Going Forward:
Best Practices and Considerations for Non-Profit Reopening

May 2020
The courage of living is -
to believe
to love
to start –again

— Naide P. Obiang
Acknowledgements

Our deep thanks to the Oklahoma Center for Nonprofits for allowing us to utilize their publication, *Going Forward: Best Practices and Considerations for Nonprofit Re-engagement*, while adapting it for the non-profits of New Jersey.

Our gratitude to the National Council of Nonprofits for their leadership and fostering of connection that has made this publication possible. Additionally, we thank the many agencies, government offices and organizations whose resources are included and linked to in this guide.

And to all of the non-profits working day in and day out to improve lives, and to everyone finding their way through this crisis: Thank you for persevering. Together, we will prevail.

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*The information contained in this publication is not legal advice. For answers to specific questions concerning your situation, you should consult a knowledgeable attorney who can advise you regarding your particular circumstances.*
Dear Friends,

The COVID-19 pandemic has had a profound and tragic impact on our society, which has fundamentally altered our societal norms and professional practices. For non-profit organizations, the consequences have been no less drastic, typified by canceled programming and events, skyrocketing needs for front-line services, funding interruptions, conversion to remote work, staffing disruptions and layoffs, and adoption of new operational protocols.

Through it all, as they have always done, non-profits have persevered, finding new ways of fulfilling vital missions and stepping up to address the needs. It’s times of crisis that elevate appreciation of the importance of non-profits in our lives.

As discussion shifts to phased reopening of offices and resumption of in-person activities, the time is right to take a fresh look at how we all will operate going forward.

We are pleased to offer this guide as a framework as you adjust to this new and continuously shifting environment. Importantly, this is not a legal guide or official directive, but rather a tool to give you food for thought and connections to additional resources. Information is changing rapidly, and we encourage you to visit the Center’s COVID-19 online resource page and government sites for the latest guidance. We will update this guide periodically as circumstances warrant.

Remember that the path forward will not be straight or easy. The journey will be a rocky one, comprised of phases and likely some setbacks along the way. Whatever form it takes, as non-profits we need to lead with our values: commitment to mission, prioritizing the safety of our employees, volunteers and constituents, and fostering equity, partnerships and collaborations.

Non-profits exemplify the best parts of the human spirit, during disasters and every day. Working together and supporting each other, we can emerge from the crisis wiser and stronger for the communities that need us.

Gratefully,

Linda M. Czipo
President & CEO
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Guiding Principles

The recommendations and guidelines in this document were compiled from a number of sources by non-profit, philanthropic and faith leaders. We used the following ideals to give guidance and clarity.

- **Follow all guidelines as directed by federal, state and local health departments** as you begin this process.
- **This is a process and not an event.** Your organization may take a phased approach as you begin to reopen.
- **Consider the health of your staff, volunteers, clientele and your constituents** (donors, friends and allies) in all of your decision-making, especially as it relates to gatherings.
- **Practice the “We love our neighbors” mantra,** assessing potential risk for the people we work with and serve in all decisions.

Values

The following values were also expressed in the creation of these guidelines.

- **Put your mission, vision and values front and center** in your approach to reopening. Consider the impacts on staff, volunteers, clientele and constituents.
- **Approach decision-making with concern for cultural competency, diversity, equity and inclusion.** In addition to a public health emergency, the COVID-19 pandemic is a social and racial justice crisis. Communities of color, persons living in poverty, people with disabilities, immigrant communities and other marginalized populations are being disproportionately affected by the pandemic. In planning for recovery, prioritize equity concerns, consider repercussions for the most vulnerable of populations and do not put them at undue risk.
- **Ask staff, volunteers and others to adhere to an Oath of Personal Responsibility** that would include language about social distancing outside of work, the wearing of masks, personal hygiene and handwashing, volunteer quarantining if necessary and other behaviors to continue flattening the curve and preventing the spread of COVID-19. (Sample included on page 11)
- **Communicate, review, and visibly display any new procedures, policies and practices with all staff, volunteers, board members, clientele and constituents** to ensure all individuals involved with your mission know what it is expected.
- **Follow directions from health officials, experts and departments of health.**
What Should Guide Reopening

