability to fund public services including the NHS. It would also likely lead to worse long-run physical and mental health outcomes, with a significant increase in the prevalence of chronic illness.

[12] DWP, https://www.gov.uk/government/publications/universal-credit-declarations-claims-and-advances-management-information
[13] OBR, https://obr.uk/docs/dlm_uploads/Coronavirus_reference_scenario_commentary.pdf
[14] OBR, https://obr.uk/docs/dlm_uploads/Coronavirus_reference_scenario_commentary.pdf
[15] IFS, https://www.ifs.org.uk/publications/14791

Moving to the next phase

On 16 April the Government presented five tests for easing measures[16]. These are:

1. Protect the NHS's ability to cope. We must be confident that we are **able to provide sufficient critical care and specialist treatment** right across the UK.
2. See a **sustained and consistent fall in the daily death rates** from COVID-19 so we are confident that we have moved beyond the peak.
3. Reliable data from SAGE showing that **the rate of infection is decreasing to manageable levels** across the board.
4. Be confident that **the range of operational challenges, including testing capacity and PPE, are in hand,** with supply able to meet future demand.
5. Be confident that **any adjustments to the current measures will not risk a second peak of infections** that overwhelms the NHS.

The Government's priority is to protect the public and save lives; it will ensure any adjustments made are compatible with these five tests. As set out above, the R is now below 1 – between 0.5 and 0.9 – but potentially only just below 1. The Government has made good progress in satisfying some of these conditions. The ventilated bed capacity of the NHS has increased while the demand placed on it by COVID-19 patients has now reduced (as shown in Figure 4). Deaths in the community are falling. However, real challenges remain on the operational support required for managing the virus. The Government cannot yet be confident that major adjustments now will not risk a second peak of infections that might overwhelm the NHS. Therefore, the Government is only in a position to lift cautiously elements of the existing measures.

[16] FCO, https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-16-april-2020

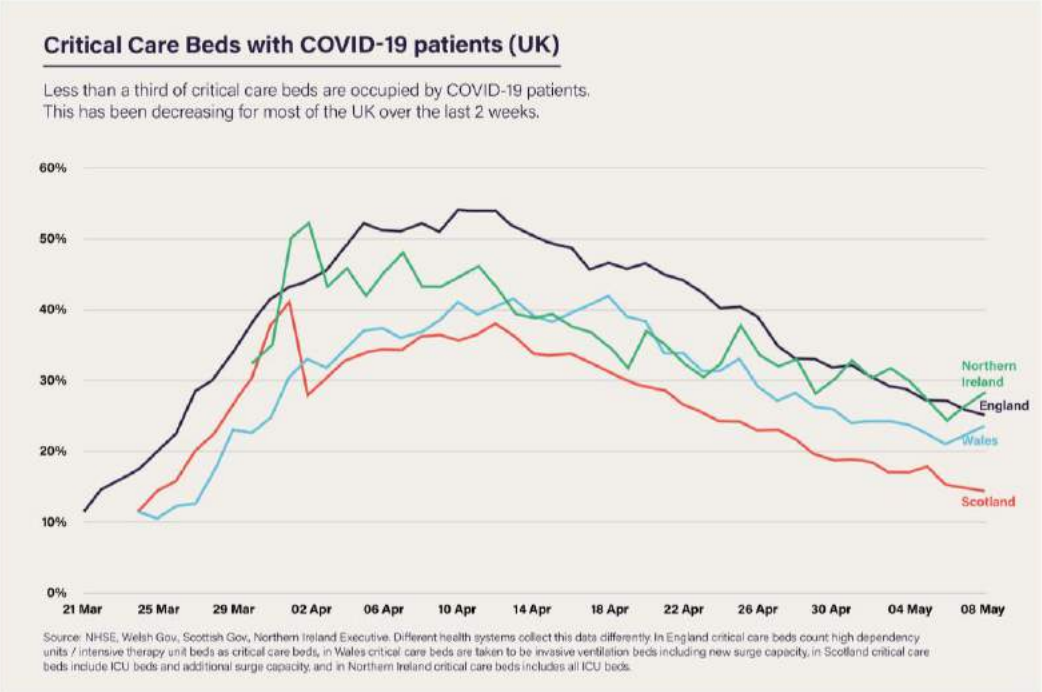


Figure 4: ***Critical care beds with COVID-19 patients (UK)*** *The percentage of critical care beds with COVID-19 patients up to 8 May.*

Different parts of the UK have different R figures. The devolved administrations are making their own assessments about the lifting of measures in Scotland, Wales and Northern Ireland. All governments continue to work together to ensure a coordinated approach across the United Kingdom.

The challenges ahead

As the Government moves into the next phase of its response to the virus, it is important to be clear about the challenges that the UK, in common with other countries around the world, is now facing.

1. **This is not a short-term crisis**. It is likely that COVID-19 will circulate in the human population long-term, possibly causing periodic epidemics. In the near future, large epidemic waves cannot be excluded without continuing some measures.

2. **In the near term, we cannot afford to make drastic changes**. To successfully keep R below 1, we have little room for manoeuvre. SAGE modelling suggests that either fully opening schools or relaxing all social distancing measures now, will lead to a resurgence of the virus and a second wave that could be larger than the first. In a population where most people are lacking immunity, the epidemic would double in size every few days if no control measures were in place.

3. **There is no easy or quick solution**. Only the development of a vaccine or effective drugs can reliably control this epidemic and reduce mortality without some form of social distancing or contact tracing in place. In the medium-term, allowing the virus to spread in an uncontrolled manner until natural population-level immunity is achieved would put the NHS

under enormous pressure. At no point has this been part of the Government's strategy. If vaccines can be developed they have the potential to stop the disease spreading; treatments would be less likely to stop the spread but could make the virus less dangerous.

4. **The country must get the number of new cases down.** Holding R below 1 will reduce the number of new cases down to a level that allows for the effective tracing of new cases; this in turn, will enable the total number of daily transmissions to be held at a low level.

5. **The world's scientific understanding of the virus is still developing rapidly.** We are still learning about who is at greatest personal risk and how the virus is spread. It is not possible to know with precision the relative efficacy of specific shielding and suppression measures; nor how many people in the population are or have been infected asymptomatically.

6. **The virus' spread is difficult to detect**. Some people carry the disease asymptomatically, which may mean that they can spread the virus without knowing that they are infectious. Those who do develop symptoms often do not show signs of being infected for around five days; a significant proportion of infections take place in this time, particularly in the two days before symptoms start. Even those who are not at risk of significant harm themselves may pose a real risk of inadvertently infecting others. This is why a significant part of the next phase of the Government's response will be to improve its monitoring of and response to new infections.

7. **The Government must prepare for the challenges that the winter flu season will bring.** This will have wide-ranging effects, from impeding any efforts to trace the virus (because so many people without COVID-19 are likely to have symptoms that resemble COVID-19), to increasing the demand for hospital beds.

8. **The plan depends on continued widespread compliance.** So far people have adhered to the measures well, as depicted in Figure 5 below. However, to avoid R tipping above 1 and the epidemic increasing in an uncontrolled manner, very high continued levels of compliance are essential. The risk is an unbalanced one; if the UK tips back into an exponential increase in the spread of the infection, it could quickly get out of control.

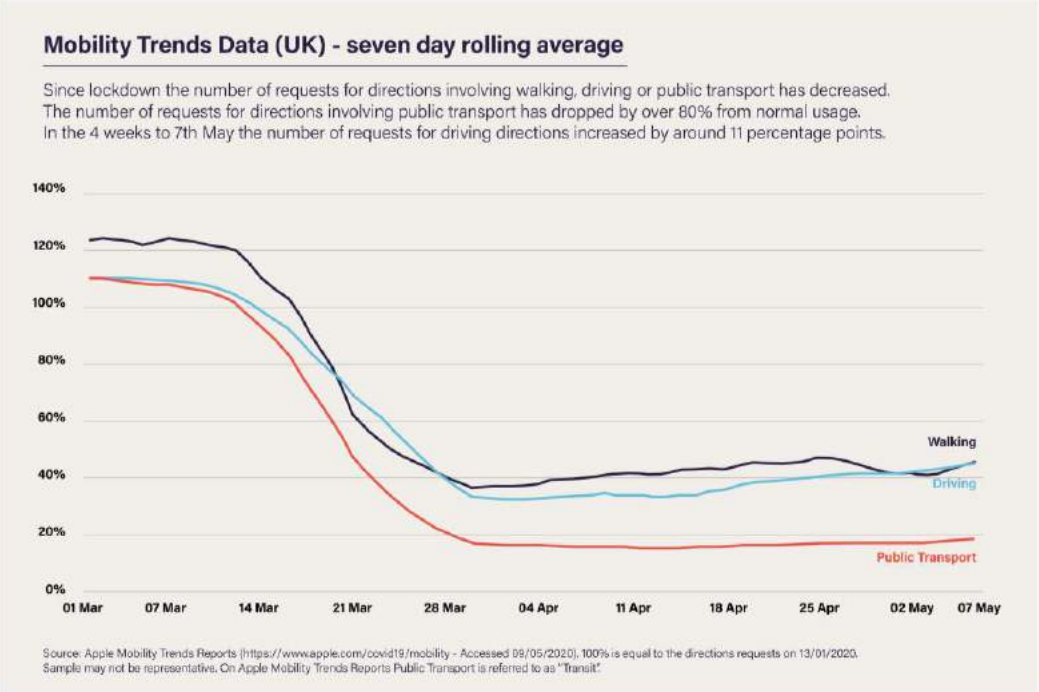


Figure 5: ***Mobility trends data for the UK*** *based on a seven-day rolling average up to 7 May*

Reflecting these challenges, the rest of this document sets out a cautious roadmap to ease existing measures in a safe and measured way, subject to successfully controlling the virus and being able to monitor and react to its spread. The roadmap will be kept constantly under review as the epidemic, and the world's understanding of it, develops.

2. Our aims: saving lives; saving livelihoods

The Government's aim has been to save lives. This continues to be the overriding priority at the heart of this plan.

The Government must also seek to minimise the other harms it knows the current restrictive measures are causing - to people's wellbeing, livelihoods, and wider health. But there is a risk that if the Government rushes to reverse these measures, it would trigger a second outbreak that could overwhelm the NHS. So the UK must adapt to a new reality - one where society can return to normal as far as possible; where children can go to school, families can see one another and livelihoods can be protected, while also continuing to protect against the spread of the disease.

Therefore the Government's aim at the centre of this plan is to:

> **return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible…**
>
> **… in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes.**

To do this, the Government will need to steadily redesign the current social distancing measures with new, smarter measures that reflect the level of risk at that point in time, and carefully wind down economic support schemes while people are eased back into work. The Government will do this by considering three main factors.

Health effect

The first consideration is the nation's health.

The Government must consider overall health outcomes, not just those directly caused by COVID-19. As advised by the Chief Medical Officer and NHS England, the Government will take into account:

- **Direct COVID-19 mortality**, those who die from the virus, despite receiving the best medical care.
- **Indirect harms** arising from NHS emergency services being overwhelmed and therefore providing significantly less effective care both for those with COVID-19 and for those with other medical emergencies.

- **Increases in mortality or other ill health as a result of measures we have had to take** including postponement of important but non-urgent medical care and public health programmes while the NHS is diverting resources to manage the epidemic, or from unintended consequences such as people deciding not to seek treatment when they need it, and from increased isolation and effects on mental health;[17] and
- The long-term **health effects of any increase in deprivation** arising from economic impacts, as deprivation is strongly linked to ill health.[18]

As with many other respiratory infections, it is impossible to guarantee that nobody will be infected with this virus in the future, or that none of those infections will lead to tragic deaths. However, it is important to be clear that there is no part of this plan that assumes an 'acceptable' level of infection or mortality.

The biggest threat to life remains the risk of a second peak that overwhelms the healthcare system this winter, when it will be under more pressure and the NHS still needs to deliver non-urgent care. A second peak would also trigger a return of the wider health, economic and social harms associated with the first outbreak. This plan aims to minimise this risk.

Economic effect

The second consideration is protecting and restoring people's livelihoods and improving people's living standards.

Ultimately, a strong economy is the best way to **protect people's jobs** and ensure that the Government can fund **the country's vital public services** including the healthcare response. This means the Government will take into account:

- the short-term economic impact, including the number of people who can **return to work where it is safe to do so**, working with businesses and unions to help people go back to workplaces safely;
- the country's **long-term economic future**, which could be harmed by people being out of jobs and by insolvencies, and investing in supporting an economic bounce back;
- the sustainability of **public finances** so the Government can pay for public services and the healthcare response;
- **financial stability** so that the banks and others can continue to provide finance to the economy;
- **the distributional effects,** and so considering carefully the Government's measures on different income and age groups, business sectors and parts of the country.

[17] For example, in England there has been a 53% drop in urgent cancer referrals for the week of 27 April and 20% drop in cancer treatments for the week of 20 April (latest available). (Source: NHS England)
[18] The IFS recently estimated that the fall in employment over the 12 months after the 2008 crisis caused an increase in the prevalence of chronic illnesses in those of working age of around 900,000. The IFS use evidence from Janke et al (2020) which showed that a 1 per cent increase in employment leads to a 2 per cent fall in the prevalence of chronic health conditions among the working age population

The Government also needs to protect the UK's international economic competitiveness. This means, where possible, seeking new economic opportunities, for example for the UK's world-leading pharmaceutical and medical-device manufacturing sectors.

Social effect

The third consideration is the wider effect of the social distancing measures on how the public live their daily lives. The Government recognises that social distancing measures can exacerbate societal challenges, from the negative impacts on people's mental health and feelings of isolation, to the risks of domestic abuse and online fraud. The Government must act to minimise the adverse social costs - both their severity and duration - for the greatest number of people possible. This means the Government will take into account:

- the **number of days of education** children lose;
- the **fairness** of any actions the Government takes, especially the impact on those most affected by social distancing measures; and
- the importance of maintaining the strength of the **public services and civic organisations** on which the UK relies, especially those that protect or support society's most vulnerable.

Feasibility

Underpinning these three factors is a crucial practical constraint: considering the risk and feasibility of any action the Government undertakes. This includes considering the technological risk of any courses the Government pursues, the timelines to implement novel technologies, and the Government's ability to work with global partners. Much of what is desirable is not yet possible. So the Government's plan considers carefully when and where to take risk. A 'zero risk' approach will not work in these unprecedented times. The Government will have to invest in experimental technologies, some of which are likely not to work as intended, or even prove worthless. But waiting for complete certainty is not an option.

Overarching principles

Underpinning the factors above are some guiding principles:

(1) **Informed by the science.** The Government will continue to be guided by the best scientific and medical advice to ensure that it does the right thing at the right time.

(2) **Fairness.** The Government will, at all times, endeavour to be fair to all people and groups.

(3) **Proportionality.** The Government will ensure that all measures taken to control the virus are proportional to the risk posed, in terms of the social and economic implications.

