CDC Private Sector Call – Update on the COVID-19 Situation
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Transcript created by Western Growers

Sarah: Hello, my name is Sarah and I'd like to welcome you to the CDC Partner and Private Sector Call. An update on the COVID-19 response. We'd like to thank you for doing all that you are to help your communities during this unprecedented time. This call will be recorded and later posts on the CDC COVID website. This call isn't intended for media. Media can direct their questions to media@CDC.gov. Before we begin, I'd like to remind call participants that the CDC COVID website has the latest information, guidance and communications resources. Just since our call last Monday, a couple new updates, just to name a few: Include guidance for cleaning and disinfecting public places, workplaces, businesses, schools, homes. What workers and employers can do to manage workplace fatigue during COVID-19.

Updated guidance for prolonged shut down and considerations for public pools, hot tubs and water playgrounds during COVID-19. Today's call is to keep you informed about the COVID-19 response and to hear and respond to your questions. Thank you, to those who sent questions in advance. We really appreciate those, we take them, we identify themes and we try to identify the common questions for discussion today. Our plan today is to hear from Dr. Grant Baldwin.

I'm pleased to be joined by Dr. Baldwin. The Community and At-risk Task Force. He has served at CDC for over 20 years and received his Ph.D. in behavioral and health behavior and health education at the University of Michigan. He received an MPH in behavioral sciences and health education from Emory University and is currently an affiliated professor at Emory University. I'll now turn it over to Dr. Baldwin to hear some situational updates on the response.

Dr. Baldwin: Thank you, Sarah, and thank you to all of you for joining today. My name is Grant Baldwin. I co-lead our community and at-risk task force. Across CDC, we continue to work closely with the White House coronavirus task force and other federal partners to help slow the spread of COVID-19 and to ensure that communities remain safe, healthy and resilient. There are currently 57 jurisdictions, all 50 states, New York City, D.C., the commonwealth of northern Marianna Islands, Guam, Puerto Rico, the U.S. Virgin Islands reporting COVID-19 cases to CDC. As of today, there are unfortunately, 1.3 million confirmed and probable cases in the United States. That have been reported to CDC, including 21,195 new cases in the last 24 hours. There are, there have been 79,367 deaths in the United States reported to the CDC, including 973 new deaths since last reported.

When we continue to see outbreaks in high-risk settings across the country, high-risk settings include long-term care facilities, prisons and jails, the food industry, and among homeless populations. So, as a specific example, there are 7,609 long-term care facilities with confirmed COVID-19 cases, from 50 states and territories, and 148,136 cases from 45 states and territories. 605 correctional facilities have had at least one confirmed case

among staff and inmates and there are 17 ongoing outbreaks of COVID-19 among homeless shelters. At least 14 ongoing outbreaks of COVID-19 among meat packaging facilities. We're actively providing critical information about COVID-19, including surveillance data about the number of cases throughout the country.

CDC is working with key partners to post guidance and decision tools soon to assist state and local partners and other stakeholders in making decisions about reopening, including reopening businesses and adjusted mitigation strategies accordingly. CDC is working with state and local partners and other stakeholders to support decision-making, which will vary locality by locality and we're working with partners to develop tools and information to support these decisions and help make the return to work as safe and healthy as possible for our employers, employees and the public. We are providing substantial, direct and tailored assistance and support to state, territorial, local and tribal health departments as they consider approaches to mitigate and contain COVID-19 in preparation for reopening the country.

As we move into this next phase of the response, CDC is increasing its staff deployments and conducted misleads assessments for every state. There are currently 654 CDC staff working in state, local, and territorial agencies. All told, a total of 4,474 CDC staff members have participated in the COVID-19 emergency response. In addition to this ongoing TA, CDC's top priority is getting funds to state, local, territorial and tribal public health organizations to allow them to surge to meet the challenges of the response. To date, CDC funding to these local, state and tribal public health authorities from the CARES Act has totaled $1.627 billion. Mitigation and at the same time of COVID-19 are the key to keep America open. CDC is committed to partnering with others, including you, on the front lines. With that, let me turn it briefly back to Sarah.

