

Roadmap for reopening Connecticut from Governor Lamont

MAY 26, 2020

Connecticut[®]



To the people of the great State of Connecticut,

This report is the roadmap to reopen the State of Connecticut I've assembled with input from our state agencies and departments, legislators, and subject matter experts from the Reopen CT Advisory Group. In addition, this effort incorporated input from a wide range of Connecticut and regional stakeholders, including leaders from neighboring states, local business owners, leaders from educational institutions, organized labor, other representatives of frontline workers and community representatives.

The situation surrounding COVID-19 is dynamic and rapidly evolving. We learn new things about this virus every day and as a result the plans I've outlined in this report will change based on new facts, insights and breakthroughs both here in our state and around the world. Our plans may also change based on our strong collaboration with our regional partners recognizing that this virus does not stop at state borders. This report is our current best thinking on how to reopen Connecticut safely.

The last three months have tested us all in ways we never imagined. I am so proud of the strength, generosity and resolve I see every day across our state, and I know that by working together we can continue to protect the health and safety of our families, friends and neighbors as we reopen Connecticut.

Sincerely,

Ned Lamont

A handwritten signature of Ned Lamont in blue ink. The signature is written in a cursive, flowing style, with the first letters of 'Ned' and 'Lamont' being prominent and capitalized.

Governor

Guiding principles for opening our state

1

• We will be science-driven to ensure safety while reopening

2

• We will protect our residents who are at a higher risk for severe illness and death from COVID-19

3

• We will ensure our healthcare system is ready to handle the needs of patients (both with and without COVID-19)

4

• We will minimize the harm to our economy, speed up recovery and restore Connecticut's quality of life, while protecting public health

5

• We will be fully equipped to respond to future crises, as infection rates may rebound

COVID is a major issue

Globally

United States

Connecticut



4,952,763 confirmed cases
63.5 per 100,000 people

1,513,503 confirmed cases
471.5 per 100,000 people

38,116 confirmed cases
1,064.2 per 100,000 people



323,017 deaths
4.1 per 100,000 people

89,947 deaths
28.0 per 100,000 people

3,449 deaths
96.3 per 100,000 people



Over 1/3 of population
currently under government
imposed restrictions

US-wide restrictions
ranked more stringent
than China at peak of crisis

**CT-wide stay home, stay
safe** is less stringent than
other high infection states,
e.g, NY, MA, more stringent
than other states

Features of COVID-19 which influence strategies for intervention and reopening the State



High transmissibility of the COVID-19 virus



Large outbreaks in congregate settings such as nursing homes, prisons and workplace



High burden of transmission in densely-crowded urban centers which can serve as sources for spread to other communities



People who are infected with the virus that causes COVID-19 and have no symptoms or mild symptoms play a major role in the community transmission of this virus from person to person



High risk for severe complications and death among the elderly and those with underlying medical conditions



Key knowledge gaps at present

- How much transmission has occurred or may occur after we reopen
- Whether transmission will increase or decrease in winter and summer seasons,
- The age groups (young adults, school children?) that contribute to transmission and serve as reservoirs for community spread
- Risk of severe complications in children (e.g. PIMS) and younger adults
- The nature of immunity after infection (lack of evidence for a back-to-work certificate based on antibody testing)

We have to be prepared for the risk of resurgence in CT, even with implementation of strong interventions, given the transmissibility of COVID-19 virus

Initial priorities for phase 1 reopening

Disease conditions

1 COVID-19 related hospitalizations have a sustained decline during a 14 day period

Virus management (testing & tracing)

2 Execute widespread and streamlined testing of our people

3 Establish sufficient capacity for contact tracing and isolation

4 Implement a high touch program to protect persons and populations that are at higher risk for severe illness and death from COVID-19

Healthcare capacity & supplies

5 Ensure our hospitals are able to provide optimal standard of care to all patients, including those without COVID-19, as prior to the surge

6 Guarantee appropriate PPE is available to everyone who needs it

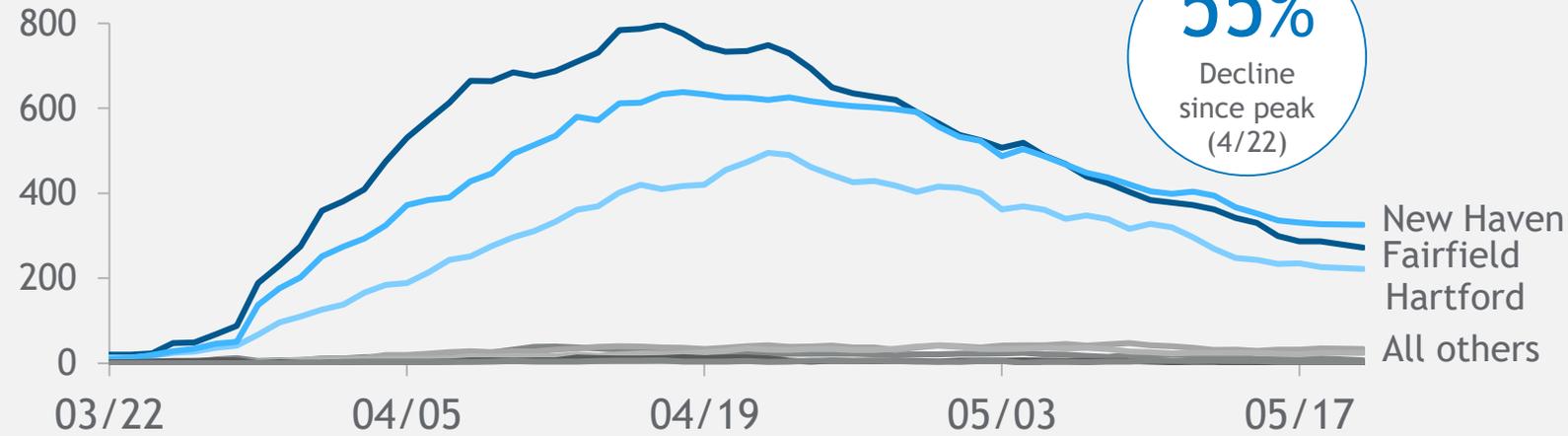
“New Normal”

7 Implement protocols to ensure appropriate safeguards are in place for safe opening of each sector of our economy

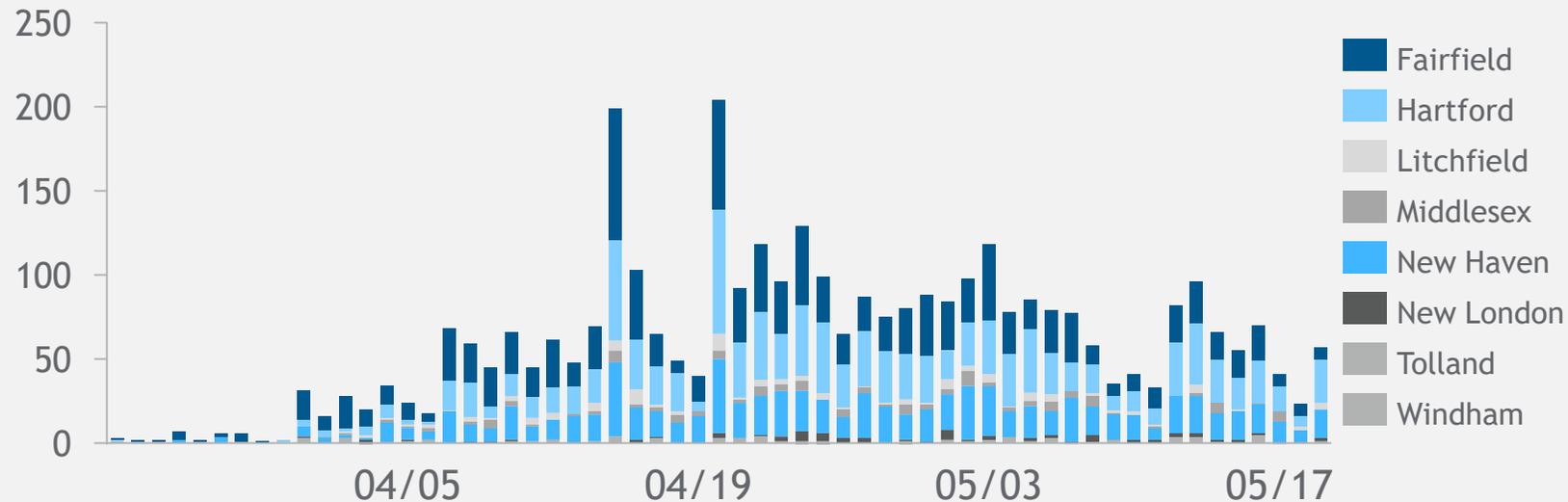
In Connecticut, there is cause for optimism ...