(4) **Privacy.** The Government will always seek to protect personal privacy and be transparent with people when enacting measures that, barring this once-in-a-century event, would never normally be considered.

(5) **Transparency.** The Government will continue to be open with the public and parliamentarians, including by making available the relevant scientific and technical advice. The Government will be honest about where it is uncertain and acting at risk, and it will be transparent about the judgements it is making and the basis for them.

In meeting these principles, the UK Government will work in close cooperation with the devolved administrations in Scotland, Wales and Northern Ireland to make this a UK-wide response: coherent, coordinated and comprehensive. Part of that UK wide approach will be acknowledging that the virus may be spreading at different speeds in different parts of the UK. Measures may need to change in different ways and at different times. For advice, please see guidance set by the Northern Ireland Executive, the Scottish Government and the Welsh Government.

Balancing the different considerations will involve some difficult choices. For example, the Government will face a choice between the extent and speed of the freedoms enjoyed by some lower-risk people and the risk to others: if all people at lower personal risk were allowed to resume their lives exactly as before the outbreak, this would increase the level of risk to those that are more vulnerable.

3. Our approach: a phased recovery

As the UK exits phase one of the Government's response, where the Government has sought to contain, delay, research and mitigate, it will move through two further phases.

Phase two: Smarter controls
Until the UK can reach phase three, the Government will gradually replace the existing social restrictions with smarter measures that balance its aims as effectively as possible.

The Government will enact measures that have the largest effect on controlling the epidemic but the lowest health, economic and social costs.

These will be developed and announced in periodic 'steps' over the coming weeks and months, seeking to maximise the pace at which restrictions are lifted, but with strict conditions to move from each step to the next. The Government will maintain options to react to a rise in transmissions, including by reimposing restrictions if required.

Over time, the Government will improve the effectiveness of these measures and introduce more reactive or localised measures through widespread, accurate monitoring of the disease. That will enable the lifting of more measures for more people, at a faster pace. Meanwhile, the Government will continue to increase NHS and social care capacity to ensure care for all COVID-19 patients while restoring 'normal' healthcare provision.

Phase three: Reliable treatment
Eradication of the virus from the UK (and globally) is very unlikely. But rolling out effective treatments and/or a vaccine will allow us to move to a phase where the effect of the virus can be reduced to manageable levels.

To bring about this phase as quickly as possible, the Government is investing in research, developing international partnerships and putting in place the infrastructure to manufacture and distribute treatments and/or a vaccine at scale.

Phase two: smarter controls

Throughout this phase, people will need to minimise the spread of the disease through continuing good hygiene practices: hand washing, social distancing and regular disinfecting of surfaces touched by others. These will be in place for some time.

The number of social contacts people make each day must continue to be limited, the exposure of vulnerable groups must continue to be reduced from normal levels, and symptomatic and diagnosed individuals will still need to isolate.

Over time, social contact will be made less infectious by:

- **making such contact safer** (including by redesigning public and work spaces, and those with symptoms self-isolating) to reduce the chance of infection per contact;
- **reducing infected people's social contact** by using testing, tracing and monitoring of the infection to better focus restrictions according to risk; and
- **stopping hotspots developing** by detecting infection outbreaks at a more localised level and rapidly intervening with targeted measures.

In the near term, the degree of social contact within the population continues to serve as a proxy for the transmission of the virus; the fewer contacts, the lower the risk.

Developing smarter social distancing measures will mean the Government needs to balance increasing contacts as it relaxes the most disruptive measures with introducing new measures to manage risk, for example by tightening other measures. The more contacts in one area - for example, if too many people return to physical workplaces - the fewer are possible elsewhere - for example, not as many children can return to school. The lower the level of infection at each point in time, the more social contact will be possible.

Regular steps of adjustments to current measures

Over the coming months, the Government will therefore introduce a range of adjustments to current social distancing controls, timing these carefully according to both the current spread of the virus and the Government's ability to ensure safety. These will happen in "steps," as set out in the next chapter, with strict conditions to safely move from each step to the next.

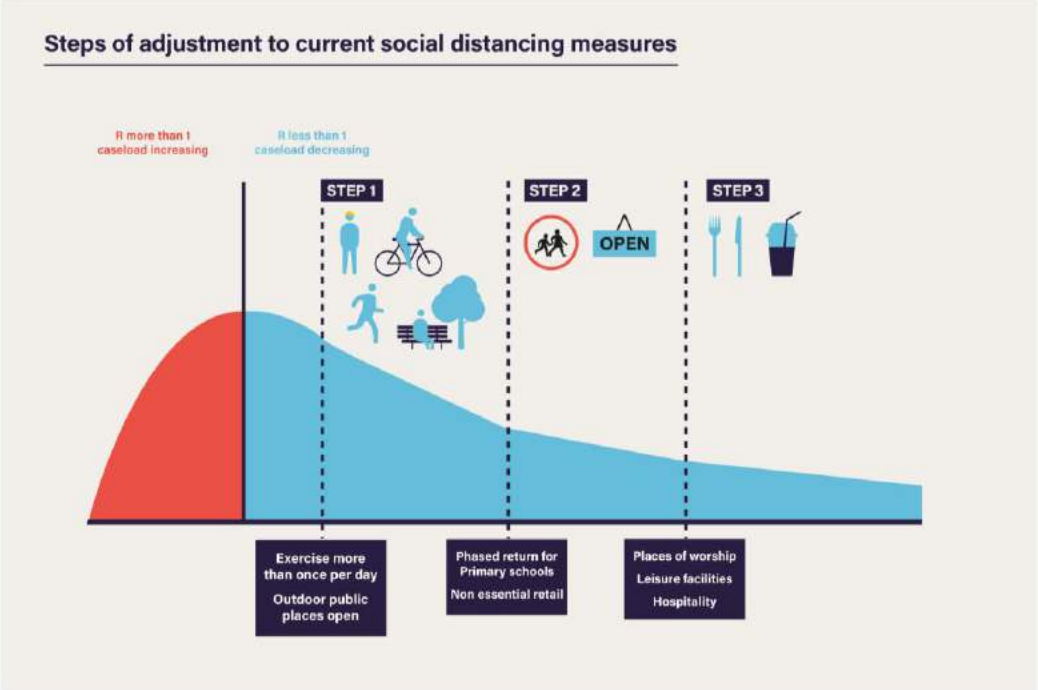


Figure 6: ***Steps of adjustment to current social distancing measures*** *As the caseload falls, different steps can be taken to adjust social distancing measures.*

Each step may involve adding new adjustments to the existing restrictions or taking some adjustments further (as shown in Figure 6). For example, while reopening outdoor spaces and activities (subject to continued social distancing) comes earlier in the roadmap because the risk of transmission outdoors is significantly lower, it is likely that reopening indoor public spaces and leisure facilities (such as gyms and cinemas), premises whose core purpose is social interaction (such as nightclubs), venues that attract large crowds (like sports stadia), and personal care establishments where close contact is inherent (like beauty salons) may only be fully possible significantly later depending on the reduction in numbers of infections.

The next chapter sets out an indicative roadmap, but the precise timetable for these adjustments will depend on the infection risk at each point, and the effectiveness of the Government's mitigation measures like contact tracing.

Over the coming weeks and months, the Government will monitor closely the effect of each adjustment, using the effect on the epidemic to gauge the appropriate next step.

Initially, the gap between steps will need to be several weeks, to allow sufficient time for monitoring. However, as the national monitoring systems become more precise and larger-scale, enabling a quicker assessment of the changes, this response time may reduce.

Restrictions may be adjusted by the devolved administrations at a different pace in Scotland, Wales and Northern Ireland because the level of infection - and therefore the risk - will differ. Similarly in England, the Government may adjust restrictions in some regions before others: a greater risk in Cornwall should not lead to disproportionate restrictions in Newcastle if the risk is lower.

"COVID-19 Secure" guidelines

Many measures require the development of new safety guidelines that set out how each type of physical space can be adapted to operate safely. The Government has been consulting relevant sectors, industry bodies, local authorities, trades unions, the Health and Safety Executive and Public Health England on their development and will release them this week.

They will also include measures that were unlikely to be effective when the virus was so widespread that full stay-at-home measures were required, but that may now have some effect as the public increase the number of social contacts - including, for example, advising the use of face coverings in enclosed public areas such as on public transport and introducing stricter restrictions on international travellers.

Many businesses across the UK have already been highly innovative in developing new, durable ways of doing business, such as moving online or adapting to a delivery model. Many of these changes, like increased home working, have significant benefits, for example, reducing the carbon footprint associated with commuting. The Government will need to continue to ask all employers and operators of communal spaces to be innovative in developing novel approaches; UK Research and Innovation (UKRI) will welcome grant applications for proposals to develop new technologies and approaches that help the UK mitigate the impact of this virus.

Protecting the most clinically vulnerable people

Some people have received a letter from the NHS, their clinician or their GP telling them that as a result of having certain medical conditions, they are considered to be **clinically extremely vulnerable.**[19] Throughout this period, the Government will need to continue an extensive programme of shielding for this group while the virus continues to circulate.[20] The Government will also have to adjust its protections for other vulnerable locations like prisons and care homes,[21] based on an understanding of the risk.

Those in the clinically extremely vulnerable cohort will continue to be advised to shield themselves for some time yet, and the Government recognises the difficulties this brings for those affected. Over the coming weeks, the Government will continue to introduce more support and assistance for these individuals so that they have the help they need as they stay shielded. And the Government will bring in further measures to support those providing the shield - for example, continuing to prioritise care workers for testing and protective equipment.

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[19] Advice for those who are extremely clinically vulnerable and who must shield themselves can be found here: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

[20] https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

[21] https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan

A more differentiated approach to risk

As the UK moves into phase two, the Government will continue to recognise that not everybody's or every group's risk is the same; the level of threat posed by the virus varies across the population, in ways the Government currently only partly understands.

As the Government learns more about the disease and the risk factors involved, it expects to steadily make the risk-assessment more nuanced, giving confidence to some previously advised to shield that they may be able to take more risk; and identifying those who may wish to be more cautious. The Government will need to consider both risk to self, and risk of transmitting to others.

It is vital that those who are showing symptoms, however mild, must continue to self-isolate at home, as now, and that the household quarantine rules continue to apply. However, as the Government increases the availability and speed of swab testing it will be able to confirm more quickly whether suspected cases showing symptoms have COVID-19 or not. This will reduce the period of self-isolation for those who do not have COVID-19 and their household members.

The Government also anticipates targeting future restrictions more precisely than at present, where possible, for example relaxing measures in parts of the country that are lower risk, but continuing them in higher risk locations when the data suggests this is warranted. For example, it is likely that over the coming months there may be local outbreaks that will require reactive measures to be implemented reactively to maintain control of transmission.

Reactive measures

If the data suggests the virus is spreading again, the Government will have to tighten restrictions, possibly at short notice. The aim is to avoid this by moving gradually and by monitoring carefully the effect of each step the Government takes.

The scientific advice is clear that there is scope to go backwards; as restrictions are relaxed, if people do not stay alert and diligently apply those still in place, transmissions could increase, R would quickly tip above one, and restrictions would need to be re-imposed.

Phase three: reliable treatment

Humanity has proved highly effective at finding medical countermeasures to infectious diseases, and is likely to do so for COVID-19; but this may take time. As quickly as possible, the Government must move to a more sustainable solution, where the continued restrictions described above can be lifted altogether. To enable this, the Government must develop, trial, manufacture and distribute reliable treatments or vaccines as swiftly as possible.

The virus is unlikely to die out spontaneously; nor is it likely to be eradicated. Only one human infectious disease - smallpox - has ever been eradicated. The Government must therefore develop either a treatment that enables us to manage it like other serious diseases or have people acquire immunity by vaccination.

It is possible a safe and effective vaccine will not be developed for a long time (or even ever), so while maximising the chances this will happen quickly where the Government can, it must not rely on this course of action happening. There are currently over 70 credible vaccine development programmes worldwide and the first UK human trial has begun at the University of Oxford.

Even if it is not possible to develop an effective vaccine, it may be possible to develop drug treatments to reduce the impact of contracting COVID-19, as has been done for many other infectious diseases, ranging from other pneumonias and herpes infections, to HIV and malaria.

For example, drugs might treat the virus itself and prevent disease progression, be used to limit the risk of being infected, or be used in severe cases to prevent progression to severe disease, shorten time in intensive care and reduce the chance of dying.

Researchers may find some effective treatments imminently – for example from repurposing existing drugs – or might not do so for a long time. Not all treatments that have an effect will be game-changing; the best scientific advice is that it is likely any drugs that substantially reduce mortality or are protective enough to change the course of the epidemic will have to be designed and developed specifically for COVID-19, and that this will take time, with success not guaranteed.

However, notwithstanding that many of these will fail, the economic and societal benefits of success mean the Government will do all it can to develop and roll-out both treatments and vaccines at the fastest possible rate; the second phase is a means of managing things until the UK reaches this point.

4. Our roadmap to lift restrictions step-by-step

The Government has a carefully planned timetable for lifting restrictions, with dates that should help people to plan. This timetable depends on successfully controlling the spread of the virus; if the evidence shows sufficient progress is not being made in controlling the virus then the lifting of restrictions may have to be delayed.

We cannot predict with absolute certainty what the impact of lifting restrictions will be. If, after lifting restrictions, the Government sees a sudden and concerning rise in the infection rate then it may have to re-impose some restrictions. It will seek to do so in as limited and targeted a way as possible, including reacting by re-imposing restrictions in specific geographic areas or in limited sectors where it is proportionate to do so.

Step One

The changes to policy in this step will apply from Wednesday 13 May in England. As the rate of infection may be different in different parts of the UK, this guidance should be considered alongside local public health and safety requirements for Scotland, Wales and Northern Ireland.

Work

For the foreseeable future, workers should continue to work from home rather than their normal physical workplace, wherever possible. This will help minimise the number of social contacts across the country and therefore keep transmissions as low as possible. All those who work are contributing taxes that help pay for the healthcare provision on which the UK relies. People who are able to work at home make it possible for people who have to attend workplaces in person to do so while minimising the risk of overcrowding on transport and in public places.

All workers who cannot work from home should travel to work if their workplace is open. Sectors of the economy that are allowed to be open should be open, for example this includes food production, construction, manufacturing, logistics, distribution and scientific research in laboratories. The only exceptions to this are those workplaces such as hospitality and non-essential retail which during this first step the Government is requiring to remain closed.[22]

As soon as practicable, workplaces should follow the new "COVID-19 Secure" guidelines, as set out in the previous chapter, which will be published this week. These will ensure the risk of infection is as low as possible, while allowing as many people as possible to resume their livelihoods.

[22] https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance

It remains the case that **anyone who has symptoms, however mild, or is in a household where someone has symptoms, should not leave their house** to go to work. Those people should self-isolate, as should those in their households.