Sarah: Thank you, Dr. Baldwin. CDC is continuing to share the latest updates on its website. However, I think this would be a good opportunity for you to share with folks, what they can consider doing as they try to fight against COVID-19. Can you share a little about what the private sector can do to help keep their workers and communities safe as jurisdictions consider reopening?

Dr. Baldwin: Because COVID-19 is highly transmissible and can spread by people who don't know they have the disease, the risk of transmission in the community can be difficult to determine. Until there's broad scale testing available and widely implemented, states and communities should assume some level of community transmission is occurring and as states or communities are beginning to ease their stay at home order, it does not mean that the threat is over. Some level of community mitigation will be needed for some time until there is broad immunity or a vaccine becomes available. So communities should adjust mitigation strategies not only to assure Health Care systems have adequate staffing, surplus of ICU beds and availability of critical medical equipment and supplies such as PPE. Public health system capacity refers to the ability to detect -- right now within the task force. We have three focused goals, they are, first, to further develop guidance and practical tools for adjusted community mitigation activities by sector and setting.

Second, to strengthen TA and outreach efforts to states and communities directly, as well as through key partner organizations to optimize community mitigation efforts, including special attention to vulnerable populations and at-risk settings and finally, to monitor and to evaluate the implementation and outcomes of community mitigation plans and to actively assess and address challenges identified to support long-term recovery. Over the last few months, we developed a suite of guidelines, checklists and FAQ's and we are trying to meet communities where they are as well and to implement support that is practical, feasible, and acceptable as well as attentive to the degree of community spread and other characteristics of the population. So, ideally we want to see a steady decline in new cases and any rebound that might occur by lifting community mitigation strategies, doesn't exceed, as I mentioned earlier, that public health or Health Care system capacity. We are reimagining our community mitigation focus right now to account for these diversities and so, to this end, we are presuming a sector or setting is reopening in accordance with local law and hope to offer, as we did on Friday evening, the first of these, some considerations for each sector or setting to refer to.

Think of the mitigation strategies as stacked or layered on top of one another. So, one strategy alone, doesn't confer protection. However, taken together, they can reduce spread. So, let me briefly walk through some considerations for businesses as they fall into these four buckets. First, promoting behaviors that prevent spread. Second, maintaining healthy environments. Third, maintaining healthy operations and finally, preparing for if someone gets sick. Some of these considerations are universal, and some have sector or settings-specific centricity. I'll go into detail about what I mean by each of these.

In terms of promoting behaviors that prevent spread... this involves promoting good hygiene, proper etiquette, promoting etiquette for coughing and sneezing and handwashing, providing tissues, no-touch trash cans, soap and water and hand sanitizer with at least 60% alcohol and of course, to ensure there are adequate supplies. Second... to use cloth face coverings, especially when maintaining a social distance is difficult. Actively encouraging sick employees to stay home and developing policies that infer sick employees to stay at home without fear of reprisals and to ensure that employees are aware of these policies.

Have some conversations with employees about their concerns. Some employees may be at higher risk for severe illness, such as older adults and those with chronic and underlying medical conditions and providing education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees like fact sheets and posters. Providing these materials as widely as possible. That second category is to maintain healthy environments.

This involves things like cleaning and disinfection, performing routine environmental cleaning, routine cleaning and disinfecting all frequently touched surfaces, such as workstations, countertops, handrails and door knobs and discourage sharing of tools and equipment, if feasible. In terms of ventilation, ensuring ventilation systems operate

properly, and increasing circulation of outdoor air as much as possible. Water systems, taking steps to ensure that all water systems and features -- so... for example, drinking fountains are safe to use after prolonged facility shut down to minimize the risk of things like Legionnaires disease and other diseases associated with water and minimizing face-to-face contact between employees if social distancing is recommended by your state or local Health Department and actively encouraging flexible work arrangements such as telework or staggered shifts.