Over the next several weeks and months, as areas stabilize from the COVID-19 pandemic and stay-at-home restrictions are lifted, organizations will begin to bring workers back into the physical workplace. It’s already begun in some parts of the world. The migration of a furloughed and Work from Home (WFH) workforce back to places of business will look different for every organization.

The process and phase-in of returning employees may vary, and some may continue working remotely. One thing is clear, however: detailed planning and management of the process are essential. Employers need to ensure that they are prepared to receive their workforce and that employees are prepared for the return so that the transition is safe, efficient, effective and aligned to the needs of the organization and the needs of our people.

Readiness Essentials

1. Prepare for re-engagement – office considerations, your staff and your clientele
2. Work with and inform your board
3. Be sure your opening decisions include thorough risk management and scenario-planning considerations. Consult with colleagues in your field to compare notes and plans.
4. Communicate with Transparency – Let your constituents, donors and the public know your plans

A Few Reminders

First, the World Health Organization (WHO), Centers for Disease Control (CDC), the State of New Jersey, as well as respective county health departments, should be your primary sources for guidance on COVID-19 and other health-related issues. [See the resource list at the end of this guide (page 22).]

Second, while the practices and recommendations in this guide at times reference office environments, they are largely applicable to other types of workforce environments and properties as well as many diverse missions and types of non-profits.

Finally, the intention of this resource is to establish the foundation of ideas and recommendations upon which we can build—in collaboration with clients and partners—an increasingly useful guide.
Operations and Workplace Readiness

The first task of any non-profit in considering reopening is to establish a task force and task force leader that will be responsible for all decisions moving forward. In a small non-profit this may be the job of the executive director or perhaps a board committee. In much larger organizations, a staff-led task force may include a human resources manager, finance director and other senior staff members to help guide decision-making, devoting sufficient focus to both human resources, workspace configuration, maintaining staff and volunteer morale, and health and safety considerations.

Consider not only in-workplace policies and procedures, but also directives such as attendance at out-of-office functions such as meetings, conferences, and travel.

It’s essential to finalize clear policies and procedures in advance, and communicate them with staff BEFORE they return to the office. This not only establishes those best practices, but it also shows to your staff the seriousness and care you place in protecting their health and well-being. Establish specific instructions for keeping the workplace as sanitized as possible. Consider assigning staff to a task force dedicated to keeping offices clean along with keeping staff up to date on protocols.

In the appendix you will find a comprehensive document from the CDC about spread of coronavirus and ways to mitigate that spread.

Preparing the Workspace for Return

- Before staff arrival, assess the space for social distancing (desks six feet apart, use of cubicles, offices). Also look for areas where staff, volunteers or clientele could congregate (waiting rooms, conference rooms, etc.) and assess those spaces for social distancing (while a room may have a capacity of 30, to ensure social distancing is possible, consider changing the capacity to a third or 10 persons).
- Ensure that you have sufficient quantities of face masks for staff and for visitors who do not bring their own. Per CDC guidance, non-surgical masks or cloth coverings should be sufficient unless your mission or individual risk factors clearly call for professional-grade equipment.
- Thoroughly clean and sanitize the workspace, particularly common areas, bathrooms and other congregating facilities (lunch rooms or break areas, kitchens, conference rooms). See the Center for Disease Control and Environmental Protection Agency’s joint Guidance for Cleaning and Disinfecting publication.
• Ensure you have cleaning supplies on hand for more active, daily cleaning for the foreseeable future. These include sanitizing wipes, bleach, disinfectant sprays, etc. Order online for best availability of supplies. Be sure you have contingency procedures in place that would dictate what steps will be taken (e.g., emergency closure/remote work protocols or other measures) if disinfecting supplies are not available.