Through "Stay home, Stay safe", CT is seeing decreases in hospitalizations and deaths

Confirmed COVID-19 hospital census by county (daily)



Confirmed new COVID-19 deaths by county (daily)



Note: Data as of 5/20/2020
Source: CT Department of Public Health COVID-19 Updates

Guiding Principles for Testing and Isolation for COVID-19



Large scale testing, as well as social distancing, public use of facemasks and best hygiene practices, is a critical path to an effective response



Testing of targeted at risk asymptomatic infected individuals is essential to reducing transmission and preventing outbreaks



Screening of staff will be required to protect individuals and staff that are more at-risk of infection and severe illness, particularly in our health care and correctional facilities



Large scale testing needs to prioritize our cities, which have been disproportionately impacted by the epidemic and will be similarly impacted by COVID-19 in the future



Provide guidelines and interventions to expand and promote safe testing at easily-accessible point of healthcare settings in our communities



If testing is to be successful, individuals, whether COVID-19 cases or their contacts, will need active monitoring and strong and effective social supports during self-isolation

Objectives of our statewide testing strategy



Monitor transmission and safeguard the health of the community



Protect our critical and most at-risk residents



Inform better decision-making on ongoing reopen strategies and protocols

Testing during each phase of reopen is guided by specific objectives and populations goals



Objectives

Monitor transmission and safeguard the health of the community

Protect critical and most at-risk residents

Inform better decision-making on ongoing re-open strategies and protocols



Population goals

Identify new community spread, inform tracing and isolation, and control large outbreaks

Mitigate community transmission by identifying asymptomatic and symptomatic infected individuals

Protect the population in crowded and underserved areas

Protect persons at higher risk for severe illness and death from COVID-19

Ensure health of essential members of CT workforce

Improve real-time and future decisions at the state level



Focus populations

All symptomatic individuals

Asymptomatic testing:

- Nursing home, assisted living facility (ALF) staff
- Nursing home, ALF residents
- Corrections facility staff & inmates
- Individuals in high risk communities
- Health care workers
- First responders
- Direct care employees, residents

Connecticut is actively coordinating critical testing efforts, while building a state-wide ecosystem to support broad access

The State will coordinate & partner in critical efforts to ensure access to testing particularly for our higher risk persons and populations



Comprehensive testing at nursing homes, ALFs, and prisons



Widespread access to screen both symptomatic and asymptomatic individuals in high-risk communities



Recurring testing of critical workers including first responders

The State will enable the broader testing environment to expand across the state to complement centrally coordinated efforts



Ongoing expansion of symptomatic testing footprint through pharmacy sites and existing health systems



Targeted outreach into high-risk and underserved areas by community organizations and health system partners

The State will support phased reopening with progressively increased and widespread testing



The State will also put the best testing tools in place to learn about COVID-19 prevalence and inform our future decision making

Currently in implementation

Seroprevalence: Current snapshot in June

Goals

- Understand what happened during the outbreak: who and where
- Enable the state to target their interventions

Target population

- 1,500 randomly selected adults
- NH residents and staff, HCWs, corrections staff and offenders, 1st responders
- Serology done by lab network
- One-time, beginning in June

Currently under consideration

Seroprevalence: Serial surveys

Goals

- Understand where infection is occurring
- Adapt interventions to optimize impact and mitigate
- Safety monitoring for reopening

Target population

- 3,000 randomly selected adults
- PCR + Serology, using rapid tests if validated
- Every one to two months

Further study: Translating evidence to intervention

Goals

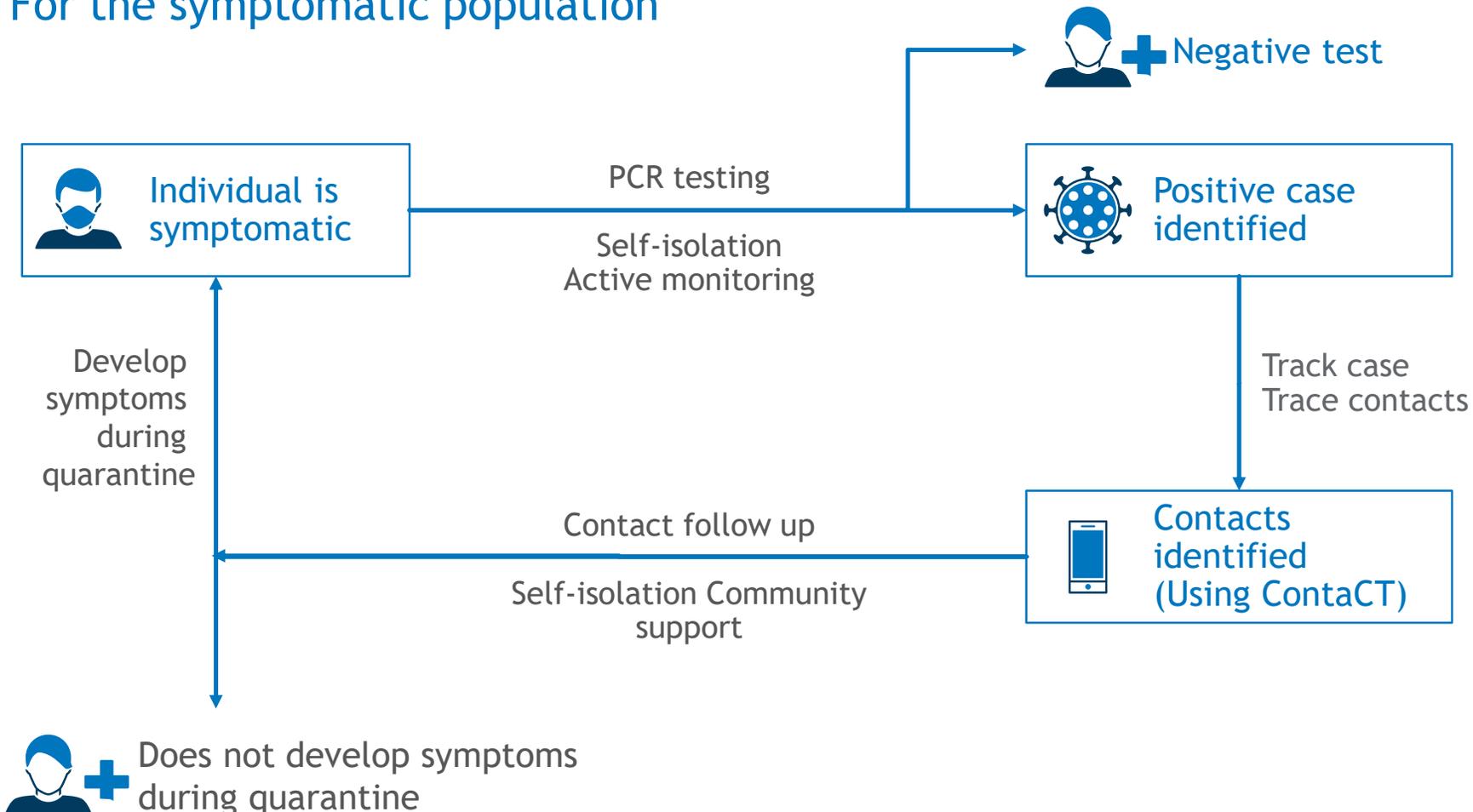
- Answer major questions on rate and spread of infection, immunity after infection, reservoirs, and high-risk populations