Modifying the environments, changing workspace layouts to ensure all individuals remain at least six feet part. Installing physical barriers such as sneeze guards and partitions, particularly in areas where it's difficult for people to remain at that six-feet distance and providing guides such as tape on floors and sidewalks or signage on walls to ensure that individuals remain at that six-feet distance. And finally, in terms of communal spaces, closed communal, communal use spaces such as break rooms, if possible and again, otherwise, staggered use and disinfect in between use. Finally, the last rubric is sharing of items that cannot be easily cleaned, sanitized or disinfected. Limiting the sharing of foods, tools and supplies and ensuring there's adequate supplies to minimize the sharing of materials as much as possible.

The third bucket is maintaining healthy operations. This includes things like offering options for vulnerable employees such as telework or modified job exposures and risks. Recommendations to determine if events can be held. Staggering or rotating shifts to limit the number of employees in the workplace at the same time. Avoid group events and gatherings or meetings where social distancing of at least six feet between people is difficult to maintain.

If you limit any nonessential visitors, volunteers and activities involving external groups or organizations. Encouraging telework for as many employees as possible and replacing in-person meetings with video and teleconference, whenever possible, such as we're doing now. In terms of travel and transit, considering options for nonessential travel in accordance with state and local regulations and guidance. Designate a staff person to be responsible for responding to COVID-19 concerns. And, all employees should know who to contact if, if -- know that's the person to contact. In terms of communication systems, putting systems in place for staff and customers to self-report systems, symptoms and sickness, to notify local health authorities of COVID-19 cases while also maintaining confidentiality in accordance with the Americans with Disabilities Act.

Notifying staff and customers as feasible of exposures and notifying staff and customers and the public of any closures. In terms of leave policies, including things like implementing flexible leave policies and practices and developing policies for return to work after a COVID-19 illness that's in accordance with CDC's criteria to discontinue isolation. Just a few more and I'll wrap up here. Monitor absenteeism of employees in trained back-up staff. Train all staff on safety protocols and conducting virtually or ensuring social distancing during training. The importance of being able to recognize signs and symptoms, such as daily health checks, temperature screening and symptom

checking of staff safely in accordance with privacy laws and regulations and businesses may use examples of screening methods that are available on CDC's general FAQs.

Finally, I'll wrap up here, in terms of preparing for when someone gets sick. You need to isolate and transport those who are sick. Employees and customers with symptoms such as fever, cough or shortness of breath should be separated and sent home. Individuals who are sick may follow CDC guidance for caring for one's self and others who are sick. Notifying the appropriate health officials in close contact. Notifying local health officials, staff and families, immediately of any possible case of COVID-19, while maintaining that confidentiality in accordance with ADA and informing those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and follow CDC guidance if symptoms develop.

Finally, I'll close with a reminder of cleaning and disinfection. Closing off areas used by a sick person and not using them until that cleaning and disinfection has occurred and waiting 24 hours before cleaning and disinfecting. With that, let me close there. And... I suspect there may be a number of questions in the chat or the ones that you put together by theme. That you received in advance of the webinar. Happy to take those.

Sarah: Excellent, great, thank you, Dr. Baldwin. Yeah, let's dive into some questions. So, the first one, I know we talk a lot about protecting people from getting sick from COVID-19. One thing that we may not speak as often of is just the mental health repercussions of what's happening. You know... folks that are struggling with having lost a job, financial struggles, loved ones that have become sick. I'm curious if you could tell us what you might suggest to businesses. What businesses could do to help support their staff within the workplace that are dealing with mental health issues.

Dr. Baldwin: Great, you brought up a really important point and really important topic. Obviously, you recognize the pandemic has touched all aspects of our society. Has been a ripple effect across a wide variety of domains, including our social and mental well-being. Fear and anxiety about the new disease and other strong emotions can be overwhelming in workplace stress, leading to burnout. The uncertainty of this virus is very stressful. Many questions that we just don't have answers to, as of yet So... how you cope with these emotions and stress can affect your well-being as well. The well-being of people you care about, the workplace and your community. Last week, we published some guidance applicable to all employees about how to cope with job stress and build resilience during the COVID-19 pandemic.