• Once arrived, implement a clean desk policy that outlines staff responsibility for their own workspaces, and includes items such as day-end disinfecting of all surfaces (including the keyboard, mouse, telephone, and other hard services), disinfectant of surfaces after eating, daily emptying of any desk-side trash recycling receptacles, and avoiding the buildup of excessive papers. Minimize paper use and printouts where possible.

• Make cleaning supplies and sanitizers available in all parts of the office.

• You may find that because of government directives or spacing issues, your organization might consider only bringing a portion of staff back to the office with others working remotely.

• Follow any and all guidelines for sanitation and social distancing from your local health department.

Ongoing Sanitation and Social Distancing Guidelines

• Offices should be cleaned daily, especially where people congregate (waiting rooms, conference rooms, break rooms, bathrooms). You may want to increase professional cleaning and sanitation for these reasons. Remove trash daily.

• Communicate adjusted procedures and expectations to your staff in advance, reinforcing when necessary.

• Staff should wash hands regularly and should avoid excessive touching of communal surfaces if possible.

• Have disinfecting wipes available in all public areas as well as hand sanitizer.

• Ask staff to remember to also sanitize their own desks, equipment and office areas on a regular basis (at least daily) to prevent spread of germs. Also, sanitize common equipment (copiers, projectors, monitors, etc.) daily if multiple people are using it.

• Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

• For disinfection, most common EPA-registered household disinfectants should be effective. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

• Discourage workers from using other co-workers’ phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

• Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools and equipment) can be wiped down by employees before each use. To disinfect, use products that meet the Environmental Protection Agency’s criteria for use against COVID-19, and are appropriate for the surface.

• Be aware that certain old habits will need to be adjusted. Avoid physical contact such as handshakes or hugs.
• We strongly suggest that non-profits require masks to be worn at work by employees and visitors. However, if you do not require masks at work, please be sure to remind people of “respiratory etiquette” that includes covering a cough or sneeze, using and throwing away tissues, etc.

• **Place signage in bathrooms regarding proper handwashing procedures** along with signage throughout your facility to remind people of social distancing and etiquette.

• **Don’t assume everyone understands hygienic concepts.** Whether you’re in an all-employee shop or assisting clients, visitors or patrons, people will need instruction, reminding and possibly assistance with some basic tasks such as hand-washing, sanitizing, etc. Reinforcing these procedures regularly is also a must. Don’t become lax or complacent as time passes.

• As feasible, consider the following social distancing suggestions to avoid unnecessary exposure:
  o Implementing flexible worksites (e.g., telework)
  o Implementing flexible work hours (e.g., staggered shifts)
  o Increasing physical space between employees at the worksite
  o Increasing physical space between employees and customers
  o Implementing flexible meeting and travel options (e.g., postpone non-essential meetings or events)
  o Downsizing operations
  o Delivering services remotely (e.g. phone, video, or web)
  o Delivering products through virtual and/or digital platforms
  o Relying less on paper that is passed around the office.

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**Oath of Personal Responsibility for Staff and Constituents**

Below is a simple “Oath of Personal Responsibility” that all staff, board members, frequent visitors and clientele should adhere to. While not legally binding, it does remind all of us of our responsibilities both inside and outside of the office to practice social distancing, good hygiene and disease detection and management.