Schools

The rate of infection remains too high to allow the reopening of schools for all pupils yet. However, it is important that vulnerable children (including children in need, those with an Education, Health and Care plan and those assessed as otherwise vulnerable by educational providers or local authorities)[23] and the children of critical workers are able to attend school, as is currently permitted. Approximately 2% of children are attending school in person[24], although all schools are working hard to deliver lessons remotely.

But there is a large societal benefit from vulnerable children, or the children of critical workers, attending school: local authorities and schools should therefore **urge more children who would benefit from attending in person to do so**.

The Government is also amending its guidance to clarify that paid childcare, for example nannies and childminders, can take place subject to being able to meet the public health principles at Annex A, because these are roles where working from home is not possible. This should enable more working parents to return to work.

Travel

While most journeys to work involve people travelling either by bike, by car or on foot, public transport takes a significant number of people to work across the country, but particularly in urban centres and at peak times. As more people return to work, the number of journeys on public transport will also increase. This is why the Government is working with public transport providers to bring services back towards pre-COVID-19 levels as quickly as possible. This roadmap takes the impact on public transport into account in the proposed phased easing of measures.

When travelling **everybody (including critical workers) should continue to avoid public transport wherever possible**. If they can, people should instead choose to cycle, walk or drive, to minimise the number of people with whom they come into close contact. It is important many more people can easily travel around by walking and cycling, so the Government will increase funding and provide new statutory guidance to encourage local authorities to widen pavements, create pop-up cycle lanes, and close some roads in cities to traffic (apart from buses) as some councils are already proposing.

Social distancing guidance on public transport must be followed rigorously. As with workplaces, transport operators should follow appropriate guidance to make their services COVID-19 Secure; this will be published this week.

[23] https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers
[24] Coronavirus (COVID-19): attendance in education and early years settings

Face-coverings

As more people return to work, there will be more movement outside people's immediate household. This increased mobility means the Government is now advising that people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible and they come into contact with others that they do not normally meet, for example on public transport or in some shops. Homemade cloth face-coverings **can help reduce the risk of transmission in some circumstances**. Face-coverings are not intended to help the wearer, but to protect against inadvertent transmission of the disease to others if you have it asymptomatically.

A face covering is not the same as a facemask such as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers. These supplies must continue to be reserved for those who need it. Face-coverings should not be used by children under the age of two, or those who may find it difficult to manage them correctly, for example primary age children unassisted, or those with respiratory conditions. It is important to use face-coverings properly and wash your hands before putting them on and taking them off.[25]

Public spaces

SAGE advise that the risk of infection outside is significantly lower than inside, so the Government is updating the rules so that, as well as exercise, **people can now also spend time outdoors** subject to**:** not meeting up with any more than one person from outside your household; continued compliance with social distancing guidelines to remain two metres (6ft) away from people outside your household; good hand hygiene, particularly with respect to shared surfaces; and those responsible for public places being able to put appropriate measures in place to follow the new COVID-19 Secure guidance.

People may **exercise outside as many times each day as they wish**. For example, this would include angling and tennis. You will still not be able to use areas like playgrounds, outdoor gyms or ticketed outdoor leisure venues, where there is a higher risk of close contact and touching surfaces. You can only exercise with up to one person from outside your household – this means you should not play team sports, except with members of your own household.

People may drive to outdoor open spaces irrespective of distance, so long as they respect social distancing guidance while they are there, because this does not involve contact with people outside your household.

When travelling to outdoor spaces, it is important that people respect the rules in Scotland, Wales and Northern Ireland and **do not travel to different parts of the UK** where it would be inconsistent with guidance or regulations issued by the relevant devolved administration.

These measures may come with some risk; it is important that everyone continues to act responsibly, as the large majority have done to date. The infection rate will increase if people begin to break these rules and, for example, mix in groups in parks, which will trigger the need for further restrictions.

[25] ANNEX A: Staying Safe Outside Your Home

Protecting the clinically vulnerable

It remains the case that some people are more clinically vulnerable to COVID-19 than others. These include those aged over 70, those with specific chronic pre-existing conditions and pregnant women.[26] **These clinically vulnerable people should continue to take particular care to minimise contact with others outside their households, but do not need to be shielded.**

Those in the clinically extremely vulnerable group **are strongly advised to stay at home at all times and avoid any face-to-face contact**; this is called 'shielding'. It means not leaving the house or attending gatherings at all, with very limited exceptions. **Annex B** sets out more detail on the guidance applicable to different vulnerable groups at this time.

The Government knows people are taking shielding advice seriously and is acutely aware of the huge commitment and resolve it requires to keep away from family and friends. Unfortunately, the current level of transmission of the virus is such that the Government needs to continue to ask that the guidance is followed. In recognition of the challenge faced by those shielding, the Government is:

- **Providing essential food to those unable to leave their home**. Over one million food boxes have now been delivered in England by wholesalers to those shielding who asked for help with food, with hundreds of thousands more to follow in the coming weeks.[27] The Government has also arranged priority access to supermarket deliveries for those who have said they need it.

- **Facilitating volunteer support**. Up to 200,000 calls a day have been made to the shielded in England to confirm their support needs,[28] and councils are helping to support them in other ways - including, in some cases, organising regular calls from volunteers to those isolated. Those who are shielding can also directly request the support of NHS Volunteer Responders.

The Government is also aware that when – in time – other members of society return to aspects of their normal daily lives, the challenge for those being asked to shield may deepen. The Government will continue to review the support needs of those shielding and the Government will continue to provide support to individuals for as long as they need its direct help.

Along with the support the Government is providing to those shielding, it will provide vital support for other vulnerable people, such as those at risk of loneliness. The Government is continuing to work to further support these groups, including by providing vital financial support to frontline charities working in these areas. The GOV.UK website provides information about the huge range of support that is available including from local authorities and the voluntary and community sector. The Government will continue to update GOV.UK as new services and support become available.

As the UK recovers, the Government will ensure people with disabilities can have independent lives and are not marginalised. This will include making sure that they can access public services and will consider their needs as the Government creates safe work environments and reopen the transport system. The Government will ensure their overall health outcomes do not suffer disproportionately.

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[26] The list of those who are clinically vulnerable can be found here: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others#eel-decline

[27] The Ministry of Housing, Communities and Local Government

[28] The Ministry of Housing, Communities and Local Government

Enforcement

The Government is examining more stringent enforcement measures for non-compliance, as it has seen in many other countries. The Government will impose higher fines to reflect the increased risk to others of breaking the rules as people are returning to work and school. The Government will seek to make clearer to the public what is and is not allowed.

Parliament

It is vital that Parliament can continue to scrutinise the Government, consider the Government's ambitious legislative agenda and legislate to support the COVID-19 response. Parliament must set a national example of how business can continue in this new normal; and it must move, in step with public health guidance, to get back to business as part of this next step, including a move towards further physical proceedings in the House of Commons.

International travel

As the level of infection in the UK reduces, and the Government prepares for social contact to increase, it will be important to manage the risk of transmissions being reintroduced from abroad.

Therefore, in order to keep overall levels of infection down and in line with many other countries, the Government will introduce a series of measures and restrictions at the UK border. This will contribute to keeping the overall number of transmissions in the UK as low as possible. First, alongside increased information about the UK's social distancing regime at the border, the Government will require all international arrivals to supply their contact and accommodation information. They will also be strongly advised to download and use the NHS contact tracing app.

Second, the Government will require all international arrivals not on a short list of exemptions to self-isolate in their accommodation for fourteen days on arrival into the UK. Where international travellers are unable to demonstrate where they would self-isolate, they will be required to do so in accommodation arranged by the Government. The Government is working closely with the devolved administrations to coordinate implementation across the UK.

Small exemptions to these measures will be in place to provide for continued security of supply into the UK and so as not to impede work supporting national security or critical infrastructure and to meet the UK's international obligations. All journeys within the Common Travel Area will also be exempt from these measures.

These international travel measures will not come into force on 13 May but will be introduced as soon as possible. Further details, and guidance, will be set out shortly, and the measures and list of exemptions will be kept under regular review.

Step Two

The content and timing of the second stage of adjustments will depend on the most up-to-date assessment of the risk posed by the virus. The five tests set out in the first chapter must justify changes, and they must be warranted by the current alert level.

They will be enabled by the programmes set out in the next chapter and, in particular, by continuing to bolster test and trace capabilities, protect care homes and support the clinically extremely vulnerable. It is possible that the dates set out below will be delayed if these conditions are not met. Changes will be announced at least 48 hours before coming into effect.

To aid planning, the Government's current aim is that the second step will be made no earlier than Monday 1 June, subject to these conditions being satisfied. Until that time the restrictions currently in place around the activities below will continue.

The Government will work with the devolved administrations to ensure that the changes for step two and beyond are coordinated across the UK. However, there may be circumstances where different measures will be lifted at different times depending on the variance in rate of transmission across the UK.

The current planning assumption for England is that the second step may include as many of the following measures as possible, consistent with the five tests. Organisations should prepare accordingly.

- **A phased return for early years settings and schools.** Schools should prepare to begin to open for more children from 1 June. The Government expects children to be able to return to early years settings, and for Reception, Year 1 and Year 6 to be back in school in smaller sizes, from this point. This aims to ensure that the youngest children, and those preparing for the transition to secondary school, have maximum time with their teachers. Secondary schools and further education colleges should also prepare to begin some face to face contact with Year 10 and 12 pupils who have key exams next year, in support of their continued remote, home learning. The Government's ambition is for all primary school children to return to school before the summer for a month if feasible, though this will be kept under review. The Department of Education will engage closely with schools and early years providers to develop further detail and guidance on how schools should facilitate this.

- **Opening non-essential retail** when and where it is safe to do so, and subject to those retailers being able to follow the new COVID-19 Secure guidelines. The intention is for this to happen in phases from 1 June; the Government will issue further guidance shortly on the approach that will be taken to phasing, including which businesses will be covered in each phase and the timeframes involved. All other sectors that are currently closed, including hospitality and personal care, are not able to re-open at this point because the risk of transmission in these environments is higher. The opening of such sectors is likely to take place in phases during step three, as set out below.

- **Permitting cultural and sporting events to take place behind closed-doors** for broadcast, while avoiding the risk of large-scale social contact.

- **Re-opening more local public transport in urban areas, subject to strict measures** to limit as far as possible the risk of infection in these normally crowded spaces.

Social and family contact

Since 23 March the Government has asked people to only leave the house for very limited purposes and this has been extraordinarily disruptive to people's lives.

In particular this has affected the isolated and vulnerable, and those who live alone. As restrictions continue, the Government is considering a range of options to reduce the most harmful social effects to make the measures more sustainable.

For example, the Government has asked SAGE to examine whether, when and how it can safely change the regulations to **allow people to expand their household group to include one other household** in the same exclusive group.[29]

The intention of this change would be to allow those who are isolated some more social contact, and to reduce the most harmful effects of the current social restrictions, while continuing to limit the risk of chains of transmission. It would also support some families to return to work by, for example, allowing two households to share childcare.[30]

This could be based on the New Zealand model of household "bubbles" where a single "bubble" is the people you live with.[31] As in New Zealand, the rationale behind keeping household groups small is to limit the number of social contacts people have and, in particular, to limit the risk of inter-household transmissions.[32]

In addition, the Government is also examining how to enable people to gather in slightly larger groups to better facilitate small weddings.

Over the coming weeks, the Government will engage on the nature and timing of the measures in this step, in order to consider the widest possible array of views on how best to balance the health, economic and social effects.

Step Three

The next step will also take place when the assessment of risk warrants further adjustments to the remaining measures. The Government's current planning assumption is that this step will be no earlier than 4 July, subject to the five tests justifying some or all of the measures below, and further detailed scientific advice, provided closer to the time, on how far we can go.

The ambition at this step is to **open at least some of the remaining businesses and premises that have been required to close, including personal care** (such as hairdressers and beauty salons) **hospitality** (such as food service providers, pubs and accommodation), **public places** (such as places of worship) and **leisure facilities** (like cinemas). They should also meet the COVID-19 Secure guidelines. Some venues which are, by design, crowded and where it may prove difficult to enact distancing may still not be able to re-open safely at this point, or may be

[29] It is not OK to be in multiple household groups: if Household A merges with B, Household B cannot also elect to be in a group with Household C. This would create a chain that would allow the virus to spread widely
[30] The potential effects of this change on the rate of transmission are to be examined.
[31] https://covid19.govt.nz/alert-system/alert-level-3/
[32] This concept is explained in this 'building your bubble' explainer from the New Zealand Government: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/managing-your-bubble-during-covid-19

able to open safely only in part. Nevertheless the Government will wish to open as many businesses and public places as the data and information at the time allows.

In order to facilitate the fastest possible re-opening of these types of higher-risk businesses and public places, the Government will carefully phase and pilot re-openings to test their ability to adopt the new COVID-19 Secure guidelines. The Government will also monitor carefully the effects of re-opening other similar establishments elsewhere in the world, as this happens. The Government will establish a series of taskforces to work closely with stakeholders in these sectors to develop ways in which they can make these businesses and public places COVID-19 Secure.

5. Fourteen supporting programmes

To deliver our phased plan, the Government will deliver fourteen programmes of work, all of which are ambitious in their scope, scale and timeframes.

1. NHS and care capacity and operating model

First, to maximise its confidence in managing new cases, the Government needs to continue to secure NHS and care capacity, and put it on a sustainable footing.

This includes ensuring staff are protected by the appropriate personal protective equipment (PPE), in all NHS and care settings.

This has required a new Industrial Strategy for PPE. Since the start of the outbreak, the Government, working with the NHS, industry and the Armed Forces, has delivered over 1.16bn pieces of PPE to the front line. On 6 May, over 17 million PPE items were delivered to 258 trusts and organisations. Through its UK-wide approach, the Government is working closely with the devolved administrations to support and co-ordinate the distribution of PPE across the UK: millions of PPE items have been delivered to Northern Ireland, Scotland and Wales. But there remains much more to do and under the leadership of Lord Deighton, the Government will:

- **Expand supply from overseas.** The Government has already set up a cross-government PPE sourcing unit, now staffed by over 400 people, to secure new supply lines from across the world and has published rigorous standards against which purchases will be made. The Government is working urgently to identify new sources of critical PPE from overseas markets, diversifying the UK's sources of supply and strengthening the UK's supply chains for the long term. DIT and FCO teams in posts around the world are seeking new supplies, lobbying governments to lift export restrictions and helping get crucial deliveries back to the UK.

- **Improve domestic manufacturing capability.** Lord Deighton is leading the Government effort to unleash the potential of British industry to manufacture PPE for the health and social care sectors. This will build on the manufacturing opportunities the Government has already identified and contribute to the national effort to meet the unprecedented demand. The Government is also working to support the scale-up of engineering efforts for small companies capable of contributing to supplies. The Government is currently in contact with over 200 potential UK manufacturers and has already taken delivery of products from new, certified UK manufacturers.