It's critical to understand what stress looks like and to build resilience and manage job stress we published guidance specific for emergency responders, Health Care workers and other essential services who may be especially stressed, working longer hours than usual and leaving less time for sleep and recharging, that is so critical for all of us. Employers also have an important role to play in supporting their workforce. Here are examples of supported policies and practices, ensuring flexible sick leave, connecting employees to employee assistance programs and other community resources as needed. So... employees may need additional social, behavioral and other services.

Making sure employees know where to go if they need help or more information. Ensuring that sick leave policies are flexible and consistent with public health guidance and employees are aware and understand those policies and that employees do not currently, employers that do not currently offer sick leave to someone may want to draft nonpunitive emergency sick leave policies. The stress and strain has hit all of us. Before I rolled onto the response, in my usual day job responsibilities, I think my team and I came up with a number of different creative ways that we worked to deal with the increased levels of stress and strain.

Having walking meetings. We could walk around our own neighborhoods. Instead of sitting in front of Zoom all day, we'd walk around and talk over the phone. I was buoyed by the creativity shown by staff and coming up with many ways that many of you and places you work have dealt with the stress and strain that's overwhelming all of us to a certain degree.

Sarah: Excellent, thank you. One question that comes up every week, it's worth reiterating, what do you see as being symptoms that employers should be keeping an eye out for and telling employees not to come to work if they're displaying?

Dr. Baldwin: There's many symptoms. Cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. Of course, people with COVID-19 have had a much wider range of symptoms, reported, reporting, you know... ranging from very mild symptoms to very severe illness and symptoms may appear anywhere between -- that's what's so insidious about this virus. Symptoms may appear two to fourteen days after exposure to the virus. Other less-common symptoms have been reported. Including GI symptoms like nausea, vomiting, diarrhea. And... employees who have symptoms when they arrive or become sick during the day should immediately be separated from other employees, customers, visitors and immediately sent home. Employees who develop symptoms outside of work should notify their supervisor immediately and stay home.

Sarah: For those who have tested positive, at what point can they return to work?

Dr. Baldwin: CDC employees should follow recommendations of staff. Including not returning to work until they met the criteria to discontinue home isolation and consulted with a Health Care provider and state or local Health Department. Employers shouldn't require sick employees to provide a negative COVID-19 test result or Health Care providers know prior to return to work. Option one, if in consultation with a Health Care provider and local public health authorities, knowledge about local availability testing resources, it is determined that an employee will not have a test to determine if they are still contagious, the employee can leave home and return to work after these three conditions have been met.

First, the employee has had no fever for at least 72 hours. Three full day of no fever. Without the use of medicine that reduces fever. Second, respiratory symptoms have improved. For example, cough or shortness of breath have improved and at least ten days have passed since their symptoms have appeared. And then the second option,

again... the same set of three conditions that have to be met. If in consultation with a Health Care provider and local public health employees, knowledgeable about the locally available testing resources, it's determined their employees will be tested to determine if the employee is contagious.

The employee can leave home after these three conditions have been met. The employee no longer has a fever without use of medicine that reduces a fever. Respiratory symptoms have improved. For example, cough or shortness of breath have improved and they've received two negative tests in a row, at least 24 hours apart and their doctor should follow CDC guidance. CDC partners were investigating to determine if you could get sick with COVID-19 more than once. At this time, we're not sure if you can become reinfected. Until we know more, employees should continue to take recommended steps to protect themselves and others. I'd refer you to the CDC webpage.

Sarah: Excellent. Thank you. There've been a couple comments about the idea of folks needing to quarantine. What should someone consider -- if they're not quite sure when it was they became exposed. When should they consider that 14-day quarantine to begin and end?

Dr. Baldwin: This is a thorny area. For data for us are limited to define in close contact. The facts to consider when defining close contact include things like proximity, the duration of exposure, longer exposure time increases your exposure risk, whether the individual had symptoms at the time of exposure. Were they coughing, that likely increases your risk and whether the individual was wearing a facemask.