**SAMPLE Oath of Personal Responsibility:**

_I, [NAME], am aware of the potential spread of COVID-19 that could result in severe illness and potential death, and that my actions may affect the health of those around me Therefore, I will, to the best of my ability, practice proper social distancing at work and outside of the office as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my non-profit to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine and notify my non-profit._

_Signed,_
Food Handling

- At first, you might require limited or no communal food in the office or organization. This could mean a requirement that all employees and volunteers bring their own meals or eat off site. Avoid potluck style meals or open, self-serve buffets, up to and including communal coffee service for the time being.
- You might consider for a period of time asking all employees to eat alone to preserve social distancing.
- Your organization may also restrict how much communal food is left in refrigerators or communal cupboards. Establish procedures to clean shared areas such as refrigerators (exterior handles as well as protocols to minimize contact inside the appliance).
- **If you do provide any food at your offices, facilities, houses of worship, etc.,** remember that all food, and all beverages, including water, coffee, or tea, should not be self-served. All food and beverages should be served from service staff that are wearing appropriate PPE (personal protective equipment) to reduce contamination.

Protocols for Public Opening and Closure

- While your organization may be ready to bring back employees and volunteers, you may not be accepting public appointments. Ensure you communicate on doors, your website and social media when public hours may resume.
- **Inform employees about who is allowed in the building and who should not enter.** This could include family members or friends of employees, donors, volunteers, etc.
- **Let employees and volunteers know when the organization can receive visitors.**
- If you do receive the public, ensure signs about hygiene and disease prevention protocols are visible and accessible. If you regularly work with clientele where English is not a first language, translate those signs in the appropriate languages.
- **For contact-tracing purposes have ALL visitors sign in when they enter.** That information may be necessary for local health departments.
- **Regular visitors (including board, committee members, volunteers, clientele, etc. should all read and/or sign the “Oath of Personal Responsibility.”**
- If you have mail services forwarded or collected, be sure to contact the U.S. Postal Service to ensure mail is delivered when ready.
Human Resources Considerations

Your staff and volunteers are the lifeblood of your non-profit and are essential to fulfilling your mission. Legal, ethical and practical issues will arise as you welcome personnel back into offices and facilities. As you make these transitions, it’s important to keep in mind that many people’s circumstances have changed. Advance planning, clear, consistent policies, regular communications and heightened attention to morale and stressors will ease the adjustment to the new environment.

Review human resources policies, including sick, vacation, and family leave, remote work policies and other directives to make sure that policies and practices are consistent with public health recommendations and with existing state and federal workplace laws. Be sure that employees are aware of and understand these policies.

A comprehensive review of all of the applicable laws and regulations is beyond the scope of this guidebook. We strongly recommend that you seek the counsel of employment attorneys and human resource professionals as you go through this process. Consult the resources in the appendix for more information. In New Jersey, Pro Bono Partnership and the Employers Association of New Jersey are also important sources of information and guidance.

Return to Work

- If you have laid off or furloughed workers and cannot recall them all, you’ll need to plan your staffing needs carefully in line with your budget, core programs, applicable contract requirements, equity concerns, and other factors. Document your rationale carefully, taking care to avoid bias or discrimination.
- Plan for staff absences. Staff need to stay home when they are sick, or they may need to stay home to care for a sick household member or care for their children in the event of school closures or dismissals.
- Identify critical job functions and positions and plan for alternative coverage by cross-training staff (similar to planning for holiday staffing or vacation time). Provide instructions about how and when to safely return to work.
- Plan for additional time for employees to readapt to the office, running any computer updates and reconfiguring work space as necessary.
- Ensure you have communicated any new procedures and protocols to all staff members.
- Be sure you have a policy regarding self-quarantine for COVID-19, such as the one from the Employers Association of New Jersey at www.eanj.org/model-covid-19-policy.
- To keep the workplace safe during the pandemic, your organization may ask staff to take their temperatures if it is done privately and confidentially. Any staff member who exhibits any symptoms of COVID-19 or serious respiratory issues should leave the location immediately and go home. Since many people with the virus do not exhibit symptoms, temperature-taking is not a replacement for practicing social distancing and other safety protocols.
- Remember to incorporate volunteers, as applicable, in these return policies and communications.
Remote Work/Work from Home