Target populations

- TBD

Our approach to test symptomatic individuals and trace contacts

For the symptomatic population



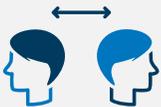
Our approach will help **prevent outbreaks** by **ensuring access to testing** for symptomatic individuals, **rigorously tracing contacts**, and providing quarantine & isolation support to **avoid asymptomatic spread**

Our priority is to scale tracing and provide support for those in need during isolation

ContaCT will scale CT's preexisting isolation efforts across the state to reach and guide our residents



All COVID-19 positive individuals will be told to self-isolate for a minimum of 10 days and 72 hours without fever (and 5 after symptoms), and contacted by a health professional to actively monitor their status if they do not have a healthcare provider



All contacts will be told to self-quarantine for 14 days then contacted by a trained public health professional each day to assess well being

To ensure those impacted isolate safely, residents will be supported through a range of measures



The State will partner with community leaders to provide access to essential support including housing and food for those who can not self-isolate safely



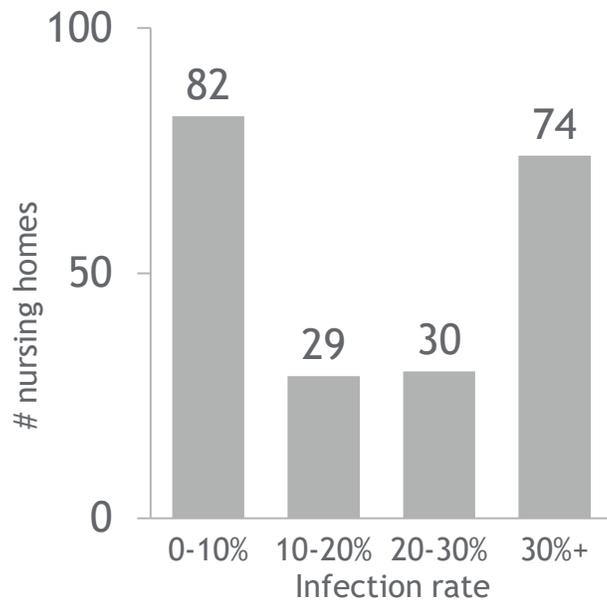
... while also providing access to the essential healthcare, technology, and wellbeing resources so that they are able to help stop further transmission

Execution of these programs will be complemented with careful monitoring

Persons and populations at higher risk for serious illness and death from COVID-19 in CT

Nursing home residents¹

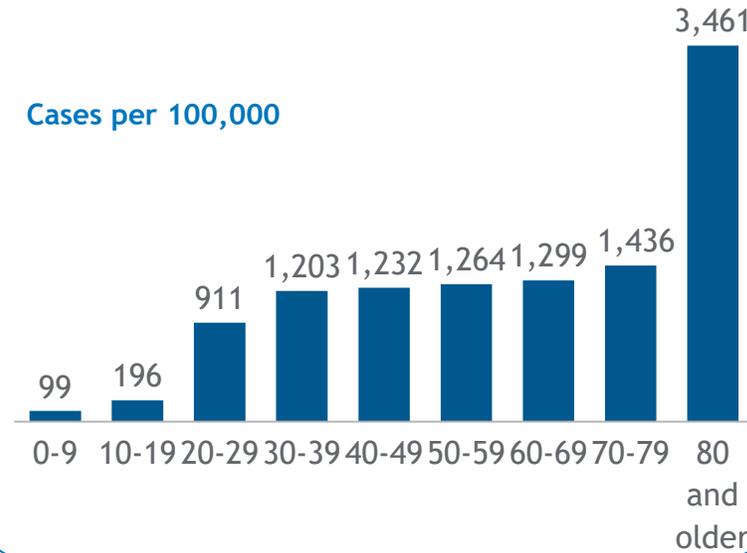
2,190 deaths representing 62% of all deaths in the state



~18,000 residents in facilities with 10%+ infection rate

Adults 60+

Cases per 100,000



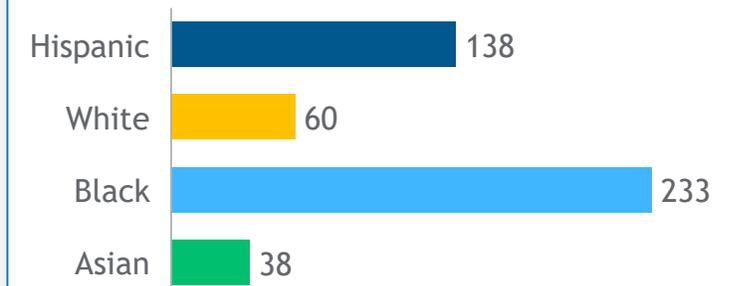
Incarcerated individuals³

➤ 598 confirmed COVID-19 cases in CT prisons (~5.0% confirmed cases v. 1.1% for the full state)

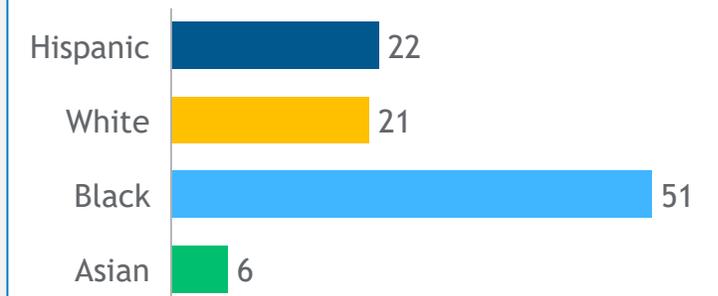
People of color²

Hospitalization and death rates are 2-3 times higher among our Black and Latino populations

Hospitalizations per 100,000



Deaths per 100,000



Note: Data as of May 17, 2020, except where otherwise noted 1. As of May 20, 2020 2. As of May 3, 2020 3. As of May 15, 2020
Source: CT Department of Public Health COVID-19 Updates; CT Department of Correction

Enhanced protection for persons and populations at higher risk for serious illness and death from COVID-19

Persons at Higher Risk

65 or older, or with underlying conditions, in congregate settings or living alone



Regularly test nursing home & assisted living workers and residents to protect staff and residents from infection



Establish Rapid Response Team to address outbreaks and implement best practices



Enhanced community outreach and support for residents 65 and older who are living alone



Establish culturally-sensitive community outreach and support programs to reduce the impact of COVID-19 on the health of racial and ethnic minorities and for people living in poverty and in densely populated areas who may find it difficult to practice COVID-19 prevention measures such as social distancing and to access health care