So, which can effectively block respiratory secretions from contaminating others. Actually, when you're wearing a cloth face covering, it's really providing source control. Data aren't sufficient to precisely define the time that constitutes a prolonged exposure. Recommendations vary on length of time of exposure from ten minutes to more than 30 minutes or more. So, it's reasonable to define prolonged exposure as any exposure greater than a few minutes. The contact is someone who is ill. Brief interactions are less likely to result in transmission, however, symptoms and type of interaction. Did that person cough directly in your face? Those are factors you need to wrestle with.

An employee caring for a sick family member at home should follow CDC's advice for caregivers. We can follow-up with a link afterwards and recommended infection control precautions to ensure they protect themselves and others. An individual providing care in their home for someone with symptomatic, with COVID-19 without recommended precautions may not know exactly when their last exposure occurs and in this case, they should follow that home isolation period. Stay home until 14 days after the person being cared for discontinued hope isolation.

Sarah: Do you have recommendation for folks having issues getting their hands-on soap and hand sanitizer?

Dr. Baldwin:	No pun intended, right? Call your state and local health departments. We're trying to work with folks through coordinating standards, make sure the resources are in place. The state and local Health Department may be a good choice.
Sarah:	Thank you. Can we use -- rather... let me rephrase this -- can UV lights be used to sterilize a building? What products should we consider using for cleaning or disinfecting?
Dr. Baldwin:	CDC and EPA released comprehensive reopening guidance for cleaning and disinfecting public spaces, workplaces, businesses, schools and homes. It was released on the 29th. Of all the webpages, it's getting the most. Normal routine cleaning with soap and water will decrease how much the virus is on surfaces and objects, obviously, reduces the risk of exposure. Disinfection, using one of those EAP-approved disinfectants against COVID-19. Go to the website to find that list can help reduce the risk. Frequent disinfection of services touched by people is important.
	I mentioned that point earlier. EPA has compiled a list of disinfectant products that can be used against COVID-19. Including sprays, concentrates and wipes. When disinfectants are not available, there are alternatives. 1/3 cup of bleach added to a gallon of water, 70% alcohol solution, but don't mix bleach with other disinfectants. High intensity UV radiation, ultrasonic we've, all of that is unknown at this point to answer your question. EPA doesn't continue to review the safety or efficacy of pesticide devices such as UV lights, LED lights and ultrasonic devices. At this point, EPA cannot confirm under what circumstances such products might be effective against stopping the spread of COVID-19.
Sarah:	We received a number of questions from folks thinking about going back to work and specifically computers, docking systems, these areas that you know... require touch. Just curious how you'd recommend these items be handled within the workplace?
Dr. Baldwin:	I'm seeing a question in the chat around face coverings. I'm touch on that first and then go to your question
Sarah:	Excellent, thank you
Dr. Baldwin:	We're recommending that all people wear a cloth face covering to cover their mouth and nose in community settings, especially in situations as I mentioned in opening remarks, when you're near people. Including places like grocery stores, pharmacies and restaurants. I should mention, as a word of caution, cloth face coverings shouldn't be placed on young children, younger than 2 years of age, anybody that has trouble breathing, of course, if they're unconscious or incapacitated or unable to remove the cover without assistance. It's interesting that face coverings are really not a substitute for social distancing.
	They're especially important to wear in public, in areas where there's widespread COVID-19 illness So... again, a cloth face covering is to protect people around you if you are infected but do not have symptoms. It's a, it's source of source control. You were asking about, you know... sort of offices and shared workspaces and computers and

docking stations that many people use. Where possible, we discourage workers from sharing phones, desks, offices or other tools and equipment. Frequently touched surfaces like keyboards, light switches, doorknobs will need to be regularly cleaned and disinfected to further reduce the risk of germs on those surfaces. If there are multiple people that must use the workspace, consider minimizing face-to-face contact between the employee.

Maintain that magic distance of six feet or more if possible. Other strategies that can promote social distancing include things, I mentioned a few of these earlier' lowing flexible work sites, flexible work hours, staggering shifts, increasing physical space between employees at the work site, increasing physical space between employees and customers such as using drive-throughs and partitions. We're seeing that more and more often. Implementing flexible meeting and travel options such as postponing nonessential meetings or events. It's fairly common practice now. Downsizing operations, unfortunately that's necessary. Delivering services remotely. Phone, video, web or delivering curb side or pick-up delivery. Those are some specific examples of how to attend to that issue of sort of shared equipment.