- Once your office return is assessed and determined, organizational leadership should meet to discuss which staff should return to the office and when.
- Social distancing requirements, workspace limitations or other factors may make it impossible for everyone to return on-site at once. Even after formal restrictions have been lifted, you may find that you may want to continue (for the time being) work remotely plans for those who can effectively do their jobs away from the office to lower physical capacity, and increase social distancing at the office or facility, or reduce rent or facility expenses.
- These decisions should be very flexible, as you will not only have to consider staffing needs but also potential accommodations for some staff in certain categories. You might decide to give immediate accommodations to staff with known compromises to their health or those in high-risk health categories, age or disability.
- Be open to some staff requests for continued work remotely privileges, particularly those in higher-risk health categories.
- Ensure that your remote staff have the equipment and technology needed to work effectively.
- Prioritize cyber-security for remote staff and on-site personnel.
- In some ways, having some staff working on-site and others remotely may be more challenging than if everyone is working remotely at once. Be sure to adjust your communications protocols to reduce isolation among remote staff and keep them connected to activities, meetings and updates.

Paid Leave

- It is essential that your paid leave policies conform to public health guidance and applicable state and federal law. In particular, be aware of the expanded paid sick leave and paid family leave provisions in the Families First Coronavirus Response Act (FFCRA) and from the State of New Jersey, and establish a procedure for accommodating requests for leave or accommodations requested by employees.
- To the extent possible, provide information about where employees can seek testing. However, employers should not require a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
- Leadership and Human Resources should establish protocols for any employees requesting further work from home, leave, accommodations or exceptions.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave, allowing employees to donate sick leave to each other, and allowing employees to “float” holidays.
Anxiety, Depression and Other Mental Health Issues

- For most, the COVID-19 quarantine experience has been very concerning, and some individuals will report significant anxiety, fear and reticence about re-entering the workplace. Organizations should not be dismissive or judgmental about this anxiety.
- It is important that staff members have some avenue to express concerns – either with co-workers, leadership, an established employee, an employee assistance program (EAP), or other outlet.
- Connect employees to EAP resources if available and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with their work with the field and/or with the death of a loved one.
- Leadership, management and co-workers should be ready to work with staff members and volunteers in an empathetic and trauma-informed behavior.
- Remember, trauma and anxiety can manifest in a number of ways. Non-profits should be ready to also refer employees to professional mental health services should the need arise.
- It is important for non-profits to understand that this isn’t “business as usual” and that we will need to be perceptive and attune to our staff’s, volunteers’ and clientele’s mental health.

Boosting and Maintaining Staff and Volunteer Morale

The pandemic is affecting people in profound ways, and impacts and coping mechanisms may vary widely among your personnel. Keeping close attention to staff morale is more important than ever. Morale and mission are not mutually exclusive – in fact, in the most successful workplaces and organizations, they often go hand in hand. Encourage positivity, and show genuine care and concern for employees’ physical and mental health and well-being.

- Understand, honor and embrace the diversity of perspectives, experiences among personnel and constituents. Everyone will handle this differently.
- Establish regular communications and check-ins, in groups and with employees individually. Include time to talk about something not related to work or the pandemic, whether it’s a great book you’re reading, your pets, or something else.
- Recalibrate expectations, balancing flexibility with the importance of work responsibilities, and be clear about goals/expectations, and adjust as needed regularly.
- Check in with individual employees more frequently.
- Provide resources/referrals for staff who are experiencing distress or need assistance.
- Provide staff with the chance for staff to decompress. This can include informal check-ins, flexible scheduling.
- Celebrate achievements and milestones. Birthdays, work anniversaries, key accomplishments and similar occurrences are all important to commemorate and celebrate. Since the usual in-person gatherings may not be an option, consider inviting a staff member or small group to develop creative ideas to mark these occasions.
- Set a hopeful yet realistic tone for the workplace. Express gratitude more frequently. Find humor where possible.
- Remember that solidarity, empathy and a shared sense of purpose can help everyone work through the crisis together.
Re-Engagement in Phases and Waves

- A larger non-profit may bring employees back to the office or facility in phases and waves.
- Consider the timing and triggers for those phases back to the office.
- Also consider evaluating each phase as it happens before starting the next. This could be done through surveying or data exploration as well as using data and guidance from outside sources (health data, economic data, etc.).