Department of Corrections inmates & staff



Test DOC inmates & implement isolation and cohorting protocols to limit spread

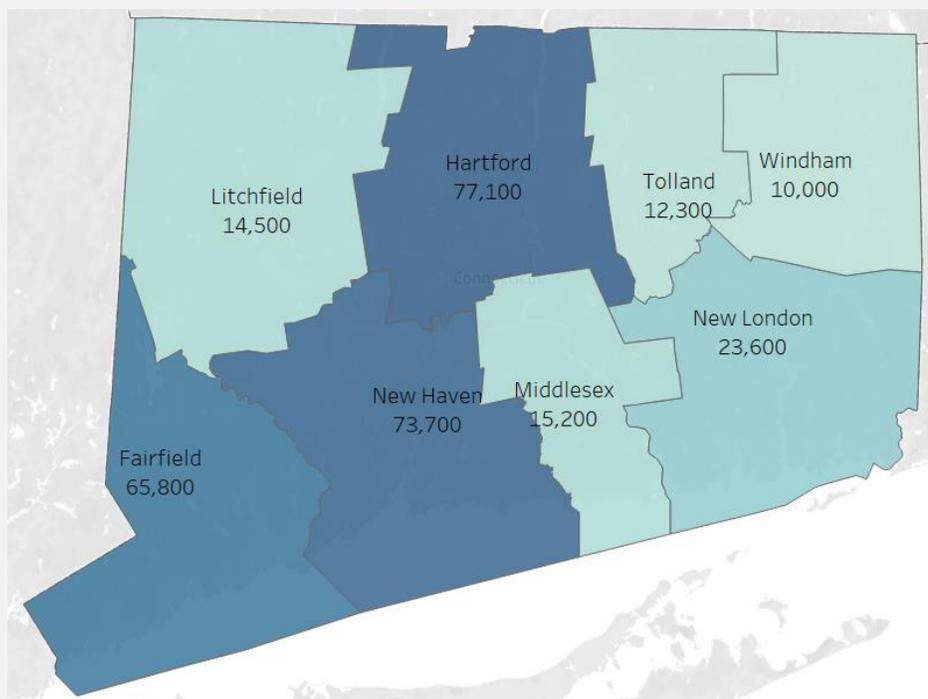


Regularly test DOC workers to protect inmates from infection

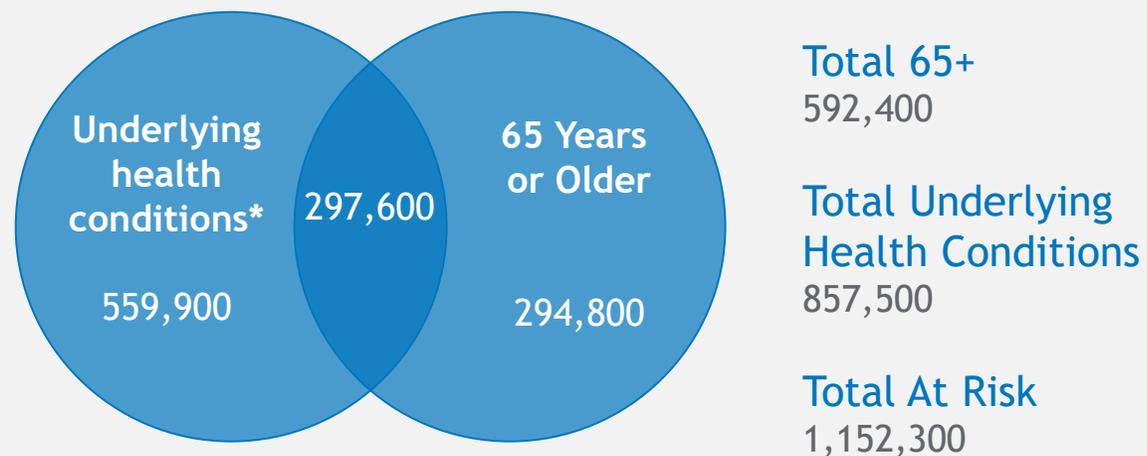
Each region must develop plans to support their vulnerable populations (e.g., food, housing)

1.15 million Connecticut residents have two or more factors associated with an increased medical risk of severe COVID-19 complications

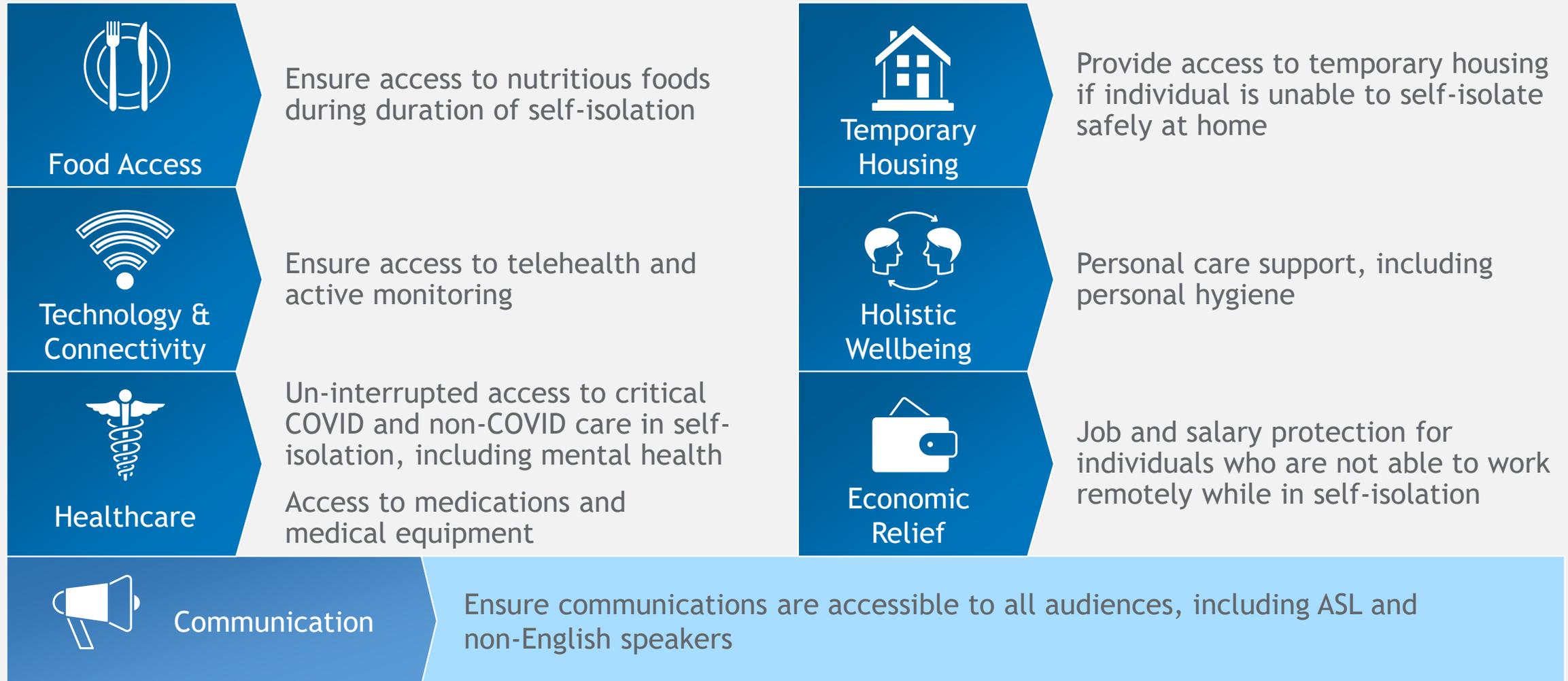
Population with age 65+ and 2 or more Underlying Conditions by County



At Risk Populations



We plan to support the higher risk persons and populations through six core domains of support and accessible communications



In the immediate term, to enable individuals to safely quarantine or isolate, the State is considering two programs to ensure access to services and care



Active clinical monitoring

Purpose: Ensure individuals who need to quarantine or isolate (Q&I), have symptoms and do not have access to a health care provider, have active health monitoring while in Q&I

Process:

- ContaCT will identify and refer individuals in need of monitoring to a clinical provider
- These individuals will receive adequate clinical monitoring and treatment for COVID-19 while in Q&I, including providing as needed thermometers and pulse oximeters and medical guidance throughout self-isolation



Social support and wraparound services

Purpose: Provide support to enable individuals to follow Q&I guidelines, by matching needs with existing resources including housing and food

Process:

- ContaCT platform will identify and refer individuals in need of support at initiation and throughout self-isolation or self-quarantine
- Case workers will support individuals in self-isolation or self-quarantine by connecting them with State, local and regional resources as necessary

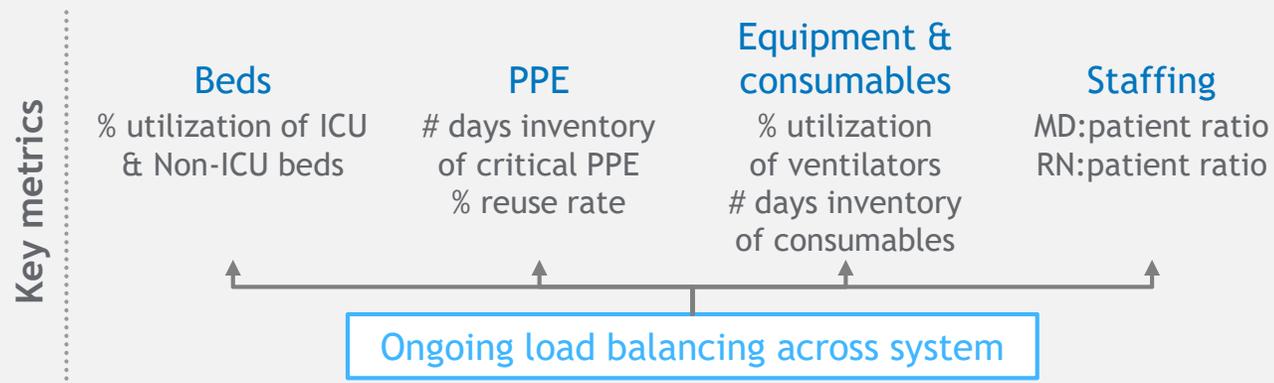
The State will closely monitor the stockpile of PPE to ensure provisioning of health services for the re-opening

Hospital network capacity and supplies

The State's healthcare systems needs to reopen to provide optimal care that was interrupted by the epidemic

- Manage healthcare capacity through tracking key metrics across 4 prioritized resource groups
- Target metric levels defined for both reopening criteria and for ongoing monitoring of reopening strategy

The State should maintain an adequate emergency reserve as it is doing



PPE supplies stockpiled

An adequate supply of PPE is critical to ensuring a safe reopening of the economy

State encourages private sector to procure their own PPE to met their needs

State is building a large PPE stockpile to

- Provide adequate supply for state agencies
- Ensure reserve stocks for critical shortages driven by unanticipated increases in infections

**State stockpile:
2-3 month supply**

The State will prioritize influenza immunization to all residents to protect our population and to safeguard our hospitals from a concomitant COVID-19 and influenza surge crisis



The likelihood of a COVID-19 resurgence is high even in the optimistic scenario



We do not know at present how seasonality will influence COVID-19 transmission, but the potential is high that increased transmission will occur in the winter season when seasonal influenza is greatest



A concomitant epidemic of COVID-19 with seasonal influenza will have major deleterious effects on our healthcare system since the State's hospitals frequently enter surge crisis due to seasonal influenza alone



The State will implement efforts to achieve universal immunization of all residents who do not have a contraindication to influenza vaccine



The State will make provisions to secure an appropriate influenza vaccine supply, given the expected increased demand for the upcoming influenza season



Immunization campaigns for seasonal influenza will be initiated in early Fall

We need to take steps to reopen our economy

Public Health

Assesses infection risk to communities and business sectors and potential to implement risk-mitigation measures

- Widespread testing
- Contact tracing
- Active monitoring
- Quarantine and isolation
- Community support
- Social distancing
- Hygiene safeguards for business sectors
- Masks



Economic impact

Assesses impact on state economic health with focus on number of unemployment claims filed, number of businesses affected, total employment within the sector and GDP contribution from the sector

COVID-19's impact on the economy has been significant



Loss of workforce productivity ...

4.8%

decrease in
Q1 2020 GDP⁵

35K

businesses
closed¹

531K

unemployment
claims²



... And significant
economic impact
from school closures

1300+

schools closed
affecting

~570K

students³

37

Universities closed
impacting

~190K

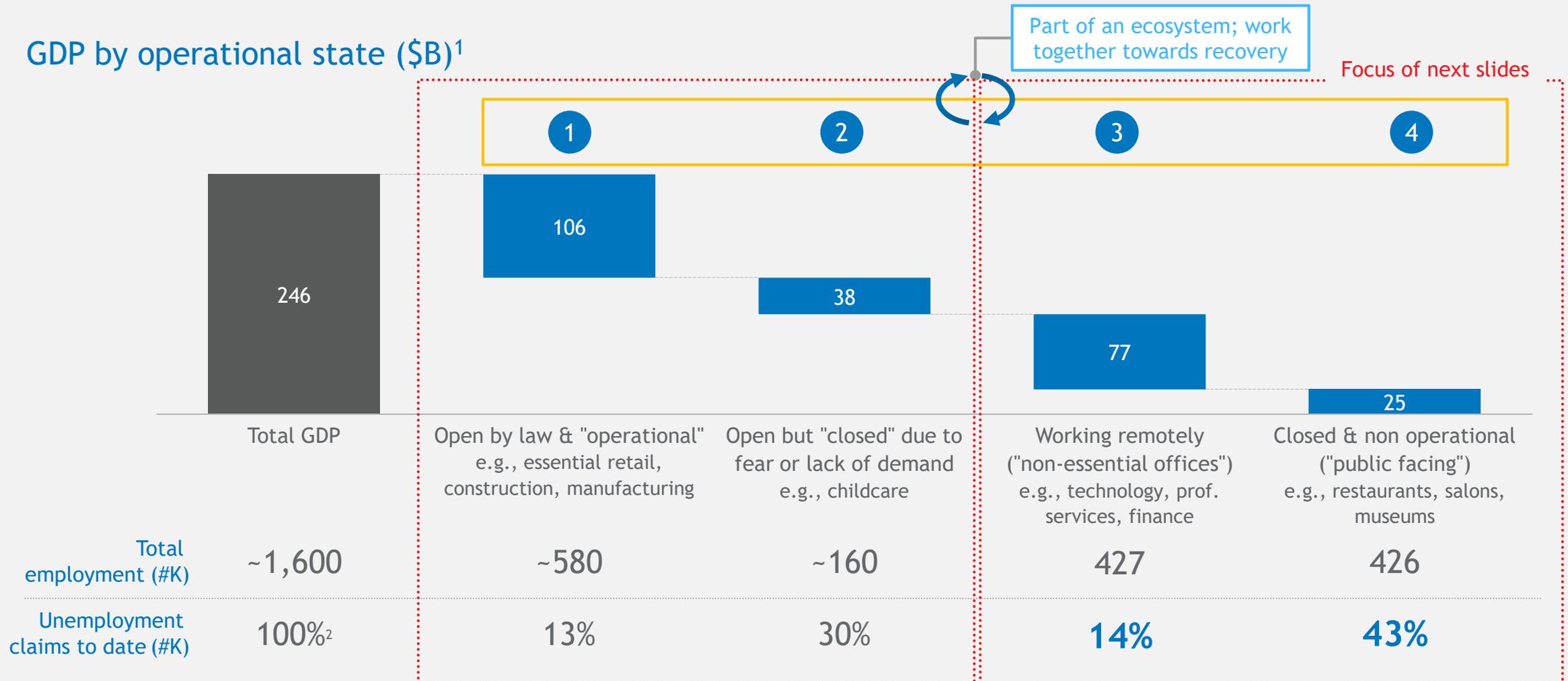
students⁴

1. Estimate only, excludes business that are voluntarily closed or are working from home, 2. From March 13 to May 18. Note: not all claims have been processed, 3. Includes public, private and charter schools, 4. Includes private non-profits, public higher ed network, and UConn system. Does not include trade, vocational, for profit, military (Coast Guard) 5. Decrease in US GDP
Source: IPEDS data; CT DOL

