Roadmap for reopening Connecticut from Governor Lamont
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

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

<table>
<thead>
<tr>
<th></th>
<th>Globally</th>
<th>United States</th>
<th>Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed cases</td>
<td>4,952,763</td>
<td>1,513,503</td>
<td>38,116</td>
</tr>
<tr>
<td>Per 100,000</td>
<td>63.5</td>
<td>471.5</td>
<td>1,064.2</td>
</tr>
<tr>
<td>Deaths</td>
<td>323,017</td>
<td>89,947</td>
<td>3,449</td>
</tr>
<tr>
<td>Per 100,000</td>
<td>4.1</td>
<td>28.0</td>
<td>96.3</td>
</tr>
<tr>
<td>Population</td>
<td>Over 1/3 of population</td>
<td>US-wide restrictions</td>
<td>CT-wide stay home, stay</td>
</tr>
<tr>
<td></td>
<td>currently under government imposed restrictions</td>
<td>ranked more stringent than China at peak of crisis</td>
<td>home, stay safe is less stringent than other high infection states, e.g. NY, MA, more stringent than other states</td>
</tr>
</tbody>
</table>

Source: Washington Post, CDC, Express News UK, University of Oxford Blavatnik School of Government stringency index
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

<table>
<thead>
<tr>
<th>Disease conditions</th>
<th>1</th>
<th>COVID-19 related hospitalizations have a sustained decline during a 14 day period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virus management (testing &amp; tracing)</td>
<td>2</td>
<td>Execute widespread and streamlined testing of our people</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Establish sufficient capacity for contact tracing and isolation</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Implement a high touch program to protect persons and populations that are at higher risk for severe illness and death from COVID-19</td>
</tr>
<tr>
<td>Healthcare capacity &amp; supplies</td>
<td>5</td>
<td>Ensure our hospitals are able to provide optimal standard of care to all patients, including those without COVID-19, as prior to the surge</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Guarantee appropriate PPE is available to everyone who needs it</td>
</tr>
<tr>
<td>“New Normal”</td>
<td>7</td>
<td>Implement protocols to ensure appropriate safeguards are in place for safe opening of each sector of our economy</td>
</tr>
</tbody>
</table>
In Connecticut, there is cause for optimism ...

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

Source: Reopen CT Health team
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

<table>
<thead>
<tr>
<th></th>
<th>Now (May 18)</th>
<th>May 20 - Jun 20</th>
<th>Jun 20 - Phase 3 start</th>
<th>Approx. Sept 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td></td>
<td>Build to 100k</td>
<td>Build to 170k</td>
<td></td>
</tr>
<tr>
<td># Tests per week (end of period)</td>
<td>~45k</td>
<td></td>
<td></td>
<td>Build to 200k + Additional for public educational institutions</td>
</tr>
<tr>
<td><strong>Focus populations</strong></td>
<td>Symptomatic individuals</td>
<td>Monitor transmission and safeguard the health of the community</td>
<td>Expand efforts to protect healthcare and other essential workers</td>
<td>Provide broad testing to enable full reopening and reduce the probability of future outbreaks</td>
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<tr>
<td></td>
<td>Symptomatic individuals</td>
<td>Protect critical and higher risk residents</td>
<td>Expand efforts to protect persons and populations at higher risk for severe illness and death</td>
<td></td>
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<tr>
<td></td>
<td>Symptomatic individuals</td>
<td>Inform better decision-making on ongoing re-open strategies, protocols</td>
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<td></td>
</tr>
<tr>
<td>Phase in repetitive testing of:</td>
<td>Nursing home staff</td>
<td>Nursing home &amp; assisted living (ALF) staff</td>
<td>Nursing home &amp; ALF residents</td>
<td></td>
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<tr>
<td></td>
<td>Nursing home residents</td>
<td>Corrections facility staff &amp; inmates</td>
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<td></td>
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<tr>
<td></td>
<td>Corrections facility staff &amp; inmates</td>
<td>Members of high risk communities</td>
<td>Members of high risk communities</td>
<td></td>
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<tr>
<td></td>
<td>Members of high risk communities</td>
<td>High risk health care workers</td>
<td>Health care workers</td>
<td></td>
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<td></td>
<td>High risk health care workers</td>
<td>First responders</td>
<td>First responders</td>
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<tr>
<td></td>
<td>First responders</td>
<td>Direct care employees and residents</td>
<td>Direct care employees &amp; residents</td>
<td></td>
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<tr>
<td></td>
<td>Direct care employees &amp; residents</td>
<td>Phase in repetitive testing of:</td>
<td>Faculty, staff, students of state universities &amp; schools</td>
<td></td>
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<tr>
<td><strong>Testing</strong></td>
<td></td>
<td>Build to 100k</td>
<td>Build to 170k</td>
<td></td>
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<td></td>
<td>First responders</td>
<td>Direct care employees and residents</td>
<td>Direct care employees &amp; residents</td>
<td></td>
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<tr>
<td></td>
<td>Direct care employees &amp; residents</td>
<td>Faculty, staff, students of state universities &amp; schools</td>
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<td></td>
</tr>
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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