Regression

At any point, there could be a resurgence of the virus, forcing organizations back into quarantine or work remotely situations. Should this occur, follow similar steps to a previous change to your operations. Ensure active and quick communication to your staff, volunteers, clientele and constituents. Have a plan at hand in case you need to move back a step or two in your re-engagement plan.
Recognizing the boundaries between board governance and staff management, re-engagement is a joint effort that should utilize the best knowledge and experience of board and staff alike. In a crisis, the balance of governing and managing can shift. These are considerations to have while your organization finds its new footing post-COVID-19. This will help your board focus on what needs to happen next.

**Board Communication**

- As you begin to re-engage, inform the board of your plans, phases of re-engagement, etc. Feel free to share the suggestions in this reopening guide with your board so that they understand the considerations associated with reopening.
- Work with the current board chair and chair-elect (if applicable) in partnership with the executive director to ask for any possible assistance or advice through the process, particularly with those board members who are engaged in this process with their own respective companies and employers.
- Through the process, have regular updates (weekly, typically) to the board on how things are going.
- Remember, your non-profit has a full-time job with your mission, and COVID-19-related activities are taking a lot of your time. Keep the board up-to-date on your core mission-related activities as well.

**Policies and Procedures**

- Through the crisis, you may have had to alter, discontinue or enact policies and procedures as part of a continuation of business plan. On a regular basis, inform and work with board leadership on any other alterations you may need to make.
- Review bylaws and current policies before making big decisions in a time of crisis. This way, you are able to potentially give more leadership to an executive committee for emergency decisions.
- Management decisions should continue to be made by the executive director. Governance decisions are made by the board. Executive directors should keep board informed of those major management decisions happening at the staff level.
- Ensure that you have a crisis communications plan ([see sample](#)) in place that establishes the spokesperson of the non-profit. The Appendix includes links to resources and samples.

**Other Leadership Responsibilities**

- Ensure board and leadership have a firm understanding of any risk, liability and who assumes it. The board should also approve an Emergency and Disaster Plan to mitigate future crises, such as those found at [www.ready.gov/business-continuity-plan](http://www.ready.gov/business-continuity-plan).
- Depending on circumstances, a board may have already or may establish a crisis task force depending on the nature of the business.
- Boards and committees SHOULD continue to meet on a regularly established schedule, and they may consider elongating meetings or having emergency or added meetings as the non-profit deals with the crisis.
Communication is key in all of our relationships. Whether staff, board, volunteers, clientele, the media or the general public, during a crisis (even one we are all managing), transparency is essential. This is an optimal time to engage our closest allies as we navigate reopening.

To the Public

- Depending on your mission, you will want to communicate to the public your intentions about reopening or any other changes to your programs, hours, and services. Let them know your general timeline and what to expect, and that information may be subject to change.
- This could be a press release, an email or a simple statement on social media and your website.
- As part of that communication, be transparent and let them know the processes that guide your decision-making.
- If you are a very public-facing organization that regularly engages the public, be detailed in your protocols to communicate that your organization is enacting the protocols to keep the public safe.
- Establish a “single point of contact” or spokesperson for all media and public relations purposes.

To Staff

- We can’t stress enough that communication to staff, board and volunteers should be especially transparent and with as great as detail as necessary. Being forthcoming with updates will help prevent the spread of inaccurate information or rumors.
- Let them know immediately the plans to re-engage and give sufficient notice so that they can make their own accommodations as they begin to transition from working remotely or adjusting to other changes in procedures.
- Be sure you communicate, and practice, concern for safety as your top priority.