While we kept more of our economy open than most states we have experienced significant business and employment loss

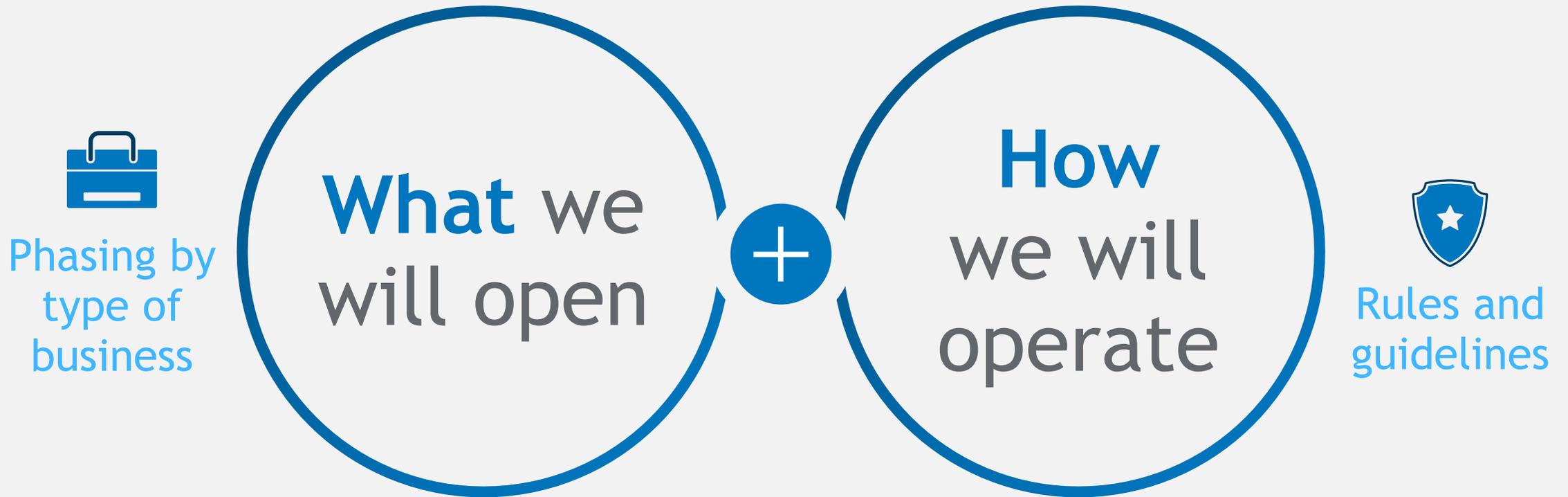
A majority from closed businesses but also from businesses that remained open

GDP by operational state (\$B)¹



1. Based on 2018 GDP from BEA; 2. Based on unemployment claims processed by May 18, 2020
Source: BEA, DOL, US Census Bureau

As we Reopen CT, we must focus on what as well as how



Each sector received a health risk score based on 2 dimensions

Adapted based on guidance from JHU School of Public Health

Contact intensity

Weight: 40%



Contact proximity

From St Louis Fed & O*NET

Expected proximity between employees, other employees, and customers

Close physical proximity poses higher public health risk given transmissibility of COVID-19

Sub-weight: 33%



Contact length

From JHU*/qualitative

Average length of interaction between individuals

Higher interaction duration puts employees and customers at greater risk

Sub-weight: 33%



Number of contacts

From JHU*/qualitative

Approximate number of people in the setting at the same time

More contacts increases chance of exposure and could increase rate of transmission

Sub-weight: 33%

Modification potential

Weight: 60%



Disinfection

From JHU*/qualitative

Ability to sanitize & regulate - driven by existing safety regime e.g., current safety focus, government inspection, strong industry groups

Sub-weight: 50%



Social distancing

From JHU*/qualitative

Qualitative measure of enforceability of physical distancing measures across industry

Worse score for industries where chance of deviation from regulations is high

Sub-weight: 50%

* Where possible; not available for all categories

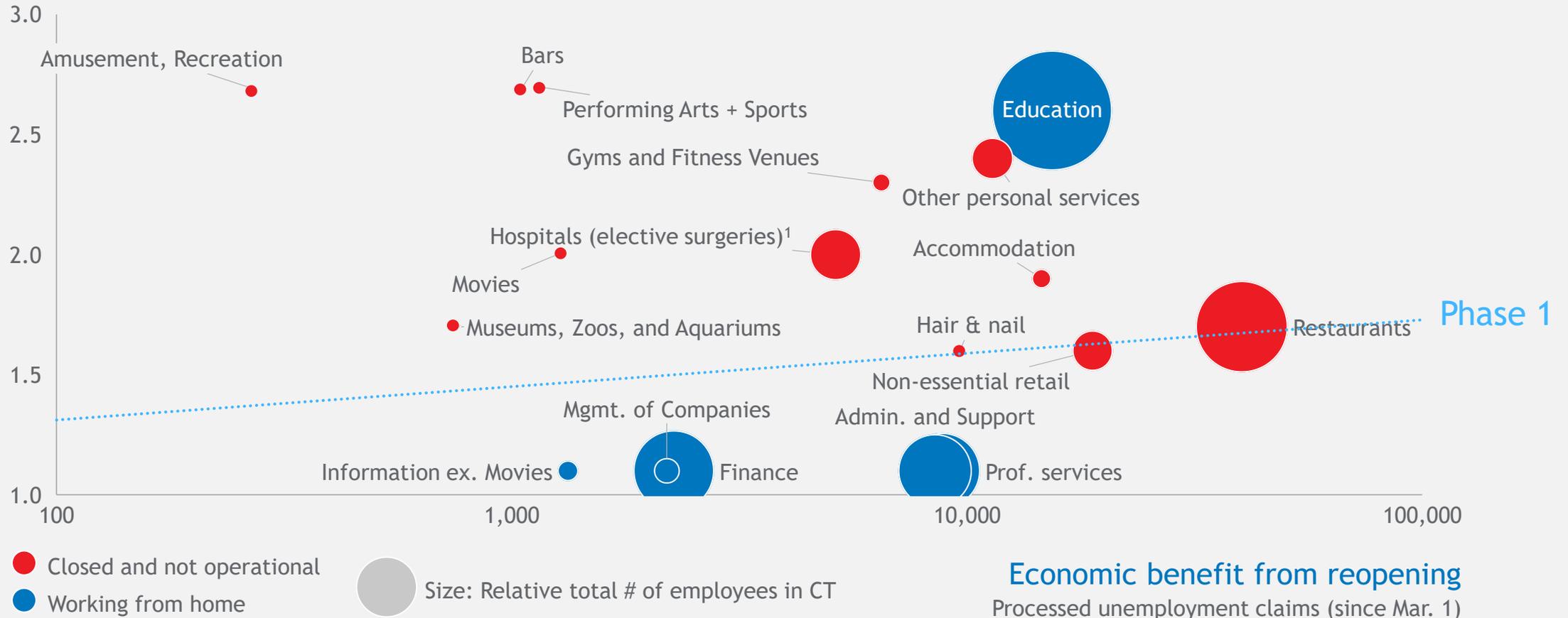
Source: Johns Hopkins Bloomberg School of Public Health, St. Louis Fed

Public health risk and economic benefit vary significantly by sector

Framework to think about what we will open and when

Public health risk from reopening

Based on contact intensity and modification protocol



1. Includes all unemployment claims & employees for hospitals across CT (does not account for current operations as mostly related to COVID-19)
 Source: CT DOL, St. Louis Fed, JHU School of Public Health

List of sectors open as of Phase 1 (May 20)