- **Expand and improve the logistics network for delivering to the front line.** The Government has brought together the NHS, industry and the Armed Forces to create a huge PPE distribution network, providing drops of critical equipment to 58,000 healthcare settings including GPs, pharmacies and social care providers. The Government is also releasing

stock to wholesalers for primary and social care and has delivered over 50 million items of PPE to local resilience forums to help them respond to urgent local demand. The Government is continually looking at how it improves distribution and is currently testing a new portal to more effectively deliver to smaller providers.

Second, the Government will seek innovative operating models for the UK's health and care settings, to strengthen them for the long term and make them safer for patients and staff in a world where COVID-19 continues to be a risk. For example, this might include using more tele-medicine and remote monitoring to give patients hospital-level care from the comfort and safety of their own homes. Capacity in community care and step-down services will also be bolstered, to help ensure patients can be discharged from acute hospitals at the right time for them. To this end, the Government will establish a dedicated team to see how the NHS and health infrastructure can be supported for the COVID-19 recovery process and thereafter.

Third, recognising that underlying health conditions and obesity are risk factors not just for COVID-19 but also for other severe illnesses, the Government will invest in preventative and personalised solutions to ill-health, empowering individuals to live healthier and more active lives. This will involve expanding the infrastructure for active travel (cycling and walking) and expanding health screening services, especially through the NHS Health Check programme, which is currently under review.

Fourth, the Government remains committed to delivering its manifesto, including to building 40 new hospitals, reforming social care, recruiting and retaining 50,000 more nurses and creating 50 million new GP surgery appointments.

Finally, the Government will continue to bolster the UK's social care sector, to ensure that those who need it can access the care they need outside of the NHS. The Government has committed to invest £1bn in social care every year of this Parliament to support the growing demand on the sector. By having an effective social care system the NHS can continue to discharge people efficiently from hospitals once they no longer need specialist medical support, helping us to keep NHS capacity available for those who need it most. The Government is also committed to longer term reform of the social care sector so no one is forced to have to sell their home to pay for care. Everyone accessing care must have safety and security.

Together these reforms will ensure that as well as preparing for the UK's recovery from COVID-19, the Government learns the lessons from this outbreak and ensures that the NHS is resilient to any future outbreaks.

2. Protecting care homes

The Government's number one priority for adult social care is infection control during the COVID-19 pandemic. Care homes for the elderly are particularly vulnerable because their residents are typically at greatest risk due to age and comorbidities and because the nature of care homes means they are often closed spaces where the virus can spread quickly. In April, the Government published a comprehensive action plan to support the 25,000 providers of adult social care in England

throughout the COVID-19 outbreak, including ramping up testing, overhauling the way PPE is being delivered to care homes and helping to minimise the spread of the virus to keep people safe.[33]

This has been supported by £3.2bn of additional funding for local authorities, which can be used to meet some of the rising costs providers are facing and additional pressures on social care; as well as a further £1.3bn for the NHS and local authorities to work together to fund the additional needs of people leaving hospital during the pandemic.

While still too high, the daily number of deaths of people in care homes in England has been falling for the past fortnight. The majority of care homes still have been protected from having any cases and the Government will continue to strengthen the protections against infection of care home residents. Acting on the most recent scientific advice, the Government is taking further steps to support and work with the care home sector, building on work so far. This includes:

- **Testing:** the Government is providing widespread, swift testing of all symptomatic care home residents, and all patients discharged from hospital before going into care homes. It is offering a COVID-19 test to every staff member and resident in every care home in England, whether symptomatic or not; by 6 June, every care home for the over 65s will have been offered testing for residents and staff.
- **Infection prevention and control:** the Government is stepping in to support supply and distribution of PPE to the care sector, delivering essential supplies to care homes, hospices, residential rehabs and community care organisations. It is supporting care homes with extensive guidance, both online and by phone, on how to prevent and control COVID-19 outbreaks. This includes detailed instructions on how to deep clean effectively after outbreaks and how to enhance regular cleaning practices. The NHS has committed to providing a named contact to help 'train the trainers' for every care home that wants it by 15 May. The Government expects all care homes to restrict all routine and non-essential healthcare visits and reduce staff movement between homes, in order to limit the risk of further infection.
- **Workforce:** the Government is expanding the social care workforce, through a recruitment campaign, centrally paying for rapid induction training, making Disclosure and Barring Services checks free for those working in social care and developing an online training and job matching platform.
- **Clinical support:** the Government is accelerating the introduction of a new service of enhanced health support in care homes from GPs and community health services, including making sure every care home has a named clinician to support the clinical needs of their residents by 15 May. The NHS is supporting care homes to take up video consultation approaches, including options for a virtual ward.
- **Guidance:** the Government is providing a variety of guidance, including on GOV.UK and is signposting, through the Social Care Institute for Excellence, resources for care homes, including tailored advice for managing the COVID-19 pandemic in different social care settings and with groups with specific needs, for example adults with learning disabilities and autism.
- **Local Authority role:** every local authority will ensure that each care home in their area has access to the extra support on offer that they need to minimise the risk of infection and spread of infection within their care home, for example that care homes can access the face

[33] https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care

to face training on infection control offered by the NHS, that they have a named clinical lead, know how to access testing for their staff and residents and are aware of best practice guidance for caring for their residents during the pandemic. Any issues in accessing this support will be escalated to regional and national levels for resolution as necessary.

3. Smarter shielding of the most vulnerable

The Government is taking a cautious approach, but some inherent risk to the most vulnerable remains. Around 2.5 million people across the UK have been identified as being clinically extremely vulnerable and advised to shield.[34]

These are people who are most at risk of severe illness if they contract COVID-19. This means that they have been advised to stay at home at all times and avoid any face-to-face contact, until the end of June. The Government and local authorities have offered additional support to people who are shielding, including delivery of food and basic supplies, care, and support to access medicines, if they are unable to get help with this from family and friends. Over one million food boxes have been delivered in England since the programme started.[35] NHS Volunteer Responders and local volunteers are also helping to support this group.

The guidance on shielding and vulnerability will be kept under review as the UK moves through the phases of the Government's strategy. It is likely that the Government will continue to advise people who are clinically extremely vulnerable to shield beyond June. Whilst shielding is important to protect individuals from the risk of COVID-19 infection, the Government recognises that it is challenging for people's wider wellbeing. The Government will review carefully the effect on shielded individuals, the services they have had, and what next steps are appropriate.

For those who need to shield for a longer period, the Government will review the scale and scope of their needs and how the support programme can best meet these. The Government will also consider guidance for others who may be more vulnerable to COVID-19 and how it can support people to understand their risk.

4. More effective, risk-based targeting of protection measures

One way to limit the effect of the shielding measures and better target the social restrictions is to understand the risk levels in different parts of the population - both risk to self and risk to others.

It is clear the virus disproportionally affects older people, men, people who are overweight and people with some underlying health conditions. This is a complex issue, which is why, as set out in Chapter 1, Public Health England is leading an urgent review into factors affecting health outcomes.

In March, based on data and evidence available about the virus at that time, SAGE advised that older people, and those with certain underlying medical conditions, should take additional precautions to reduce the risk of contracting the virus. Those defined as clinically extremely vulnerable have been advised to shield, staying at home at all times and avoiding all non-essential face to face contact. Those who are clinically vulnerable, including all those aged 70 and over and

[34] Source: The Ministry of Housing, Communities and Local Government, Welsh Gov, Scottish Gov, NI Gov
[35] The Ministry of Housing, Communities and Local Government

pregnant women, have been advised to take particular care to minimise contact with those outside their household.

As our understanding of the virus increases, the Government is monitoring the emerging evidence and will continue to listen to advice from its medical advisers on the level of clinical risk to different groups of people associated with the virus. As the Government learns more, we expect to be able to offer more precise advice about who is at greatest risk. The current advice from the NHS on who is most at risk of harm from COVID-19 can be found here.[36]

5. Accurate disease monitoring and reactive measures

The success of any strategy based on releasing the current social restrictions while maintaining the epidemic at a manageable level will depend on the Government's ability to monitor the pandemic accurately, as well as quickly detect and tackle a high proportion of outbreaks. This will be especially challenging during the winter months given that COVID-19 shares many symptoms with common colds and the flu.

As the Government lifts restrictions over the coming months, the public must be confident action will be taken quickly to deal with any new local spikes in infections, and that nationally we have a clear picture of how the level of infections is changing. To achieve this, the Government is establishing a new biosecurity monitoring system, led by a new Joint Biosecurity Centre now being established.

Joint Biosecurity Centre (JBC)

The Government's new approach to biosecurity will bring together the UK's world-leading epidemiological expertise and fuse it with the best analytical capability from across Government in an integrated approach.

The Centre will have an **independent analytical function** that will provide real time analysis and assessment of infection outbreaks at a community level, to enable rapid intervention before outbreaks grow. It will work closely with local partners and businesses to:

- collect a wide range of data to build a picture of COVID-19 infection rates across the country – from testing, environmental and workplace data to local infrastructure testing (e.g. swab tests);
- analyse that data to form a clear picture of changes in infection rates across the country, providing intelligence on both the overall national picture and, critically, potential community level spikes in infection rates; and
- advise the Chief Medical Officers of a change in the COVID-19 Alert level who will then advise Ministers.

The Centre will also have a **response function** that will advise on the overall prevalence of COVID-19 to help inform decisions to ease restrictions in a safe way. It will identify specific actions to address local spikes in infections, in partnership with local agencies – for example, advising

[36] https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/

Ministers, businesses and local partners to close schools or workplaces where infection rates have spiked, to reduce risk of further infection locally.

Local actions triggered by JBC analysis and assessment will be guided by a clear set of protocols based on the best scientific understanding of COVID-19, and what effective local actions look like.

The JBC will be responsible for setting the new COVID-19 Alert level to communicate the current level of risk clearly to the public. **The alert levels are:**

Level 1 COVID-19 is not known to be present in the UK

Level 2 COVID-19 is present in the UK, but the number of cases and transmission is low

Level 3 A COVID-19 epidemic is in general circulation

Level 4 A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially

Level 5 As level 4 and there is a material risk of healthcare services being overwhelmed

The Government will engage with the devolved administrations to explore how the centre can operate most effectively across the UK, as it is established. Over time the Government will consider whether the JBC should form part of an extended infrastructure to address biosecurity threats to the UK, and whether the COVID-19 alert level system should be expanded to other potential infectious diseases.

6. Testing and tracing

Mass testing and contact tracing are not, in themselves, solutions, but may allow us to relax some social restrictions faster by targeting more precisely the suppression of transmission. The UK now has capacity to carry out over 100,000 tests per day, and the Government has committed to increase capacity to 200,000 tests per day by the end of May.

The Government has appointed Baroness Harding to lead the COVID-19 Test and Trace Taskforce. This programme will ensure that, when someone develops COVID-19-like symptoms, they can rapidly have a test to find out if they have the virus – and people who they've had recent close contact with can be alerted and provided with advice. This will:

- identify who is infected more precisely, to reduce the number of people who are self-isolating with symptoms but who are not actually infected, and to ensure those who are infected continue to take stringent self-isolation measures; and
- ensure those who have been in recent close contact with an infected person receive rapid advice and, if necessary, self-isolate, quickly breaking the transmission chain.

This cycle of testing and tracing will need to operate quickly for maximum effect, because relative to other diseases (for example SARS) a proportion of COVID-19 sufferers almost certainly become infectious to others before symptoms are displayed; and almost all sufferers are maximally infectious to others as soon as their symptoms begin even if these are initially mild.

For such a system to work, several systems need to be built and successfully integrated. These include:

- widespread swab testing with rapid turn-around time, digitally-enabled to order the test and securely receive the result certification;
- local authority public health services to bring a valuable local dimension to testing, contact tracing and support to people who need to self-isolate;
- automated, app-based contact-tracing through the new NHS COVID-19 app to (anonymously) alert users when they have been in close contact with someone identified as having been infected; and
- online and phone-based contact tracing, staffed by health professionals and call handlers and working closely with local government, both to get additional information from people reporting symptoms about their recent contacts and places they have visited, and to give appropriate advice to those contacts, working alongside the app and the testing system.

Anyone with symptoms should isolate immediately, alongside their households, and apply for a test. If a negative test is returned, then isolation is no longer required. Once identified, those contacts considered to be at risk will be asked to isolate, either at the point of a positive test or after 48 hours - whichever is sooner.

Outbreaks amongst the socially excluded - whether through poverty or homelessness - are likely to be especially difficult to detect and harmful, since people in these groups may lack the means to isolate themselves when ill.

The Government will increasingly augment swab-based antigen testing, which determines whether a person currently has the virus, with antibody testing, which shows whether a person has previously had it, once it is sufficiently reliable to do so.

Whilst the measures above will involve an unprecedented degree of data-collection, as many Asian countries implemented after the SARS and MERS outbreaks, the Government will enact robust safety measures.

Part of the tracing effort will include a voluntary NHS contact tracing application (the NHS COVID-19 app, Figure 7) for smartphones; this will help increase the speed and effectiveness of the tracing effort.

Information collected through the Test and Trace programme, together with wider data from sources such as 111 online, will form part of a core national COVID-19 dataset. The creators of a number of independent apps and websites which have already launched to collect similar data have agreed to work openly with the NHS and have aligned their products and data as part of this central, national effort.

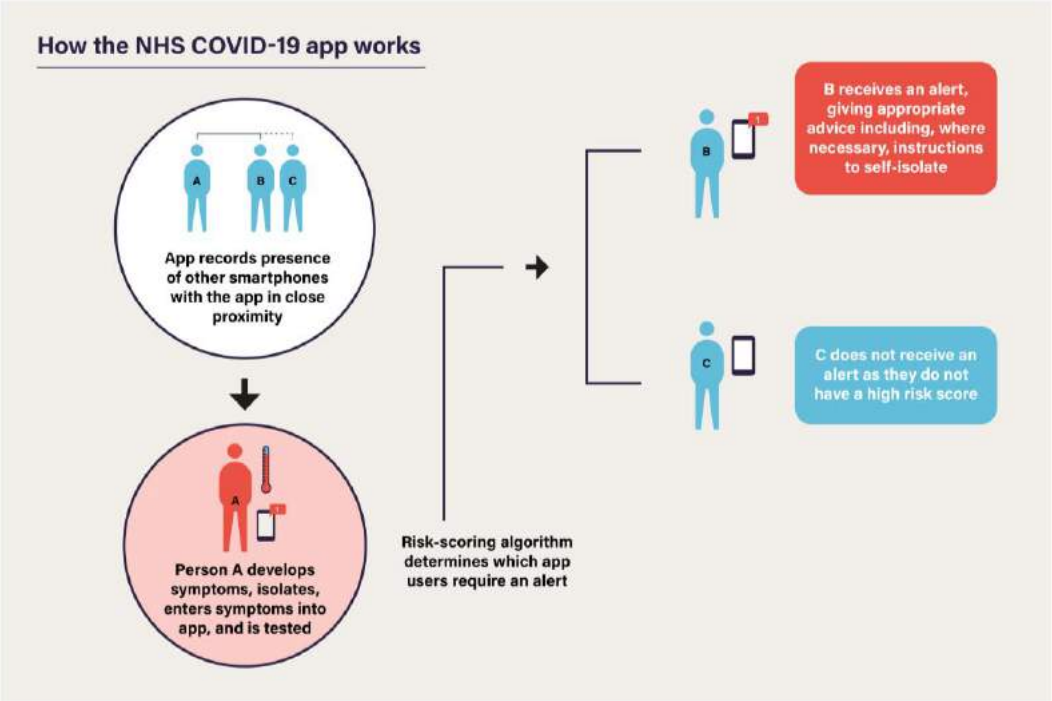


Figure 7: ***The NHS COVID-19 app*** *Model for the NHS COVID-19 app at national launch.*

7. Increased scientific understanding

Better scientific understanding of COVID-19 will help us act more precisely and confidently to limit its spread, improve treatments and help us develop vaccines. It will also help us better gauge risk of infection so the Government can adjust social restrictions such that it is neither being overly cautious nor reckless.