**Goal**
- 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

Individual is symptomatic

PCR testing
- Self-isolation
- Active monitoring

Positive case identified

Track case
- Contact follow up
- Self-isolation
- Community support

Contacts identified (Using ContaCT)

Negative test

Develop symptoms during quarantine

Does not develop symptoms during quarantine

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 residents\(^1\)

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

<table>
<thead>
<tr>
<th>Infection rate</th>
<th>Homes</th>
<th>0-10%</th>
<th>10-20%</th>
<th>20-30%</th>
<th>30%+</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>82</td>
<td>29</td>
<td>30</td>
<td>74</td>
<td></td>
</tr>
</tbody>
</table>

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

### Adults 60+

Cases per 100,000

<table>
<thead>
<tr>
<th>Age</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>99</td>
<td>196</td>
<td>1,203</td>
<td>1,436</td>
</tr>
<tr>
<td>10-19</td>
<td>911</td>
<td></td>
<td>1,232</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td></td>
<td></td>
<td>1,264</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td></td>
<td></td>
<td>1,299</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td></td>
<td>1,436</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td></td>
<td>3,461</td>
<td></td>
</tr>
<tr>
<td>60-69</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-79</td>
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<td></td>
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<tr>
<td>80+</td>
<td></td>
<td></td>
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</tbody>
</table>

### Incarcerated individuals\(^3\)

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

### People of color\(^2\)

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

#### Hospitalizations per 100,000

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>White</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>Black</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>138</td>
</tr>
<tr>
<td>Asian</td>
<td>138</td>
<td>138</td>
<td>138</td>
<td>138</td>
</tr>
</tbody>
</table>

#### Deaths per 100,000

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>White</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Black</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Asian</td>
<td>22</td>
<td>22</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

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

Populations at Higher Risk

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

| Total 65+ | 592,400 |
| Total Underlying Health Conditions | 857,500 |
| Total At Risk | 1,152,300 |

Source: CT BRFSS Survey; 1. Two or more underlying health conditions
We plan to support the higher risk persons and populations through six core domains of support and accessible communications.

**Food Access**
Ensure access to nutritious foods during duration of self-isolation

**Technology & Connectivity**
Ensure access to telehealth and active monitoring

**Healthcare**
Un-interrupted access to critical COVID and non-COVID care in self-isolation, including mental health
Access to medications and medical equipment

**Temporary Housing**
Provide access to temporary housing if individual is unable to self-isolate safely at home

**Holistic Wellbeing**
Personal care support, including personal hygiene

**Economic Relief**
Job and salary protection for individuals who are not able to work remotely while in self-isolation

**Communication**
Ensure communications are accessible to all audiences, including ASL and non-English speakers
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 hospital’s 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 ...

... And significant economic impact from school closures

4.8% decrease in Q1 2020 GDP

35K businesses closed

531K unemployment claims

1300+ schools closed affecting ~570K students

37 Universities closed impacting ~190K students

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. Total GDP: 246
2. Open by law & "operational" e.g., essential retail, construction, manufacturing: 106
3. Open but "closed" due to fear or lack of demand e.g., childcare: 38
4. Working remotely ("non-essential offices") e.g., technology, prof. services, finance: 77
   - Closed & non operational ("public facing") e.g., restaurants, salons, museums: 25

- Total employment (#K): ~1,600
  - Open by law & "operational": ~580
  - Open but "closed": ~160
  - Working remotely: 427
  - Closed & non operational: 426

- Unemployment claims to date (#K):
  - 100%: 13%
  - 30%: 14%
  - 43%

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**

**What** we will open

**How** we will operate

Phasing by type of business

Rules and guidelines
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 intensity
  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

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**Public health risk from reopening**

Based on contact intensity and modification protocol

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**Economic benefit from reopening**

Processed unemployment claims (since Mar. 1)

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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
  - Construction
  - Real Estate
  - Utilities
  - Hospitals
  - 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)

All sectors require strong distancing and hygiene safeguards and business can open only when ready and compliant.
**Phase 2 & 3 business sectors to open**

<table>
<thead>
<tr>
<th>Phase 2</th>
<th>Accommodation (no bar areas)</th>
<th>Gym, fitness, &amp; sports clubs</th>
<th>All personal services</th>
<th>Outdoor arts, entertainment and events (up to 50 people)</th>
<th>Outdoor amusement parks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. June 20¹</td>
<td>Movie theaters</td>
<td>Bowling alleys</td>
<td>Social clubs, pools</td>
<td>All museums, zoos, aquariums</td>
<td>Restaurants (indoor, no bar)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3</th>
<th>Bars</th>
<th>Indoor event spaces &amp; venues</th>
<th>Indoor amusement parks &amp; arcades</th>
<th>Outdoor events (up to 100 people)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 4 weeks later</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Phase 2</th>
<th>Fall school year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected youth sports (Jun 20)</td>
<td>Undergraduate residential programs</td>
</tr>
<tr>
<td>Public libraries (Jun 20)</td>
<td>K-12 Fall reopening (District calendar)</td>
</tr>
<tr>
<td>All summer day camps (Jun 22)</td>
<td></td>
</tr>
<tr>
<td>Nonresidential workforce programs (mid Jun)</td>
<td></td>
</tr>
<tr>
<td>Nonresidential clinical/laboratory courses (mid Jun)</td>
<td></td>
</tr>
<tr>
<td>K-12 summer school (July 6)</td>
<td></td>
</tr>
<tr>
<td>Other nonresidential programs, community colleges (July/Aug)</td>
<td></td>
</tr>
<tr>
<td>Graduate programs (July/Aug)</td>
<td></td>
</tr>
<tr>
<td>Undergraduate residential small-scale pilot programs (July/Aug)</td>
<td></td>
</tr>
</tbody>
</table>