Sarah:	Excellent, thank you. Is it safe for, say, a cafe within a building to re-open.

Dr. Baldwin:	It's a good question. We've been working with the FDA on some resources for food establishments and... this weekend, we were really pleased to see that the FDA, released a checklist and infographic we consulted on. Designed to assist retail food establishments that might have been closed or partially closed during the COVID-19 pandemic in preparing to reopen. There are a couple documents, designed to help businesses prepare to serve food or sell to the public directly. Such as restaurants, bakeries, bars, carryouts, et cetera. We can follow-up or... afterwards, with a list of resource materials. Feel free to reach out to CDC.

Sarah:	Excellent. We received a couple questions in the chat box in preparation for today's conversation about temperature screenings. Should employers be screening the temperature of their staff and... what would be considered a high temperature?

Dr. Baldwin:	Good question. Critically important. In terms of -- it is important to conduct some daily health checks. I'm teleworking today, but I was at the CDC campus earlier and experienced a temperature screening and/or symptom checking the staff. Safely and respectively and in accordance with applicable practicing laws and regulations is one strategy. Businesses can use to maintain healthy operations. But... we have, we have other examples of screening methods in some CDC, general business FAQs. I encourage you to take a look there. In terms of specific temperature, again... temperature screening is an optional strategy that employees may use, but... CDC considers a person to have a fever when he or she has a measured temperature of at least 100.4 degrees Fahrenheit or 38 degrees Celsius.

So, when implementing this temperature screening, it's important to protect the employee conducting the screening, most-protective methods, incorporate some degree of social distancing or physical barriers to minimize or eliminate the risk of

exposure to the screener during that process. And of course, it's critically important to, to continue to rely on social distancing. So... in some instances, it -- it's important to stay at least six feet away from other employees doing that. Again... I'll probably stop there -- I think that covers the core question about temperature and what we want to do.

Sarah: Excellent. If someone gets sick -- I know there's a lot of talk about cleaning the space. How do we define space? Think about, even the restrooms, that's something that's come up in the chat box a few times. Public restrooms

Dr. Baldwin: It's important to close off areas used by a person who is sick. Do not use those areas until after cleaning and disinfection has occurred. Companies, I should emphasize this -- it's critical, companies do not necessarily need to close operations if they can close off the affected areas. What this means is ideally waiting 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible. Open outside doors and windows to increase the air circulation. And then, cleaning and disinfecting all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electrical equipment, like some of the things we were talking about earlier. Apple touch screens, keyboards, et cetera. Vacuuming the space, if needed.

Use vacuum equipment to clean high efficiency particulate air, HEPA filter, if available. Wait until that room or space is empty to do that vacuuming, such as nighttime and otherwise. But... I should also say, once that area has been appropriately disinfected, it can be open for use. Workers without any close contact with a person who is sick can return to work immediately after disinfection. So... if more than -- it's been more than seven days since that person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Obviously... it's important as I mentioned in some of my overview remarks to continue routine colleaguing and disinfection. This includes every day practicing that businesses and communities are normally using to maintain a healthy environment.

I want to, at this point, Sarah, I made this point in some of my opening remarks. I want to emphasize it here too. Mitigation is layers that can be stacked on each other. It's not just social distancing, it's not just mask and face coverings, it's not just cleaning and disinfection. You layer those things on top of one another and that's how you maximize or minimize your risk of exposure.

Sarah: Excellent. Thank you, we spoke a lot about the symptoms that employers should look for in the workplace and employees should consider, what about the asymptomatic individuals. How concerned should employers be about asymptomatic transmission?