Ongoing Communications

- You may want to devise a plan of ongoing communications for the next several months that focuses on both internal work (staff, board, clientele, etc.) and external work (donors, supporters, general public).
- This is especially important to keep individuals informed about changes in programming or program delivery, protocols or procedures, policy changes, etc.
- Ensure your website and social media communications are up-to-date. Hours of operation may change or you may need to communicate protocols for visitors, etc.
Non-profits host special events with a cadre of purposes. The extent and timing of how these gatherings will begin again will depend upon government guidelines and other factors. Below are guidelines for these events that will depend heavily on health department regulations around gathering people together.

**Special Events**

- Follow local regulations about the number of people allowed to be together.
- Ensure social distancing tactics are observed.
- Establish clear requirements regarding masks and social distancing for those attending, and appoint staff members to oversee these requirements.
- For food handling, use licensed caterers and allow no “self-service” type handling.
- Inform all guests of any special protocols in place at events before they attend (mask wearing, social distancing, food, other etiquette you will observe).
- Have contingencies in place in the event of postponement, cancellation, change of plans, etc.
- If you have postponed an event to later in 2020, have a cancellation contingency in place. Examine your contracts and event cancellation insurance (if applicable) for instructions and exclusions. Additional guidance can be found from Pro Bono Partnership.
- Keep donors informed of all contingencies.
- Consider online-only events.
- For performing arts events, see the section on Arts Organizations.
- For small events, work with a restaurant or licensed caterer to provide food. Avoid self-catered or “potluck” style group meals, particularly if you are working with individuals in high-risk groups.

**Granting or Sponsorship Relationships**

- Frank and regular communications with your funders, donors and sponsors is always important, but is especially critical during this time.
- Communicate with the person responsible for overseeing your grant or sponsorship as soon as possible. They want to hear from you. Let them know your plans on re-engagement and opening, any changes to program delivery, any changes on deliverables or expectations.
- Share information on your financial position and be completely transparent.
- Work with them on loosening restrictions on some funds if you’re in need.
- Let them know if you successfully applied for and received grants or loans from the Small Business Administration, IRS payroll tax credits, grants or loans from the NJ Economic Development Authority, or other government or private relief funds in response to the crisis.
- If you are postponing an event, contact donors first and then announce the postponement. Discuss any necessary contingencies about their donation. Many sponsors or donors have allowed non-profits to retain and repurpose their gift; see if your donors are open to this possibility.
- Emergency grant programs along with various emergency and recovery funds have been established around the state. Visit the Center’s COVID-19 web page and the Council of New Jersey Grantmakers’ resource page to learn more.
Places of Worship

Congregations throughout the state are also beginning the process of re-engaging congregants for in-person worship services and meetings. In addition to the guidelines outlined in this document, here are a number of recommendations from faith leaders.

Houses of worship should also consult the recommendations from denominational or congregational leadership at the local, state and national levels.

**In the Sanctuary, Synagogue, Mosque or other Places of Worship**

- Congregations should continue social distancing measures as available. These include continuation of service broadcasts to those who are in high-risk groups such as over 65, persons with disabilities, persons with underlying health issues, etc.
- Encourage the wearing of masks.
- Spread the congregation around sanctuaries and synagogues (every-other pew, spacing between individuals or families, etc.).
- Limit areas where people congregate (instruct parishioners to move through lobbies and vestibules into the sanctuary)
- Greeters should help to move traffic flow. Parishioners and congregants should pick up their own bulletins and move promptly into worship area. Attempt to be contactless.
- Traditions such as “passing of the peace” should be contactless.
- Consider contactless techniques for passing of the alms basins (have congregants meet usher at end of pew).
- For faith traditions with regular communion offering, follow the guidelines set forth by the denomination or church.
- Practice social distancing post-service in fellowship halls and common gathering areas.
- For the time being, if a congregation serves coffee or water post- or pre-service, it should be handed out (avoid self-service coffee areas).
- Maintain six feet of distance between individuals in conversations.
- Maintain six feet of distance between choir members and musicians.
- Consider suspension of special child worship sessions within services. Have a plan for social distancing and sanitation if you continue to offer child care.
- Maintain distancing recommendations for all other church or synagogue activities including meetings, forums, studies, etc., inside the building.
- Because of close contact and floored worship, mosques and Islamic centers may not open for a period of time and/or significantly limit the number of worshippers.
- Consult with denominational leadership about events such as a baptism. Based on social distancing, churches may want to put off the event. Observe the strictest of hygiene guidelines.
- Physical touch should be avoided as much as possible. This includes practices such as blessings, laying on of hands, etc. Prior to engaging in any rite that requires physical touch, obtain verbal consent from the congregant.
Additional Resources