Never closed, open under safe workplace rules

Manufacturing

Utilities

Construction

Hospitals

Real Estate

Essential retail

Open under sector specific rules

Restaurants (outdoor only, no bar areas)

Non-essential retail

Offices (continue WFH where possible)

Museums, Zoos (outdoor)

Outdoor recreation

Hair salons (June 1)

Phase 2 & 3 business sectors to open

Phase 2
Approx.
June 20¹

Accommodation (no bar areas)

Gyms, fitness, & sports clubs

All personal services

Outdoor arts, entertainment and events (up to 50 people)

Outdoor amusement parks

Movie theaters

Bowling alleys

Social clubs, pools

All museums, zoos, aquariums

Restaurants (indoor, no bar)

Phase 3
At least
4 weeks
later

Bars

Indoor event spaces & venues

Indoor amusement parks & arcades

Outdoor events (up to 100 people)

1. While June 20 is the target date, the State will only move to phase 2 upon achievement of public health metrics

Phase 2 education and community services to open

Phase 2

Selected youth sports (Jun 20)
Public libraries (Jun 20)
All summer day camps (Jun 22)
Nonresidential workforce programs (mid Jun)
Nonresidential clinical/laboratory courses (mid Jun)

K- 12 summer school (July 6)
Other nonresidential programs, community colleges (July/Aug)
Graduate programs (July/Aug)
Undergraduate residential small-scale pilot programs (July/Aug)

Fall school year

Undergraduate residential programs
K-12 Fall reopening (District calendar)

Boarding schools

Governance plan to manage reopening criteria for each phase

Variety of state leaders and experts provide input



Legislators



Public health experts



Business, education and community representatives

Governor Lamont decides on reopening phase criteria



Governor Lamont

Key CT agencies consulting and supporting in reopen criteria

Criteria published to the public and tracked



Criteria released for the next phase as we enter the prior phase



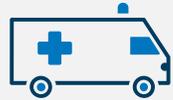
Criteria will be tracked as CT approaches the next phase

Criteria will evolve as we learn more about COVID and how CT responds to each reopening phase

CT could revert to a prior reopening phase if

One week of sustained increase in the seven day rolling average in new hospitalizations and 200 bed increase in the COVID-19 hospital census since beginning of the previous phase

Reopening criteria for Phase 1 (May 20) have been satisfied



1. Sustained decline of hospitalizations

Decline over a 14 day period without evidence of a regional outbreak

Decline since 4/22/20
55% below peak



2. Widespread PCR testing

42K tests administered per week with <48 hours turnaround time

45k tests in last 7 days



3. Sufficient contact tracing capacity

Contact tracing system (ContaCT) operational

ContaCT is live and operational
LHDs are piloting ContaCT



4. Protections for the most at risk

Testing and screening of key workers and high-risk populations initiated

Over 10,000 tests distributed to target populations



5. Healthcare capacity to provide optimal care

<20% of beds occupied by COVID-19 amongst total bed capacity at peak

~15% of beds with COVID related patients



6. Adequate supply of PPE

30 days of PPE supplies in major healthcare systems

State stockpile in warehouse for ~60 days of supply



7. Safeguards to protect the workplace

Rules and regulations disseminated and adopted prior to Phase 1 reopening

Detailed guidelines published for each business sector

5 criteria to progress to Phase 2



Declining transmission

Less than 100 bed net increase in hospitalizations in last week of phase 1



Testing and contact tracing

100,000 tests a week; connected with >50% of identified contacts within 48 hours



Business & social safeguards

Rules and regulations disseminated two weeks prior to Phase 2 reopening



Protection for critical and at risk individuals

Testing plan for key workers and priority high-risk communities implemented



Healthcare capacity

<20% of beds occupied by COVID-19 patients amongst total peak COVID-19 bed capacity

Phase 3 criteria in progress

Social guidelines in place during reopening phases



With State OSHA input, guidelines were developed based on social distancing and hygiene safeguards to safely reopen key sectors during phases

Examples for three sectors—guidelines below are excerpts; full guidelines are posted on DECD website

Phase 1

Restaurants outdoor only

- Up to 50% capacity limit
- 6+ feet between tables
- Bars closed
- No recreation facilities (e.g. pool tables)
- Condiments in single use packets or containers
- Contactless payments and paper menus
- Training, cleaning, signage, PPE requirements
- Etc.

Offices, continue WFH if possible

- Up to 50% capacity limit
- Work from home if possible
- 6+ feet between work stations
- Thorough cleaning procedures
- Distancing in elevators
- Removal of non-essential amenities
- Training, cleaning, signage, PPE requirements
- Etc.

Non-essential retail and malls

- Up to 50% capacity limit
- Close all dining areas such as food courts (take-out allowed)
- Enhance security presence to prevent congregation of people
- Special requirements to open fitting rooms
- Training, cleaning, signage, PPE requirements
- Etc.



Guidelines for Phase 2 and Phase 3 to be developed

Higher education reopening plans to be developed by each institution



A plan for **repopulation** of the campus



A plan for **monitoring** health conditions to detect infection



A plan for **containment** to prevent spread of the disease when detected



A plan for **shutdown** if it becomes necessary

Full report has been posted

Public health guidance for colleges and universities in CT

Each specific guidance will be in force until relaxed by the State
Institutions may choose to impose stricter guidelines

Guidance element	Specific guidance
Social distancing	<ul style="list-style-type: none">• 6 feet of separation whenever possible
Density of classrooms, dining halls, and other areas where groups congregate	<ul style="list-style-type: none">• 6 feet of separation between occupants
Density of dormitories	<ul style="list-style-type: none">• Roommates and suitemates treated as a family unit. 6-foot spacing preserved with other dorm occupants• (Density of bathroom use TBD)• Students with pre-existing health conditions should be assigned to single-occupancy rooms
Personal protective equipment	<ul style="list-style-type: none">• All faculty, staff and students should wear masks
Disinfection	<ul style="list-style-type: none">• Hand sanitizer available at entrances to all buildings, classrooms, and dining halls• Disposable wipes available in all bathrooms, classrooms, and other shared facilities (e.g. copy machines, coffee stations, etc.) for wiping down surfaces touched before and after every use• Frequent hand-washing and frequent deep cleaning of bathrooms and other high touch areas
Travel	<ul style="list-style-type: none">• Avoid unnecessary travel domestically and internationally
Faculty/staff work from home	<ul style="list-style-type: none">• Whenever possible
Faculty/staff advised to stay home	<ul style="list-style-type: none">• Initially, those 65 and over and/or those with high risk factors
Screening	<ul style="list-style-type: none">• Faculty, staff, and students should monitor their own symptoms and report them to health care providers
Testing	<ul style="list-style-type: none">• In non-residential test symptomatic; for residential students, test incoming students as they arrive on campus (+ second round of testing within 7 to 14 days of the first) and faculty and student-facing staff be tested shortly before residential students return to campus and re-tested periodically



Guidelines for childcare centers, summer camps and K-12 summer schools completed

Fall ReOpen plan anticipated early June

Summer Schools | Introduction

When the effects of the pandemic required that schools across Connecticut cancel in-school classes during March of 2020, it took seconds to realize that education in Connecticut was forever changed. Connecticut has long been focused on providing all students equity and excellence in education. In the wake of this public health emergency demanding an entirely remote learning environment, meeting the needs of all of our students presents a dramatic challenge. Our ReOpen Connecticut PreK-12 Subcommittee is confident that we will all successfully navigate this challenge. Connecticut's continued focus on educational excellence is more important than ever, but we know that Connecticut's long-term success depends on it.

We recognize that the way we deliver instruction will continue to evolve. Models of in-school and remote learning, partial day or part-time students, or extended remote learning. As we look toward the future, we will keep the health and safety of our students and staff at the top of our priorities. Our summer schools will translate to healthy communities.