All sectors require strong distancing and hygiene safeguards and business can open only when ready and compliant.
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:
- Key CT agencies consulting and supporting in reopen criteria
- Governor Lamont

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

<table>
<thead>
<tr>
<th></th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay home, stay safe for at risk individuals</td>
<td>65+ and high risk</td>
<td>65+ and high risk</td>
<td>High risk</td>
</tr>
<tr>
<td>Face masks / covering</td>
<td></td>
<td>Worn at all times</td>
<td></td>
</tr>
<tr>
<td>Social gatherings</td>
<td></td>
<td>Handwashing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social distancing</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Restaurants outdoor only</th>
<th>Offices, continue WFH if possible</th>
<th>Non-essential retail and malls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Up to 50% capacity limit • 6+ feet between tables • Bars closed • No recreation facilities (e.g. pool tables)</td>
<td>• Up to 50% capacity limit • Work from home if possible • 6+ feet between work stations • Thorough cleaning procedures</td>
<td>• Up to 50% capacity limit • Close all dining areas such as food courts (take-out allowed) • Enhance security presence to prevent congregation of people</td>
</tr>
<tr>
<td></td>
<td>• Condiments in single use packets or containers • Contactless payments and paper menus • Training, cleaning, signage, PPE requirements • Etc.</td>
<td>• Distancing in elevators • Removal of non-essential amenities • Training, cleaning, signage, PPE requirements • Etc.</td>
<td>• Special requirements to open fitting rooms • Training, cleaning, signage, PPE requirements • Etc.</td>
</tr>
</tbody>
</table>

Guidelines for Phase 2 and Phase 3 to be developed
Phase 1 rules by business are posted on DECD website
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

<table>
<thead>
<tr>
<th>Guidance element</th>
<th>Specific guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social distancing</td>
<td>• 6 feet of separation whenever possible</td>
</tr>
<tr>
<td>Density of classrooms, dining halls, and other areas where groups congregate</td>
<td>• 6 feet of separation between occupants</td>
</tr>
<tr>
<td>Density of dormitories</td>
<td>• Roommates and suitemates treated as a family unit. 6-foot spacing preserved with other dorm occupants  &lt;br&gt;• (Density of bathroom use TBD)  &lt;br&gt;• Students with pre-existing health conditions should be assigned to single-occupancy rooms</td>
</tr>
<tr>
<td>Personal protective equipment</td>
<td>• All faculty, staff and students should wear masks</td>
</tr>
<tr>
<td>Disinfection</td>
<td>• Hand sanitizer available at entrances to all buildings, classrooms, and dining halls  &lt;br&gt;• 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  &lt;br&gt;• Frequent hand-washing and frequent deep cleaning of bathrooms and other high touch areas</td>
</tr>
<tr>
<td>Travel</td>
<td>• Avoid unnecessary travel domestically and internationally</td>
</tr>
<tr>
<td>Faculty/staff work from home</td>
<td>• Whenever possible</td>
</tr>
<tr>
<td>Faculty/staff advised to stay home</td>
<td>• Initially, those 65 and over and/or those with high risk factors</td>
</tr>
<tr>
<td>Screening</td>
<td>• Faculty, staff, and students should monitor their own symptoms and report them to health care providers</td>
</tr>
<tr>
<td>Testing</td>
<td>• 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</td>
</tr>
</tbody>
</table>

Source: Report of the subcommittee on higher education, reopen Connecticut, corrected version—May 6, 2020
Guidelines for childcare centers, summer camps and K-12 summer schools completed

Fall ReOpen plan anticipated early June
# 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”  
| How do 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”  
| “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”  
| 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

Co-chairs of the Advisory Group
- Indra Nooyi
- Albert Ko

Health
- Alex Karnal
- Mehmood Khan
- Harlan Krumholz
- Charles Lee
- David Scheer
- Josh Geballe
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- Joe Brennan
- Rodney Butler
- Roberta Hoskie
- Steve Matiatos
- Dan Meiser
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- Nora Duncan
- Deidre Gifford
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- Michael J. Freda

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- Sal Luciano
- Kenneth Tucker
- Edwin Camp
- Anne Bracker
- Thomas St. Louis