The Government is investing across the board in both basic genetic research and clinical studies:

- A joint NIHR-UKRI rapid response call, now closed, awarded £24.6m across 27 projects including for testing a vaccine, developing therapies and improving understanding of how to treat COVID-19. Building on the initial rapid funding round for COVID-19 research, the NIHR and UKRI are holding a rolling call for proposals for research into COVID-19. The call is for UK-led academic, small and medium enterprise (SME) and wider industry research that will address a wide range of COVID-19 knowledge gaps/needs, and which will lead to a benefit in UK, potentially international, public health within 12 months.
- The Government has recruited over 9,000 patients to the world's largest randomised COVID-19 therapeutics control trial (the RECOVERY Trial) to test whether therapeutics for other diseases can be repurposed; this is supported by a rapid response grant from the above call. More detail on this is set out below.
- The UK has launched a £20m COVID-19 Genomics consortium to map the spread of COVID-19 using genomic sequencing.
- Funded by the Department of Health and Social Care and UKRI, the collaborative programme ACCORD (Accelerating COVID-19 Research & Development platform) will

accelerate the development of new drugs for patients hospitalised with COVID-19, reducing the time taken to set up clinical studies for new therapies from months to weeks. The first of the new and existing medicines to be tested through the ACCORD platform is Bemcentinib.

- UKRI has also opened a call for short-term (12-18 month) projects addressing and mitigating the health, social, economic, cultural and environmental impacts of the COVID-19. This was launched on 31 March; eligible organisation from across the UK may apply, and there is no closing date.

8. "COVID-19 Secure" guidelines

Since mid-April an extensive programme of engagement has been underway between Government, the Health and Safety Executive, the public health authorities, business representative groups, unions, employers and local authorities, to agree the best way to make workplaces less infectious.

The guidelines will be based on sound evidence - from what has worked elsewhere in the world, and the best available scientific theory. The most important guidelines people can follow to stay safer outside their homes are attached at Annex A. For example:

- Individuals should **keep their distance from people outside their household**, wherever possible**.** Transmission is affected by both duration and proximity of contact; individuals should not be too close to other people for more than a short amount of time. Public Health England recommends trying to keep two metres away from people as a precaution.

- It remains essential to **keep hands and face as clean as possible.** People should wash their hands often, using soap and water, and dry them thoroughly. Touching of the face should be avoided. Hand sanitiser should be carried when travelling and applied where available outside the home, especially when entering a building and following contact with surfaces. **Clothes should also be washed regularly**, as there is some evidence that the virus can stay on fabrics.

- It is possible to reduce the risks of transmission in the workplace by **limiting the number of people that any given individual comes into contact with regularly.** Employers can support this where practical by changing shift patterns and rotas to keep smaller, contained teams. Evidence also suggests the virus is **less likely to be transmitted in well-ventilated areas**.

In addition to COVID-19 Secure guidelines for workplaces, the Government will consult on and release similar guidelines for schools, prisons, and other public spaces.

9. Better distancing measures

As set out in the previous chapter, during the second phase, the Government will steadily replace the current social restrictions with better targeted ones that best balance the three aims set out at the beginning of this document. The Government will engage widely ahead of each new stage of adjustments being designed and released.

10. Economic and social support to maintain livelihoods and restore the economy

The Government has announced one of the most generous and comprehensive support packages in the world, providing security and support for those who get sick or can't work and a bridge for businesses to protect people's jobs.

Support has been announced to help millions of workers and businesses, for the most vulnerable in society and those on the lowest income, for homeowners and renters, and for public services and vital sectors. The Government's package has also been complemented by the actions of the independent Bank of England.

The Government has introduced the Coronavirus Job Retention Scheme to prevent employers having to lay off staff and the Self-Employment Income Support Scheme to support eligible sole traders and partnerships, and has increased the standard allowance of Universal Credit and basic element of Working Tax Credits by £20 a week for one year (this will mean claimants are £1,040 per year better off). In the first two weeks since the Job Retention scheme was launched, over 800,000 employers have applied for help to pay the wages of over 6 million furloughed jobs.

The Government has increased the support it is offering through the benefit system for housing costs and for the self-employed, it has introduced a moratorium on private rental sector evictions, has established a new hardship fund and provided support for rough sleepers. Lenders are offering mortgage holidays for borrowers struggling with their finances and unable to make their repayments as a result of COVID-19.

This is in addition to support for businesses, including:

- VAT deferrals until the end of June that provide a direct cash injection of over £30bn, Self-Assessment tax deferrals from July to next January, providing a cashflow benefit of £13bn and more than 64,000 tailored Time to Pay arrangements agreed with businesses and individuals;
- A business rates holiday worth £11bn to businesses;
- Direct cash grants worth £10,000 or £25,000 for small businesses including in the retail, hospitality or leisure sectors, worth over £12bn in total;
- £1.25bn support for innovative firms;
- A rebate scheme to reimburse SMEs for part of their SSP costs worth up to £2bn for up to two million businesses; and
- A package of government-backed and guaranteed loans, which make available approximately £330bn of guarantees.

The Government is also supporting the NHS and other public services in the fight against the virus. So far more than £16bn from the COVID-19 Response Fund has gone towards the effort.

The Government recognises that many charities are working on the frontline to support people including hospices, citizens advice and support for victims of domestic violence and has provided a £750m package to enable those working on the frontline to continue supporting UK communities.

However, these measures are extraordinarily costly and cannot be sustained for a prolonged period of time. Precise costs will depend on a range of factors including the impact of the crisis on the wider economy and the level of take up for each scheme. The Office for Budget Responsibility has estimated that the direct cost to the Government of the response to COVID-19 could rise

above £100bn in 2020-21. In addition to this, support of approximately £330bn (equivalent to 15% of GDP) in the form of guarantees and loans has been made available to business.

So as the UK adjusts the current restrictions, the Government will also need to wind down the economic support measures while people are eased back to work

The Government will also need to ensure the UK's supply chains are resilient, ensuring the UK has sufficient access to the essential medicines, PPE, testing equipment, vaccines and treatments it needs, even during times of global shortage.

The world will not return to 'normal' after COVID-19; much of the global economy is likely to change significantly. The UK will need to be agile in adapting to and shaping this new world if the Government is to improve living standards across the nation as it recovers from COVID-19.

11. Treatments and vaccines

A vaccine or treatment can be used in several ways to help manage down the epidemic. Broadly in public health terms these can be divided into an epidemic modifying vaccine strategy, a disease modifying vaccine strategy and treatments to reduce the risk or severity of illness for those who catch the virus or for certain patient groups.

An epidemic modifying vaccine strategy aims to induce immunity to the infection at the population level and therefore stop the epidemic. To be epidemic modifying the vaccine has to be very safe (because it is used in the entire population) and highly effective.

A disease modifying vaccine strategy aims to protect all or selected vulnerable parts of the population from the worst effects of the disease, even if the vaccine is not capable of complete protection against infection. It might for example ensure that those vaccinated are much less likely to die from the disease. The epidemic may continue but with significantly reduced mortality and long-term health effects.

To move to phase three as quickly as possible, the Government must compress the time taken to develop, test, manufacture and distribute a reliable vaccine or treatments as far as possible. That means four immediate actions.

First, the government has launched the Vaccines and Treatments Taskforce, which will accelerate the development of a vaccine and treatments and ensure that, if one ever becomes available, it can be produced in mass quantities and safely administered to the public.

Second, on therapeutic treatments, the UK currently has three key national phase III drugs trials underway – RECOVERY, PRINCIPLE and REMAP-CAP - testing over 10 different drugs, as well as national programmes to evaluate more experimental drugs that show promise. RECOVERY, one of the key national phase III trials is currently the world's largest randomised control trial on COVID-19 therapeutics, recruiting 5,000 patients in under four weeks and now over 9,500.

Third, the Government is investing in the UK's sovereign manufacturing capability to ensure that at the point a vaccine or drug-based treatment is developed it can be manufactured at scale as quickly as possible. Therefore, the Government is working with the BioIndustry Association Taskforce to review UK manufacturing capabilities, which exist in academic and industrial spaces, alongside the UK's national centres. This will include assessing where the UK can repurpose existing sites for different vaccine types in the short-term, and where capacity can be sustainably

built to provide a longer-term solution. The Government will also review how it can support the acceleration, and expand the capacity, of the Vaccines Manufacturing and Innovation Centre, so it becomes operational earlier than planned and can manufacture population level doses.

Fourth, if a successful vaccine has been developed, it will be critical the Government can deliver it as quickly and as safely as possible, to those who need it most. Whilst there are numerous potential COVID-19 vaccine candidates and timings remain uncertain, the Government is working on the general principle that people should be vaccinated as soon as a safe vaccine becomes available. This will be a major logistical undertaking, and the Government will seek Joint Committee on Vaccination and Immunisation (JCVI) advice on deployment.

12. International action and awareness

COVID-19 does not recognise international borders and the UK will only truly be free of it when it has been eliminated from all four corners of the globe. Our health and economic systems will not fully recover while others are still suffering from its effects. As an outward-looking nation it is in our best interests, and our nature, to be at the forefront of a coordinated global response.

Consequently, we have spearheaded global action to counter the pandemic, including through the G7 and G20. On 4 May the UK co-led the Coronavirus Global Response International Pledging event, bringing together 42 nations to mobilise £6.5bn. The UK also co-led, with India, the development of the G20's Action Plan that, among other things, calls for the rapid implementation of the $200bn (USD) package of global support from the World Bank Group and Regional Development Banks. This has also seen a landmark suspension of debt service repayments to official creditors, worth $12bn (USD), for the world's least developed countries until 2021.

UK contributions also have played a critical role in ensuring that the global response is funded and fit for purpose. The Government has pledged over £388m towards the global $8bn (USD) funding call for vaccines, therapeutics and diagnostics. This includes the largest contribution of any country to the Coalition Epidemic Preparedness Innovations appeal, which is leading efforts to develop a COVID-19 vaccine. The UK will also provide £330m a year for the next five years to the Global Vaccine Alliance (Gavi), making the UK the world's largest donor and readying Gavi to distribute a COVID-19 vaccine in developing countries. Looking ahead, the UK is also hosting the Global Vaccine Summit on 4 June, which will replenish Gavi's funds for the next 5 years.

Until a vaccine is ready, the Government will use the UK's position as a world leader in international development to help safeguard the wellbeing of the world's most vulnerable populations. The Government has made an additional contribution of up to £150m of UK aid funding to the International Monetary Fund's Catastrophe Containment and Relief Trust to help developing countries meet their debt repayments, and has doubled its £2.2bn loan to the Poverty Reduction and Growth Trust, both of which will free up space for low income countries to respond to the immediate crisis. The Government has provided £276m to address the impact of the pandemic and save lives among the world's most vulnerable communities, including £220m provided to international organisations (including the UN and ICRC) and UK charities to save lives amongst those beyond the reach of traditional health services. The UK is also deploying technical assistance and expertise as part of the response to assist the UN and developing countries.

The UK is focussing on the primary and secondary impacts of COVID-19 on health and nutrition, society and economy. We know that COVID-19 will exacerbate gender inequality as we saw with the Ebola outbreak in West Africa. The UK is pushing for greater explicit consideration of and support to women and girls across the COVID-19 response. We are providing £10 million to UNFPA to provide lifesaving Sexual and Reproductive Health care and gender-based violence prevention and response services as part of our wider support to the UN Humanitarian Response Plan.

The crisis has highlighted that free trade is vital to the UK's national wellbeing. The Government is working to ensure that all countries have access to critical goods, including medical supplies and food, despite the restrictions on movement required to counter the pandemic. As the UK starts to recover, the Government will lead work to develop more resilient supply chains so that we can continue to benefit from free and open global trading systems, while reducing risks in critical sectors. The Government will also continue to lead work on the international economic recovery, striving to deliver a UK and world economy which is stronger, cleaner, more sustainable and more resilient after this crisis.

13. Public communication, understanding and enforcement

The social restrictions with which the Government has had to ask everyone to comply represent an extraordinary intrusion into the public's normal way of living.

As the Government begins to adjust the restrictions, it faces a difficult choice: the more precisely the Government targets the measures, the faster it will be possible to move. However, the more complex the request becomes, the harder it is for people to comply with the measures.

"Stay at home" has been a simple, clear message. But as more social contact resumes, the Government will need to ask people to operate in new ways. This will require a high level of understanding, if adherence is to remain at the high levels the Government needs to avoid a second peak in infections.

The Government will therefore invest in enhancing population-wide public health education to ensure everyone has the information and education needed to take responsible risk judgements, and operate in a way that is safe for themselves and for others. Crucially, even those who are at low personal risk will need to continue following the rules and guidance so that they do not pass on the infection to others.

Whilst much of the Government's strategy centres on reducing the costs of complying with the measures wherever possible, as the UK moves into the next phase, where the Government will need to trust people to comply with more subtle social restrictions, the Government will also need to ensure robust enforcement measures to deter and reduce the threat from the small minority who elect not to act responsibly.

14. Sustainable government structures

COVID-19 has been perhaps the biggest test of governments worldwide since the 1940s. As the Government navigates towards recovery, it must ensure it learns the right lessons from this crisis and acts now to ensure that governmental structures are fit to cope with a future epidemic,

including the prospect of an outbreak of a second epidemic - for example, a pandemic flu - while the Government is still responding to COVID-19.

This will require a rapid re-engineering of government's structures and institutions to deal with this historic emergency and also build new long-term foundations for the UK, and to help the rest of the world.

The crisis has shown many parts of Government at its best; for example the NHS has demonstrated great creativity and energy in rapidly transforming its data, analytics and procurement processes. There is now an opportunity to spread these innovations across government.

Before the virus struck, the Government's Budget set out plans to invest in infrastructure, including significant investments in science, technology and skills. Previous generations built infrastructure on which the public now depend. Now it is the Government's responsibility to build the public health and governmental infrastructure - across the entirety of the United Kingdom - that will protect the country for decades to come.