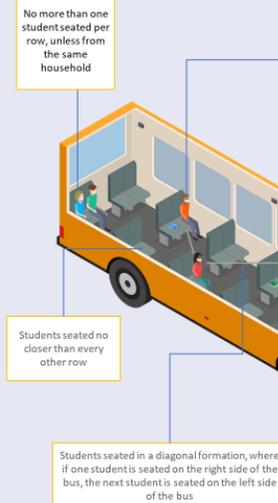
The summer school plan that follows was developed with input from student advocacy partners, including consideration of a recent survey. All of this input was considered and solidified by our Subcommittee into this recommended plan. The plan to be implemented has been reviewed by health officials to ensure safety for all in our strong roadmap to allow students limited summer school as a priority.

While the needs of districts will drive specific plans for summer school, to adhere to these safety recommendations and requirements, the course of the pandemic over the summer may change safety recommendations. Therefore, that schools should be flexible to programming as well as remain aware of any further executive orders that change the approach to resuming limited in-person instruction.

We are privileged in this state to have resilient educational communities that are equipped to take on this national crisis. Connecticut State Department of Education will continue to provide guidance to school communities during this pandemic school year, and our students are more driven to learn in Connecticut. This plan is the first step.

This document may be updated due to the rapidly changing and ongoing updates from Centers for Disease Control and Prevention, federal and state orders and guidance. The Connecticut State Department of Education will update Superintendents.

Summer Schools | Detailed bus protocols



Childcare centers | Health guidance for employees

Daily health check: All staff and children are required to be screened for any observable illness, including cough or respiratory distress, and to confirm temperature below 100 degrees Fahrenheit. Screening includes assessing health by taking temperature. Programs may ask parents to take the child's temperature upon arrival. Disinfection of the thermometer should be incorporated into the screening procedures. When conducting screening, the child care facility should consider:

- The health screener does not need to wear personal protective equipment (PPE) if a distance of 6 feet is maintained while performing the screening.
- Maintain sufficient distance, or a physical barrier, between the child or staff member being screened.
- If social distancing or barrier/partition controls are not possible, personal protective equipment (PPE) can be used as a temporary measure. Reliance on PPE alone is a less effective control and may be subject to shortages and training requirements.

In the event of a suspected case: Staff or children who have a fever of 100 degrees are not permitted into the program per Executive Order 20-100.

In the event of a confirmed case: If a child or staff member is diagnosed with COVID-19, the camp must notify family members of the exposure. In February 2020, COVID-19 was added to the list of reportable diseases. Cases of COVID-19 must be reported to the local health department and to the local health department. The COVID-19 report form is available on the Department of Public Health website at <https://dphsubmissions.ct.gov/Covid/InitiateCovidReport>. Reporting should be recommended to the provider in consultation with the local health department.

- Contact your local health department of the CT Department of Public Health.
- Determine the date of symptom onset for the child or staff member.
- Determine if the child/staff member attended/worked during the two days before symptoms began.
- Identify what days the child/staff member attended/worked during the two days before symptoms began.
- Determine who had close contact with the child/staff member during the two days before symptoms began.
- Exclude the children and staff members who are the affected child/staff member for 14 days after symptoms began.
- Conduct appropriate cleaning and disinfection.
- Depending on program size and the number of people in the program (for larger programs) or the entire program.
- Specific situations and exposures can be discussed with the local health department (860.509.7994).

Youth camps | Introduction

The Connecticut Office of Early Childhood (OEC) provides the following information in response to the many questions and concerns that it is receiving from youth camps pertaining to the impact of the COVID-19 pandemic. This memo provides guidance that is intended for day camps as defined by Connecticut General Statutes § 19a-420, whether required to be licensed or exempt from licensing. Resident camps, as defined by C.G.S. § 19a-420 (2), will not be permitted to operate during the declared state of emergency unless and until permitted to do so by order of the Governor.

Youth camps should continue to review the memos issued by the OEC that provide important guidance for youth camps including waivers of licensing requirements during the declared state of emergency, additional requirements imposed through Executive Orders that must be met during this emergency and resources to support programs during and following the emergency. These memos can be found at <https://www.ctoec.org/covid-19/>.

It is important to understand that the COVID-19 emergency is a changing situation, and that as CDC and/or State of CT guidance changes, the OEC will update guidance to providers.

Camps that were operating as of May 5, 2020 may continue to operate and shall implement the guidelines contained in this Memo. Other camps, not currently operating, may not begin operation until June 22, 2020. Staff training may begin before June 22, 2020. As of June 22, 2020, all operating youth camps shall comply with the guidelines in this Memo. All schools are encouraged to permit youth camps to use their facilities, provided cleaning and modifications can be arranged in time.

We recognize that deciding whether to operate is a very difficult decision that must be made at the provider level. Individual programs must determine what is best for their given guidance from the Centers for Disease Control and Prevention (CDC) and local authorities, and their individual business decisions.

Camps considering whether to operate must consider the additional provisions that have been put in place by Executive Order in order to limit the spread of the virus. The following requirements must be included in a camp's plan for operating during this public health emergency.

Communications plan will educate and inform CT residents

What is the CT government doing?

- “ CT is taking deliberate steps to prioritize health & safety, while reopening the economy
- “ While focusing on the public health of all residents, CT is prioritizing persons and populations at higher risk for severe illness and death
- “ CT is posting specific rules and guidelines for sectors in each reopening phase, but guidelines and recommendations may evolve over as time

How does COVID affect you?

- “ Wearing a mask is the new normal, taking precautions like handwashing, using hand sanitizer and regular disinfection are now commonplace

Why should I get tested?

- “ Getting tested is vital for identifying outbreaks, and preventing second resurgence of COVID
- “ Testing will protect your loved ones, neighbors and community and allow the state to more rapidly identify spread of the virus

How do I get tested?

- “ Testing locations and the testing process are clearly laid out for you to access, so you can identify a location and be tested easily. A state hosted website will provide all known testing sites

What does it mean if I test positive?

- “ You should work with the contact tracers and follow their instructions to reduce the spread of COVID

- “ You should quarantine and isolate to reduce the spread of COVID, and you will be supported

What does it mean if I'm contacted?

- “ You should quarantine and isolate to reduce the spread of COVID, and you will be supported

What support is CT providing?

- “ CT is working with state, regional and local partners to develop programs for housing, food and health monitoring support for those in quarantine and isolation

- “ CT is protecting the most at risk persons and populations with testing, PPE and targeted interventions

Communications plan includes a variety of channels and stakeholders to reach CT residents

Objective: Build trust in reopening plan with all stakeholders through consistent communication and education



Key public health messages will be shared through a variety of channels to ensure the public is regularly updated: Website, social media, press briefings, press releases, PSAs on TV/radio, digital advertising, billboards, on- and offline print media, specific stakeholder communications channels



New website Reopen.ct.gov launched to provide access to reopening highlights, roundtable summaries, reopening stories from all sectors and references for further information



Regular press briefings to provide updates and an open forum for the public's questions.



Regular press releases to provide written updates on key decisions and CT's health status



Roundtables held to provide open forums to discuss education, business and community topics



Education materials will be released on key opening criteria, business sectors and health and safety guidelines. Specific attention for targeted communication to persons and populations at higher risk for severe illness and death to ensure they are aware and comfortable



Key stakeholders (community leaders, etc) are partnered with and regularly engaged to inform their constituencies and learn how their communities are impacted

Risks that we are monitoring and actively managing

Second surge
of outbreak

Testing ramp
up delays and
residents' willingness
to take tests

Deployment of and
resident participation
in contact tracing

PPE procurement
challenges

Residents' reluctance
to reengage with local
commerce

Reluctance to comply
with safety
guidelines and
intervention policies

Cross border with
neighboring states

Experts assisted in developing this plan



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- Albert Ko



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- Josh Geballe
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