Dr. Baldwin: It's a great question. It's one we're getting often at this point. We're still learning, frankly about asymptomatic transmission, what symptoms are more or less contagious but, someone who is asymptomatic can spread the disease, or spread the virus. So... the potential for asymptomatic transmission is one of the reasons we're recommending that the wearing of a cloth face covering -- again... cloth face coverings may prevent people who don't know they have the virus from transmitting it to others. It's a source of protection, so... every time a cough, sneeze or breathe, we're sharing our germs with

others. Again... that cloth face covering helps keep those germs and potential COVID-19 virus from spreading to others.

Frankly, it's really critical. I was talking to my wife the other day saying "one of the things I'm hoping for in the weeks and months ahead, until we have a vaccine or more definitive therapeutic that the wearing of cloth face coverings becomes a social normal." Harken back to the early 80s where no one wore a seatbelt and now, upwards of 90% of Americans are wearing seatbelts. Given the urgency of the task, part of what I have urgency on until the seat I occupy in the response is "how do we create that social norm where the wearing of cloth face coverings just becomes part of our everyday dress or wares?"

Sarah: That's a great point. When thinking about travel, at what point do you think it'll be safe for travel again? Should we consider quarantining after returning from a trip?

Dr. Baldwin: Good question. All of us who travel frequently enjoy being on the road and enjoy visiting family members, friends and when we're on the job. I think we're eager to get back to travel. It's important to consider when travel is necessary at this point and... as I mentioned earlier, using video conferencing or teleconferencing when available for possible work-related meetings and gatherings. At this point... employers should consider cancelling, adjusting or postponing large work-related meetings or gathers that can only occur in person. So... we have some guidance on the CDC website for those mass gatherings or large events. But... when video conferencing or teleconferencing is not possible, holding meetings in open and well-ventilated spaces.

That magic six-foot mark I want to harp on again. Spacing chairs at least six feet apart and encouraging staff and attendees who are sick to stay home. We're working with our state and local partners and other stakeholders to support decision-making regarding reopening as decisions will vary from locality to locality, but... if you must extra, again... follow any state and local travel restrictions that are currently in place. At present, CDC is recommending you stay at home as much as possible, especially if your trip isn't essential. Practice social distancing, especially if you're at a higher risk of illness. Don't travel if you're sick or travel with someone who is sick. I think employers will want to work with staff individually, to be honest with you. To make shared decisions that consider an individual's risk factors and reflect the spread of the virus in the community at that time.

If you must travel there, are several things you should consider doing before you go to protect yourselves and others during the trip. A lot of these are the same kinds of social norms we talked about before this call. Avoid touching your eyes, nose, mouth, avoid close contact with others. Wearing that face covering in public, covering coughs and sneezes, picking food up at drive-throughs and if you must travel, consider the following risk, air travel, obviously... because of how air circulates and is filtered on airplanes, most viruses and germs do not spread easily on flights, I want to debunk that myth, however... there may be a risk of getting COVID-19 on crowded flights if there are other travelers on board with COVID-19.

	I know, many of the airlines are, are changing, requirements on wearing of masks and/or not filling the planes to full capacity to support those essential distancing requirements. In terms of buses and trains, silting that magic six feet apart from others can help reduce the risk. In terms of car travel, the stops you need to make along the way to refill, again... try to minimize your close contact with others that potentially could be infected. There's just a range of things you could do. It's a cautionary principle that I think we are wanting folks to follow.
Sarah:	Excellent. This concludes our time today. Dr. Baldwin, do you have additional thoughts or closing remarks?
Dr. Baldwin:	It's great to be with all of you, thank you for your commitment and vigilance. Thank you for your interest. You know... like many people, I believe we can all get through this together with adopting some of those mitigation strategies that we know work. And, you know, I think we're just -- I appreciate everyone's interest and commitment to the work. So thank you very much.
Sarah:	Excellent, thank you, everyone for joining. A recording for today's call will be posted on the CDC's COVID-19 page One thing I'd like to recommend, if interested in getting an invitation for the future week's calls, next Monday and those that follow, is for you to subscribe to our CDC's private sector updates. What I'm going to do is hit send in the chat box and share with you a link to subscribe to that page. It'll just basically take you to a Listserv to just ensure you receive updates in the future. Again... thank you so much for your time. We hope you'll join us next week have a good afternoon.