COVID-19 will not be the last major disease that endangers us. The Government must prepare and build now for diseases that could threaten us in the future.

6. How you can help

To date, the people of the United Kingdom have adapted with creativity and compassion to the demands COVID-19 has placed on us all. The UK now needs to prepare for an extended period of living with and managing the threat from the virus; this will continue to require everyone's support and adherence.

A collective effort

The threat is a collective one; the responsibility to keep everyone safe is one everyone shares.

If the Government is to begin to adjust the social restrictions, it will require everyone to act thoughtfully and responsibly to keep R down, and the Government has little room for error.

If, as restrictions are lifted, everyone chooses to act cautiously and in line with the revised guidance, R will remain low, the rate of transmission will decline further, and the Government can lift more restrictions.

This effort must, however, be a shared and collective one; only a small number of new outbreaks would cause R to tip back above one and require the re-imposition of some restrictions.

In judging when to adjust each restriction, the Government will be guided by the best possible evidence and will be, as in this document, transparent about the basis for the decision.

Lending a hand

The response of individuals, communities, charities and businesses across the United Kingdom - to step in and lend a hand to support the national effort - has been tremendous. There are still opportunities to support the COVID-19 effort even more directly.

To find opportunities to volunteer with charities or the NHS, please see:
https://www.gov.uk/volunteering/coronavirus-volunteering

To offer business support, such as equipment, services or expertise, please see:
https://www.gov.uk/coronavirus-support-from-business

To apply for grant funding for short-term projects addressing the impact of COVID-19, please see:
https://www.ukri.org/funding/funding-opportunities/ukri-open-call-for-research-and-innovation-ideas-to-address-covid-19/

If you are clinician considering a return to the NHS in England, Scotland and Wales or the HSC in Northern Ireland, please see:

https://www.england.nhs.uk/coronavirus/returning-clinicians/ (In England)

https://www.gov.scot/publications/coronavirus-covid-19-guide-for-health-professions-considering-a-return-to-the-nhs-scotland/ (In Scotland)

https://gov.wales/health-professionals-coronavirus (In Wales)

https://www.health-ni.gov.uk/Covid-19-returning-professionals (In Northern Ireland)

Annex A: Staying safe outside your home

This guidance sets out the principles you should follow to ensure that time spent with others outside your homes is as safe as possible (unless you are clinically vulnerable or extremely vulnerable in which case you should follow separate advice on GOV.UK). It is your responsibility to adopt these principles wherever possible. The Government is also using these principles as the basis of discussions with businesses, unions, local government and many other stakeholders to agree how they should apply in different settings to make them safer. All of us, as customers, visitors, employees or employers, need to make changes to lower the risk of transmission of the virus. The Government has consulted with its scientific advisers to establish the principles that will determine these changes.

Keep your distance from people outside your household, recognising this will not always be possible**.** The risk of infection increases the closer you are to another person with the virus **and** the amount of time you spend in close contact: you are very unlikely to be infected if you walk past another person in the street. Public Health England recommends trying to keep 2m away from people as a precaution. However, this is not a rule and the science is complex. The key thing is to not be too close to people for more than a short amount of time, as much as you can.

Keep your hands and face as clean as possible. Wash your hands often using soap and water, and dry them thoroughly. Use sanitiser where available outside your home, especially as you enter a building and after you have had contact with surfaces. Avoid touching your face.

Work from home if you can. Many people can do most or all of their work from home, with the proper equipment and adjustments. Your employer should support you to find reasonable adjustments to do this. However, not all jobs can be done from home. If your workplace is open and you cannot work from home, you can travel to work.

Avoid being face to face with people if they are outside your household. You are at higher risk of being directly exposed to respiratory droplets released by someone talking or coughing when you are within 2m of someone and have face-to-face contact with them. You can lower the risk of infection if you stay side-to-side rather than facing people.

Reduce the number of people you spend time with in a work setting where you can. You can lower the risks of transmission in the workplace by reducing the number of people you come into contact with regularly, which your employer can support where practical by changing shift patterns and rotas to match you with the same team each time and splitting people into smaller, contained teams.

Avoid crowds. You can lower the risks of transmission by reducing the number of people you come into close contact with, so avoid peak travel times on public transport where possible, for example. Businesses should take reasonable steps to avoid people being gathered together, for example by allowing the use of more entrances and exits and staggering entry and exit where possible.

If you have to travel (to work or school, for example) think about how and when you travel. To reduce demand on the public transport network, you should walk or cycle wherever possible. If you have to use public transport, you should try and avoid peak times. Employers should consider staggering working hours and expanding bicycle storage facilities, changing facilities and car parking to help.

Wash your clothes regularly. There is some evidence that the virus can stay on fabrics for a few days, although usually it is shorter, so if you are working with people outside your household wash your clothes regularly. Changing clothes in workplaces should only normally be considered where there is a high risk of infection or there are highly vulnerable people, such as in a care home. If you need to change your clothes avoid crowding into a changing room.

Keep indoor places well ventilated. Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors. In good weather, try to leave windows and doors open in places where people from different households come into contact – or move activity outdoors if you can. Use external extractor fans to keep spaces well ventilated and make sure that ventilation systems are set to maximise the fresh air flow rate. Heating and cooling systems can be used at their normal temperature settings.

If you can, wear a face covering in an enclosed space where social distancing isn't possible and where you will come into contact with people you do not normally meet. This is most relevant for short periods indoors in crowded areas, for example on public transport or in some shops. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms. If you have symptoms of COVID-19 (cough and/or high temperature) you and your household should isolate at home: wearing a face covering does not change this. A face covering is not the same as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers; these supplies should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers and those in industrial settings like those exposed to dust hazards. Face coverings should not be used by children under the age of 2 or those who may find it difficult to manage them correctly, for example primary school age children unassisted, or those with respiratory conditions. It is important to use face coverings properly and wash your hands before putting them on and taking them off.

You can make face coverings at home; the key thing is it should cover your mouth and nose. You can find guidance on how to do this on GOV.UK.

You should follow the advice given to you by your employer when at work. Employers have a duty to assess and manage risks to your safety in the workplace. The Government has issued guidance to help them do this. This includes how to make adjustments to your workplace to help you maintain social distance. It also includes guidance on hygiene as evidence suggests that the virus can exist for up to 72 hours on surfaces. Frequent cleaning is therefore particularly important for communal surfaces like door handles or lift buttons and communal areas like bathrooms, kitchens and tea points. You can see the guidance on GOV.UK and can ask your employer if you have questions.

Annex B: Summary table: COVID-19 vulnerable groups

Group	Explanation	Current & Continuing Guidance	Government Support
Clinically Extremely Vulnerable People (All in this cohort will have received communication from the NHS)	People defined on medical grounds as clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients; people receiving chemotherapy; renal dialysis patients; and others.	Follow shielding guidance by staying at home at all times and avoiding all non essential face-to-face contact. This guidance is in place until end June.	Support available from the National Shielding Programme, which includes food supplies (through food boxes and priority supermarket deliveries), pharmacy deliveries and care. Support is available via the NHS Volunteer Responders app.
Clinically Vulnerable People	People considered to be at higher risk of severe illness from COVID-19. Clinically vulnerable people include the following: people aged 70 or older, people with liver disease; people with diabetes; pregnant women; and others.	Stay at home as much as possible. If you do go out, take particular care to minimise contact with others outside your household.	Range of support available while measures in place, including by local authorities and through voluntary and community groups. Support is available via the NHS Volunteer Responders app.
Vulnerable People (Non-clinical)	There are a range of people who can be classified as "vulnerable" due to non-clinical factors, such as children at risk of violence or with special educational needs; victims of domestic abuse; rough sleepers; and others.	People in this group will need to follow general guidance except where they are also clinically vulnerable or clinically extremely vulnerable where they should follow guidance as set out above.	For those who need it, a range of support and guidance across public services and the benefits system, including by central and local Government and the voluntary and community sector.

USA - San Francisco

COVID-19 INDUSTRY GUIDANCE:

Hotels and Lodging

May 12, 2020

covid19.ca.gov

OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training employees on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

Purpose

This document provides guidance for the hotels and lodging industry to support a safe, clean environment for workers and customers. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.[1] Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage. CDC has additional guidance for businesses and employers.

Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas, and designate a person at each facility to implement the plan.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees.
- Train and communicate with employees and employee representatives on the plan.
- Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Identify close contacts (within six feet for 15 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.

Topics for Employee Training

- Information on COVID-19, how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using CDC guidelines.
- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC's webpage.

- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per CDC guidelines).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
    - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
    - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
    - Employees should wash or sanitize hands before and after using or adjusting face coverings.
    - Avoid touching eyes, nose, and mouth.
    - Face coverings should be washed after each shift.

- Ensure temporary or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information on government programs supporting sick leave and worker's compensation for COVID-19, including employee's sick leave rights under the Families First Coronavirus Response Act and employee's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's Executive Order N-62-20.

Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed

prior to the worker leaving the home for their shift and follows CDC guidelines, as described in the Topics for Employee Training section above.

- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers should provide and ensure workers use all required protective equipment. Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have covers available and wear them when on property, in breakrooms and offices, or in a vehicle during work-related travel with others. Face coverings must not be shared.
- Housekeepers and others who must enter guest rooms should be provided with and required to wear face coverings. Housekeeping must only service rooms when guests are not present. Housekeepers should be instructed to minimize contact with guests' personal belongings when cleaning. Housekeepers should be instructed to have ventilation systems operating and/or open windows if possible to increase air circulation.
- Employers should encourage handwashing for employees after they check guests in or out, clean rooms, and open mail or handle other commonly touched items. Valet service drivers, baggage handlers, and housekeepers should wash their hands regularly during their shift and use proper hand sanitizer. Baggage deliveries should be done when guests are not in their rooms.
- Hotels should allow housekeepers extra time to clean rooms without loss of pay to account for required precautions and to allow them to conduct more thorough cleaning and disinfection of rooms between guests.
- Guests and visitors should be screened upon arrival and asked to use hand sanitizer and to wear a face covering. Appropriate signage should also be prominently displayed outlining proper face covering usage and current physical distancing practices in use throughout the property.

Cleaning and Disinfecting Protocols

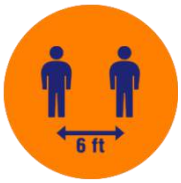
- Perform thorough cleaning in high traffic areas such as hotel lobbies, front desk check-in counters, bell desks, break rooms and lunch areas, changing areas, loading docks, kitchens and areas of ingress and egress including stairways, stairwells, handrails, and elevator controls. Frequently disinfect commonly used surfaces including door handles, guestroom

interior locks, vending and ice machines, light switches, TV remote controls, phones, hairdryers, washer and dryer doors and controls, baggage carts, shuttle door handles, toilets, and handwashing facilities.

- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the employee's job duties.
- Equip workstations, desks, and help counters with proper sanitation products, including hand sanitizer and sanitizing wipes, and provide personal hand sanitizers to all staff directly assisting customers.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- When choosing cleaning chemicals, employers should use products approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer's directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.
- Avoid sharing phones, tablets, laptops, desks, pens, other work supplies, or offices wherever possible. Never share PPE. Any shared tools and equipment should be sanitized before, during and after each shift or anytime the equipment is transferred to a new employee. This includes phones, radios, computers and other communication devices, payment terminals, kitchen implements, engineering tools, safety buttons, folios, housekeeping carts and cleaning equipment, keys, time clocks, and all other direct contact items.
- Discontinue the use of shared food and beverage equipment in office pantries (including shared coffee brewers). Close manually operated ice machines or use hands free machines.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices, guest rooms, and other spaces.

Additional Cleaning and Disinfecting Protocols for Hotel Operations

- All reusable collateral, such as magazines, menus, local attraction details, coupons, etc., should be removed from rooms. Critical information should be provided as single-use collateral and/or electronically posted.
- Dirty linens should be removed and transported from guest rooms in single-use, sealed bags and pillow protectors on the guest room beds should be changed daily. Bagging of these items should be done in the guest room to eliminate excess contact while being transported. All bed linen and laundry should be washed at a high temperature and cleaned in accordance with CDC guidelines.
- Consider leaving rooms vacant for 24 to 72 hours prior to or after cleaning.
- In the event of a presumptive case of COVID-19, the guest's room should be removed from service and quarantined. The guest room should not be returned to service until case has been confirmed or cleared. In the event of a positive case, the room should only be returned to service after undergoing an enhanced sanitization protocol, ideally by a licensed third-party expert and in accordance with CDC guidelines.
- Install hand sanitizer dispensers, touchless whenever possible, at key guest and employee entrances and contact areas such as driveways, reception areas, hotel lobbies, restaurant entrances, meeting and convention spaces, elevator landings, pools, salons, and exercise areas.
- Consider providing guests an amenity bag during check-in containing face covering, hand sanitizer, and a COVID-19 awareness card. Where possible, equip hotel rooms with a bottle of sanitizer for guest use.



Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between employees and others. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees and/or guests should stand). Any area where guests or employees queue should be clearly marked for appropriate physical distancing. This includes check-in, check-out, elevator lobbies, coffee shops and dining, and taxi and ridesharing lines.
- Physical distancing protocols should be used in employee break areas, uniform control areas, training classrooms, shared office spaces, the employee services window (via a teller style window), and other high-density areas in order to ensure appropriate distancing between employees.

- Employee pre-shift meetings should be conducted virtually or in areas that allow for appropriate physical distancing between employees. Larger departments should stagger employee arrival times to minimize traffic volume in back of house corridors and service elevators.
- Consider offering workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory rather than working at the concierge desk or managing administrative needs through telework).
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.
- Redesign office spaces, cubicles, lobbies, front desk check-in areas, business centers, concierge service areas, and other spaces if possible to ensure workspaces and guest accommodations allow for at least six feet distancing.
- Discourage employees from congregating in high traffic areas such as bathrooms and hallways and establish directional hallways and passageways for foot traffic, if possible, to eliminate people from passing by one another.
- Limit the number of individuals riding in an elevator and ensure the use of face coverings. Use signage to communicate these requirements.
- Require employees to avoid handshakes and similar greetings that break physical distance.
- Eliminate person-to-person contact for delivery of goods to physical offices. Avoid touching others' pens and clipboards

Additional Physical Distancing Guidelines for Hotel Operations

- Guests should enter through doors that are either propped open, if possible, or are automated or manually operated by an employee that is frequently handwashing and/or using proper hand sanitizer.
- Implement peak period queueing procedures, including a lobby greeter and having guests queue outside to maintain at least six feet of physical distance between persons.

- Employees should not open the doors of cars or taxis.
- Guest room service, laundry and dry-cleaning services, and amenity deliveries should be made available using contactless pick-up and delivery protocols.
- Hotel operations with restaurants should limit food and beverage offerings to take-out and "contactless" room service until dine-in establishments are allowed to resume modified or full operation.
- Hotels with pools should ensure that physical distancing requirements can be enforced, this could include limiting one person per lane in swimming pools.
- Hotels with golf courses should only allow one player per cart, except for immediate family and people who cohabitate, and increase tee time spacing, and should only open once golf courses are allowed to reopen.

Considerations for Hotels When Full Operations Resume

- Hotels operations with dine-in restaurants, bars, fitness centers, spas, salons, large meeting venues, banquet halls, or convention centers should keep those areas closed until each of those types of establishments are allowed to resume modified or full operation.
- When allowed to reopen to modified or full operation, hotels with dine-in restaurants and bars should:
    - Reduce seating capacities or reconfigure seating to allow for a minimum of six feet between each seated group/party of guests.
    - Implement additional and specific cleaning and sanitizing protocols for food processing and restaurant operations.
    - Refer to guidelines for the restaurant and bar industries when they become available on the COVID-19 Resilience Roadmap website.
- When allowed to reopen to modified or full operation, hotels with fitness centers, spas, and salons should refer to the relevant guidelines on the COVID-19 Resilience Roadmap website when available.
- When larger gatherings are permitted by state/local orders, those hotels with meeting, conference, banquet, or other event accommodations must:

- Adjust room configurations to allow for physical distancing between guests.
- Decrease the capacity for conference and meeting rooms in order to maintain at least six feet of physical distance between participants.
- Suspend self-serve buffet style food service and replace it with alternative service styles.
- For additional direction on meetings and convention centers, refer to the guidelines on the COVID-19 Resilience Roadmap website when available.

[1]Additional requirements must be considered for vulnerable populations. The hotels and lodging industry must comply with all Cal/OSHA standards and be prepared to adhere to its guidance as well as guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). Additionally, employers should be prepared to alter their operations as those guidelines change.

GAVIN NEWSOM
GOVERNOR OF CALIFORNIA

FOR IMMEDIATE RELEASE:
Thursday, May 7, 2020

Contact: Governor's Press Office
(916) 445-4571

Governor Newsom Releases Updated Industry Guidance

Guidance will help drive reopening for some sectors – including retail, manufacturing and logistics – with modifications, beginning Friday, May 8

Regional variance allows for counties to move further into Stage 2 when they attest to meeting certain criteria

SACRAMENTO – Following up on the state's announcement that it will begin modifying the stay at home order on Friday, May 8, Governor Gavin Newsom today released updated industry guidance – including for retail, manufacturing and logistics – to begin reopening with modifications that reduce risk and establish a safer environment for workers and customers.

Click here to see the new guidance.

"Californians, working together, have flattened the curve. Because of that work, our health data tells us that California can enter the next stage of this pandemic and gradually begin to restart portions of our economy," said Governor Newsom. "It's critical that businesses and employers understand how they can reduce the risk of transmission and better protect their workers and customers. COVID-19 will be present in our communities until there is a vaccine or therapeutic, and it will be up to all of us to change our behavior and eliminate opportunities for the disease to spread."

Resilience Roadmap

Californians are flattening the curve as part of the stay at home order issued on March 19, 2020. These efforts have allowed the state to move forward on the roadmap for modifying the statewide order. The Resilience Roadmap stages that California is using to guide its gradual reopening process are:

- Stage 1: Safety and Preparedness
- Stage 2: Lower-Risk Workplaces
- Stage 3: Higher-Risk Workplaces
- Stage 4: End of Stay at Home Order

When modifications are advanced and the state's six indicators show we've made enough progress, we can move to the next stage of the roadmap. We are now moving into Stage 2, where some lower-risk workplaces can gradually open with adaptations. Stage 2 expansion will be phased in gradually. Some communities may

move through Stage 2 faster if they are able to show greater progress, and counties that have met the readiness criteria and worked with the California Department of Public Health can open more workplaces as outlined in the County Variance Guidance.

Industry Guidance to reduce the risk

California will move into Stage 2 of modifying the state's stay at home order on May 8, 2020. The state's progress in achieving key **public health metrics** will allow a gradual reopening of California's economy.

The state recognizes the impact of economic hardship, but the risk of COVID-19 infection is still real for all Californians and continues to be fatal.

That is why every business should take every step possible to reduce the risk of infection:

- Plan and prepare for reopening
- Make radical changes within the workplace
- Adjust practices by employees and help educate customers

The state has outlined guidance for each early Stage 2 business to follow. The goal is a safer environment for workers and customers. Businesses may use effective alternative or innovative methods to build upon the guidance.

Each business should review the guidance that is relevant to their workplace, prepare a plan based on the guidance for their industry, and put it into action.

When complete, businesses can post the industry-specific checklist (below) in their workplace to show customers and employees that they've reduced the risk and are open for business.

Before reopening, all facilities should:

1. Perform a detailed risk assessment and implement a site-specific protection plan
2. Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidance

The state has also set up a mechanism to gather input on future industry guidance through the California Recovery Roadmap survey.

While many elements of the guidance are the same across industries – such as cleaning and physical distancing – consideration was given to industry-specific methods. For example:

- Retailers should increase pickup and delivery service options and encourage physical distancing during pickup – like loading items directly into a customer's trunk or leaving items at their door.
- Retailers should install hands-free devices, if possible, including motion sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and timecard systems.
- Manufacturing companies should close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage

congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.

- Warehouses should minimize transaction time between warehouse employees and transportation personnel. Perform gate check-ins and paperwork digitally if feasible.
- Warehouse workers should clean delivery vehicles and equipment before and after delivery, carry additional sanitation materials during deliveries, and use clean personal protective equipment for each delivery stop.

###

Governor Gavin Newsom
State Capitol Building
Sacramento, CA 95814

Meeting Professionals

How San Francisco Is Working to Bring Meetings Back

Like every destination, San Francisco continues to deal with the impacts of COVID-19. However, our city's early action and aggressive public health measures have seen the spread of this disease significantly reduced, been applauded by national and international media (including The Washington Post, The Atlantic, and Le Figaro in Paris), and provided an example for other destinations around the world to emulate.

We know planning ahead is key to your success, and we understand your desire for more information about how and when San Francisco will reopen for meetings and events. While we do not have definitive answers yet, we wanted to make you aware of the work we are doing to prepare for welcoming attendees back to our city.

- Leaders from San Francisco city government, San Francisco's Department of Public Health, The Moscone Center, and San Francisco hotels have convened a working group to develop specific plans for how large groups can meet here in a safe way. The group is tackling logistical issues such as overall flow, room capacities, safety protocols, and food and beverage service. This group also includes some convention clients.

- A group is being assembled to establish guidelines for other large, non-convention events. This group—likely to include representatives from San Francisco Travel, Oracle Park, Chase Center, the hotel community, and city government, as well as concert and event producers—will aim to be the thought leaders in determining how large venues can resume their programming while protecting the health and safety of all involved.

- The Hotel Council of San Francisco has convened a group of hoteliers and industry experts on sanitation to develop its own cleanliness standards and protocols. These are intended to help hotel properties that may not have sufficient guidance from their brand

affiliation on how to safely accommodate guests once travel resumes.

- The California Convention Centers Coalition, which counts hotels and destination marketing organizations like ours among its membership, has convened six working groups to develop guidelines around the most pressing issues facing large conventions in a post-COVID-19 world. These include Environmental Hygiene, Event Operations/Customer Journey, Workers' Safety, Food & Beverage, Technology & Products, and Communications. The Coalition plans to submit these recommendations as a white paper to Gov. Gavin Newsom by early June. The goal is to convince the governor that conventions can safely resume at an earlier point in time than the currently proposed Phase 4 of his recovery plan.

- San Francisco's tourism and hospitality businesses are being well-represented at the state level, with local industry leaders serving as part of the Governor's Task Force on Business and Jobs Recovery. This group is charged with developing economic plans that support the communities and industries hit hardest by COVID-19. Within those plans, the Task Force is working on specific recommendations for resuming live entertainment and large events.

We will provide further updates as significant progress is made in establishing these new guidelines.

With the ideas developed from these collaborations, and the invaluable data from trusted sources like the U.S. Travel Association, we are working diligently to get San Francisco back to being one of the world's top meeting and convention destinations.

PLAN YOUR MEETING

2020 MEETING PLANNERS GUIDE

PARTNER DIRECTORY

HOTEL AVAILABILITY

SUBMIT RFP

Strategic Partners

SFO

USA VisitTheUSA.com

MAY 19, 2020

SAN FRANCISCO COVID-19 (CORONAVIRUS) TRAVEL ALERTS

San Francisco Travel is committed to providing travelers with accurate and timely information about traveling to our city safely. The health and safety of our visitors are our highest priorities. We are working closely with the U.S. Travel Association, Visit California, San Francisco International Airport officials and the San Francisco Department of Public Health (SFDPH) to gather and share the latest developments around COVID-19 and its impact on travel to San Francisco.

To help you get through the "Shelter in Place" and "Stay at Home" orders, we've put together a list of resources and activities (/article/social-distancing-activities-san-francisco) that bring a little bit of San Francisco into your home while you practice social distancing (/article/social-distancing-activities-san-francisco).

The Visitor Information Center (https://www.sftravel.com/visitor-information-center) at 749 Howard St. is temporarily closed effective March 16, 2020. Also closed is the Visitor Information Center at Macy's Union Square at 170 O'Farrell Street (Cellar Level).

San Francisco City Updates (as of May 18)

Today, San Francisco and six other Bay Area counties announced an extension of current shelter in place protocols through the month of May. As the next month progresses, certain low-risk activities may be deemed permissible. We will keep you posted on any changes to the rules as they currently stand.
(https://sftravel.ent.box.com/file/658638474411)

By order of the Health Officer of the City and County of San Francisco, all individuals living in the county must shelter at their place of residence except to provide or receive certain essential services or engage in certain critical activities and work for essential business and government services until May 31. However, the new Order makes a number of significant changes, which are highlighted below:

Essential Businesses (updated May 18):

- Under the new May 18 Order, permits a new category of additional businesses to operate. The first phase of these additional businesses that are allowed to begin operating at 10 a.m. on May 18, 2020, are curbside or outside pickup of goods from non-essential retail stores, as well as related manufacturing, and warehousing and logistical support, subject to following limits on personnel in these facilities and to the adoption of new safety precautions.
- Second, the Order allows a second new category of additional activities to occur. The first phase of these additional activities allowed under this order include attendance at outdoor

museums, outdoor historical sites, and public gardens. These activities may rbegin as soon as the operators of the facilities have the required social distancing and sanitation protocols in place.

- This Order is in effect, without a specific expiration date, until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

Outdoor Businesses:

- Outdoor Businesses (as defined in the Order and described below) are now allowed to operate, and people are allowed to visit them to perform work or to obtain goods, services, or supplies.
- Outdoor Businesses are those that normally operated primarily outdoors prior to the Shelter in Place Orders, and where social distancing of at least six feet can be maintained between all people. These include outdoor retail businesses like nurseries, outdoor service providers like landscapers, and agricultural operations. Outdoor businesses do not include outdoor restaurants, cafes, or bars.

Learn more (https://www.sfdph.org/dph/alerts/files/HealthOfficerOrderC19-07d-ShelterInPlace-05172020.pdf)

Healthy Practices That Will Flatten The Curve from SFDPH (as of Apr. 6)

COVID-19 is affecting all of us on a global level and it is all of our responsibility to flatten the curve of the virus. The best way for everyone to reduce their risk of getting sick, as with seasonal colds or the flu, still applies to prevent COVID-19:

- Wash hands with soap and water for at least 20 seconds.
- Cover your cough or sneeze.
- Stay home.
- Avoid touching your face.
- Try alternatives to shaking hands, like an elbow bump or wave.
- If you have recently returned from a country, state, or region with ongoing COVID-19 infections, monitor your health, and follow the instructions of public health officials.
- If you do need to go outside, please wear cloth masks to prevent yourself and others from getting sick.

In addition to the healthy practices above, it is recommended that you maintain and practice social distancing (spacing six feet or more between you and other people) when you need to venture out of your home for essential activity, which is defined as:

- Activities or performing tasks essential to their health and safety, or to the health and safety of their family or household members
- Activities or performing tasks to obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others
- Activities or performing tasks to engage in outdoor activity, provided the individuals comply with social distancing requirements, such as walking, hiking, or running.
- Support local restaurants by ordering takeout.

Learn more from the SFDPH (https://sf.gov/stay-home-except-essential-needs)

California State Updates (as of May 5)

As the state continues implementation of the four-stage framework to allow Californians to gradually reopen some lower-risk businesses and public spaces while continuing to preserve public health, Governor Gavin Newsom today announced that based on the state's progress in meeting metrics tied to indicators, the state can begin to move into Stage 2 of modifying the stay

at home order this Friday, May 8, with guidelines released Thursday, May 7. The Governor released a Report Card (https://www.gov.ca.gov/wp-content/uploads/2020/05/5.4-Report-Card-on-California-Resilience-Roadmap.pdf) showing how the state has made progress in fighting COVID-19 in a number of categories such as stabilized hospitalization and ICU numbers and acquiring PPE. Read more about it here (http://cert1.mail-west.com/XyjyK/yuzjanmc7rml/yc3d7t71lXgtm/vnqlXrt89jpz/ty778t71lXq/5hq2h8emze?_c=d%7Cze7pzanwmhlzgt%7C17g877lgr8u2du5&_ce=1588629914.153dd05a86cf5b0b88e26e74b249be82).

What can I do? What is open?

Essential services will remain open, such as:

- Gas stations
- Pharmacies
- Food: Grocery stores, farmers markets, food banks, convenience stores, take-out and delivery restaurants
- Banks
- Laundromats/laundry services
- Essential state and local government functions will also remain open, including law enforcement and offices that provide government programs and services.

As of Friday, May 8, the following types of businesses can open up with modifications in place, like curbside pickup, social distancing, and heavy sanitation:

- Bookstores
- Clothing stores
- Florists
- Music stores
- Sporting good stores
- Toy stores

What's closed?

- Dine-in restaurants
- Bars and nightclubs
- Entertainment venues
- Gyms and fitness centers
- Public events and gatherings
- Convention centers
- Hair and nail salons

Can people still go hiking or visit State Parks?

Californians can walk, run, hike and bike in their local neighborhoods as long as they continue to practice social distancing of 6 feet. This means avoiding crowded trails and parking lots. To help reduce crowds, State Parks is modifying operations at some parks, including closing vehicular access and parking lots to reduce density of visitors. A list of closures can be found at www.parks.ca.gov/flattenthecurve (https://www.parks.ca.gov/flattenthecurve). Everyone has the responsibility to “Flatten the COVID-19 Curve at Parks” by maintaining a social distance of 6 feet or more when recreating in the outdoors, and staying home if they are sick. If visitors cannot maintain social distancing, they need to leave the park.

San Francisco International Airport (SFO) Updates (as of May 18)

SFO has issued a list of new protocols and procedures (https://www.flysfo.com/media/press-releases/sfo-outlines-%E2%80%9Cwhat-expect%E2%80%9D-travelers) that passengers can expect to encounter on their next visit. These include:

- Requiring face masks for all passengers within any terminal building.
- Physical distancing markers in queuing and seating areas.
- Clear protective barriers at points of face-to-face interaction, such as information booths and ticket counters.

Effective April 1, all flights using the International Terminal will depart from Boarding Area G. Boarding Area A (Gates A1 – A15) will be closed & all flights in the International Terminal will depart from Boarding Area G (Gates G1 – G14).

Learn more from SFO. (https://www.flysfo.com/media/press-releases/sfo-consolidate-flights-international-terminal-single-concourse)

SFTA Muni Updates (as of Apr. 6)

Effective Wednesday, Apr. 8, Muni service will be reduced to 17 core lines. This core network will provide essential service within one mile of all San Franciscans, as they continue to serve medical facilities & other essential trips.

Learn more from SFTA. (https://www.sfmta.com/blog/muni-prepares-deliver-essential-trips-only)

Attraction Updates (as of Apr. 28)

- Aquarium of the Bay (https://www.aquariumofthebay.org/) - Operations have been suspended through June 1.
- Big Bus Tours (https://www.bigbustours.com/en/san-francisco/service-information/) - All operations in San Francisco (and all other cities) are suspended until further notice.
- Museum of Ice Cream (https://www.museumoficecream.com/san-francisco) - Closed through June 1.
- PIER 39 (https://www.pier39.com/wp-content/uploads/2020/03/PIER-39-is-Closed.pdf) - The pier is closed through June 1.
- The Presidio (https://www.presidio.gov/coronavirus) - All park-operated public facilities and programs are closed and canceled. However, the hiking trails and open spaces remain open.

Event Updates (as of Apr. 28)

- A.C.T. (https://www.act-sf.org/home/box_office/plan_your_visit.highResolutionDisplay.html) - All plays and performances during the 2020 season are canceled.
- Bay Area Theater Week (https://support.todaytix.com/s/) - The Bay Theater Week has been postponed.
- Bay to Breakers (https://capstoneraces.com/bay-to-breakers/) - The race, taking place on May 31, has been postponed to Sept. 20, 2020.
- Chase Center (https://www.chasecenter.com/news/7k6LDcslxT0L9HE99INCtp) - All concerts canceled through May 31.
- "Harry Potter and the Cursed Child" (https://www.harrypottertheplay.com/san-francisco/coronavirus-update/) - Performances are suspended through May 31.
- "Hamilton: The Musical" (https://hamiltonmusical.com/san-francisco/) - All remaining performances have been canceled.
- How Weird Faire (https://howweird.org/) - The neighborhood festival, to take place May 3, has been postponed indefinitely.
- New Conservatory Theater Center (https://www.nctcsf.org/COVID-19) - The remainder of the 2020 performance season has been canceled.

- PRIDE (http://www.sfpride.org/) - All events during San Francisco PRIDE weekend, happening June 27 and 28, have been canceled.
- Rock 'n' Roll San Francisco Marathon (https://www.runrocknroll.com/updates) - The race, taking place on Apr. 5, has been postponed.
- San Francisco Opera (https://sfopera.com/about-us/press-room/press-releases/2020-Summer-Season-canceled/) - The 2020 summer season is canceled due to COVID-19.
- Sonoma International Film Festival (http://www.sonomafilmfest.org/) - The festival has been canceled.

Museum Updates (as of Apr. 28)

- Asian Art Museum (https://asianart.org/) - The Museum is temporarily closed until further notice.
- Bay Area Discovery Museum (https://bayareadiscoverymuseum.org/covid-19-faqs-page) - The museum is closed until June 1.
- California Academy of Sciences (calacademy.org/a-message-to-our-academy-community-on-covid-19) - The museum is temporarily closed until further notice.
- Contemporary Jewish Museum (https://www.thecjm.org/visit/) - The museum is temporarily closed until further notice.
- de Young Museum/Legion of Honor (http://the%20de%20young%20and%20legion%20of%20honor%20remain%20open%20to%20visitors%20and%20we%20welcome%20visitors%20to%20enjoy%20our%20exhibitions%20and%20collections - The de Young and Legion of Honor are temporarily closed until further notice
- Exploratorium (https://www.exploratorium.edu/) - The museum is temporarily closed until further notice.
- San Francisco Botanical Garden (https://www.sfbg.org/covid-19) - All public programs are canceled and the garden is temporarily closed until further notice.
- SFMOMA (https://www.sfmoma.org/coronavirus-update/) -The museum is temporarily closed until further notice.
- Walt Disney Family Museum (https://www.waltdisney.org/visitor-update) - The museum is closed until June 1 at the earliest.

Restaurant Updates (as of Mar. 25)

All dine-in restaurants closed until further notice. However, there are a number of restaurants that are open for business, offering take-out or delivery only. (/article/social-distancing-activities-san-francisco)

Sports Updates (as of Mar. 31)

- Golden State Warriors (https://www.nba.com/warriors/news/nba-season-suspended-20200311) - The NBA season has been suspended.
- LPGA Mediheal Championship (https://www.medihealchamp.com/) - The tournament has been postponed to a later date.
- PGA Championship (https://www.pga.com/story/2020-pga-championship-postponed) - The tournament has been postponed and rescheduled for Aug. 3 - 9, provided they have clearance from public health authorities
- San Francisco SailGP (https://www.sftravel.com/explore/arts-culture/san-francisco-sailgp) - The race, happening May 2 - 3, has been canceled.
- San Francisco Giants (https://www.mlb.com/giants/news/mlb-2020-season-delayed) - Major League Baseball has canceled the remainder of its Spring Training games and delayed the start of the 2020 regular season until further notice.

Additional Resources

- Visit California (https://www.visitcalifornia.com/attraction/travel-alerts)
- U.S. Travel Association (https://www.ustravel.org/toolkit/emergency-preparedness-and-response-coronavirus-covid-19)

OFFICE OF THE MAYOR
SAN FRANCISCO

LONDON N. BREED
MAYOR

FOR IMMEDIATE RELEASE:
Thursday, May 7, 2020
Contact: Mayor's Office of Communications, mayorspressoffice@sfgov.org

*** PRESS RELEASE ***
MAYOR LONDON BREED ANNOUNCES NEXT STEPS FOR REOPENING BUSINESSES IN SAN FRANCISCO

If progress continues on reducing the spread of COVID-19, the City anticipates allowing some businesses to do storefront pickup as soon as Monday, May 18th

San Francisco, CA — Mayor London N. Breed and the Director of Health Dr. Grant Colfax today announced that San Francisco plans to allow some businesses to resume operating, with modifications. As long San Francisco continues making progress on reducing the spread of COVID-19, the City anticipates allowing some businesses to resume operations with storefront pickup as soon as Monday, May 18th. Retailers such as bookstores, florists, and music stores will be the first stores allowed to operate storefront pickup. This follows today's announcement by Governor Newsom regarding modified statewide guidelines that allow certain retailers to begin curbside pickup as soon as tomorrow, May 8th.

San Francisco will issue details on this phased business reopening next week. Key requirements of the current Health Order remain in place, including requirements to stay home except for essential needs and certain permitted activities, including outdoor businesses and activities. Additionally, San Franciscans must continue to follow social distance requirements and wear face coverings when waiting in line for pickup or inside of businesses.

"We have been hard at work to find ways to reopen more businesses and activities safely and responsibly," said Mayor Breed. "Giving businesses the option to reopen and provide storefront pickup will provide some relief for everyone in our city—allowing some people to get back to work, while still protecting public health. The last thing we want is to see a spike in the number of cases or hospitalizations, so we're going to be keeping close track of our key COVID-19 indicators and will be ready to make any adjustment needed to keep our community healthy."

"San Franciscans have done a tremendous job to flatten the curve and protect community health," said Dr. Colfax. "We will continue to study the indicators that tell us how the coronavirus is affecting our communities and amend the health orders as warranted in the best interest of community health. We share the urgency to reopen and restore our economies and our normal activities, and the equal importance of doing so in a way that is safe, responsible and does not erode the progress we have made together."

"Our residents and businesses have made tremendous sacrifices for the greater health and safety of our community," said Joaquín Torres, Director of the Office of Economic and Workforce Development. "As we reopen, the focus has to be on doing so smartly. We're all anxious to get back to work and restart our economy, but the right way to do this for now is in phases. We can't

jeopardize all the sacrifices and progress San Francisco has made by rushing in too far, too fast. We want to reopen, and stay open."

The categories of businesses that would be eligible to operate storefront pickup were determined in collaboration with business leaders, and based on state and local public health guidance and may be expanded over the coming weeks as conditions allow. This announcement builds on the April 29th extension of the Stay Home Order, which allows additional businesses, including construction and outdoor businesses, to resume safely, with health and safety precautions in place.

As long as San Francisco continues making progress on reducing the spread of COVID-19, consistent with the amended State Order, the first round of businesses that will be allowed to operate with storefront pickup as soon as May 18th include:

- Bookstores,
- Florists,
- Music and record stores,
- Hobby, toy, and game stores,
- Home furnishings and home goods,
- Cosmetics and beauty supply,
- Arts supplies stores,
- Musical instrument and supplies stores,
- Sewing, needlework, and piece goods stores.

The Department of Public Health (DPH) will be developing guidelines for businesses that are consistent with the statewide guidelines. The San Francisco Health Officer will continually review whether modifications to the Order are justified and will adjust the Order as needed.

The Office of Economic and Workforce Development will be working closely with DPH and the Economic Recovery Task Force to develop best practices for facilitating safe pickups at these businesses. As guidelines become available, the City will post the information on the SF.gov website in addition to partnering with business stakeholders to distribute in multiple languages. Businesses will also be able to call 3-1-1 or the Small Business hotline at 415-554-6134 for more information.

The coronavirus pandemic is still ongoing. San Francisco communities will be dealing with it for a long time to come. The City expects outbreaks to continue, especially among vulnerable populations. That is why the City is building strong systems to protect our communities into the future. DPH will continue to watch the indicators with regard to sufficient testing, contact tracing and personal protective equipment. DPH will monitor new cases, hospitalizations and the health care system's capacity to handle a surge of patients. The City will continue to work with community and business leaders to accomplish careful, measured progress and move forward to further reopening.

"Providing the option for curbside and storefront pick-up is a great and responsible step to re-opening our local economy and supporting our neighborhood businesses," said Rodney Fong, President and CEO of the San Francisco Chamber of Commerce. "These new guidelines will keep our merchant corridors active, while also establishing important public health protocols to keep our residents safe. The entire San Francisco business community appreciates Mayor London Breed's leadership and thoughtfulness throughout this crisis."

###

Wales

WALES GOLF

EVERYONES GAME, ANYWHERE

BACK2GOLF

GOLFERS STAY SAFE GUIDANCE

2 METRE SOCIAL DISTANCING AT ALL TIMES!

1 BEFORE YOUR ROUND

Book your round of golf online if possible

If you are ill or have symptoms, stay at home

Use the toilet facilities before your leave home

Bring your own hydration/ food to the course

Arrive at the facility 15 minutes before tee time and change shoes etc. in the car park

Do not arrive at the first tee more than 5 minutes before your allotted tee time

No roll ups or groups to congregate around the club or tee area

2 DURING YOUR ROUND

1 player on the tee box

Smooth the sand with your club or foot

Keep 2 metres social distancing at all times across the course

Do not touch the flagstick

Do not exchange equipment with other e.g. borrowing tees or balls

3 AFTER YOUR ROUND

Do not shake hands

Leave the venue as soon as your game is complete

VERSION 1

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'Traffic light' plan to lift Wales coronavirus lockdown unveiled by Welsh Government

First Minister Mark Drakeford has revealed the plans

By **Sarah Hodgson**

12:30, 15 MAY 2020 | **UPDATED** 15:12, 15 MAY 2020

WELSH GOVERNMENT SETS OUT 'TRAFFIC LIGHT ROADMAP' FOR HOW WALES COULD EASE LOCKDOWN

A road map setting out how Wales could exit the coronavirus lockdown has been unveiled today.

First Minister Mark Drakeford **announced the traffic light road map**, called "Unlocking our society and economy: continuing the conversation", as part of a "cautious" approach to easing lockdown measures.

Under current lockdown rules, people in Wales have to stay at home and maintain contact only within households, with limited exceptions.

After nearly eight weeks in lockdown, the Welsh Government is now in a position to set out its proposal for the next steps.

Mr Drakeford today announced a "red, amber and green" traffic light system to define how restrictions on different areas of Welsh life can begin to be eased.

The traffic light categories will apply across Welsh life, including reopening schools and childcare facilities, seeing family and friends, getting around. playing sports, working or running a business, going shopping, using public services and practicing faith and celebrating special occasions.

The traffic light approach is based on:

- Red – Schools enabled to manage increase in demand from more key workers and vulnerable pupils returning; local travel, including for click-and-collect retail allowed; people allowed to provide or receive care and support to/from one family member or friend from outside the household
- Amber – Priority groups of pupils to return to school in a phased approach; travel for leisure allowed together with meeting with small groups of family or friends for exercise; people able to access non-essential retail and services; more people travelling to work;
- Green – All children and students able to access education; Unrestricted travel subject to ongoing precautions; All sports, leisure and cultural activities, as well as socialising with friends permitted, with physical distancing

Mr Drakeford said that decisions will need to be made on prioritisation and it is "quite possible" that Wales will be on "red" for some activities, "amber" for another and still in lockdown for other situations.

Decisions on every step will be informed by the Wales' Chief Medical Officer, Frank Atherton, the UK Government's Scientific Advisory Group foe Emergencies (SAGE) and the Welsh Government's Technical Advisory Group.

The Welsh Government will also learn from the experience of other countries, as well as the UK's new Joint Biosecurity Centre.

To avoid a second, potentially still larger, second peak, the Welsh Government is putting in place the infrastructure needed to manage future outbreaks of the disease. This was set out in the 'Test, Track, Protect' Strategy, announced by Welsh Government earlier this week.

The First Minister said: "Over the last eight weeks, we have seen an incredible effort, from all parts of our society, to respond to the unprecedented challenge to our way of life posed by the Covid-19 virus.

"As a result, we, like countries across the world are able to think about how we can move out of the lockdown. But, it is essential as we do so, that we recognise this is not a short-term crisis. Until there is a vaccine or effective treatments, we will have to live with the disease in our society and to try to control its spread and mitigate its effects.

"The challenges we face are shared with all parts of the United Kingdom. For that reason, we have always strongly supported a four-nation approach to the lifting of the lockdown.

"But this has to respect the responsibilities of each Government to determine the speed at which it is safe to move and the balance to be struck between different forms of 'easement' – how to prioritise between allowing people to meet up with close family, to go shopping or to the hairdresser, to get back to work or visit the seaside.

"But for the next two weeks, at least, I urge everyone in Wales to stick to the advice, Stay Home, Protect our NHS and Save Lives."

Privacy

W!SH

INTERNATIONAL EVENTS
MANAGEMENT