For the most up to date resources and opportunities, visit the Center for Non-Profits' COVID-19 Resources web page.

Reopening Overviews (General and Sector-Specific)

**The Road Back:** Restoring Economic Health through Public Health from the State of New Jersey

**Guidance on Preparing Workplaces for COVID-19** from the Occupational Safety and Health Administration

**Preparing to Reopen** guidance from the American Alliance of Museums

**A Phased Reopening Plan for Libraries as COVID 19 Restrictions Are Lifted** from Medium

A **Guide to Reopening the Arts** from the State of North Carolina

**New Jersey Business & Industry Association’s recovery web page** - click on the **Best Practices by Sector** section for detailed information on a range of specific sectors, including child care centers, mental health service providers, health clubs, dining locations, golf courses, colleges, along with some specific guidance for some counties (including Atlantic and Cape May).

Operations and Human Resources (General)

**Families First Coronavirus Response Act (FFCRA) Employer Paid Leave Requirements** from the U.S. Department of Labor

**Legal Alerts and Resources** from Pro Bono Partnership

**COVID-19 Employer Resource Library** with lots of sample documents from ThinkHR.com

**What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws** from the U.S. Equal Employment Opportunity Commission (EEOC)

**COVID-19 and Workers with Disabilities** from Society for Human Resource Management

**2019 Novel Coronavirus: Frequently Asked Questions for Employers** from Epstein Becker Green

**Post-Pandemic Back-To-Business FAQs For Employers** from Fisher-Philips
Operations and Human Resources (Reopening/Return to Work)

Back to Work Checklist from the Employers Association of New Jersey

Return to Work – Resources for Employers from Employers Association of New Jersey

Checklist for Employers: Preparing for Return to Work Post-Quarantine from Archer & Greiner

Deciding who to Recall from Furlough or Layoff from ThinkHR

Model COVID-19 Policy from Employers Associations of New Jersey


Business Continuity and Emergency Planning

Business Continuity Planning from U.S. Department of Homeland Security

Emergency Plan Template for Nonprofits from HSC

Disaster Preparedness and Recovery For Community Development Organizations from Neighborworks America

No Business Continuity Plan? Take These 4 Steps from Nonprofit Risk Management Center

Communications

How to Create a Crisis Communications Plan for Your Nonprofit from Wild Apricot

Crisis Communications Plan Template from Bloomerang

Communications Toolkit Samples from Colorado Nonprofit Association

From the Communications Network, Crisis Communication Resource Guide: Coronavirus Disease 2019 (COVID-19) (Google doc; open source)

Technology/Cybersecurity

8 Tips to Get Your Workplace Computer Back Online After Quarantine from Phoenix Consultants Group

How not to Cyber-Poison Your Office when you Return to Work from Phoenix Consultants Group

Keeping Your Nonprofit’s Systems Secure During the COVID-19 Pandemic from TechSoup
# Appendix

## The Road Back: Restoring Economic Health through Public Health from the State of New Jersey

### The Road Back: Restoring Economic Health through Public Health

<table>
<thead>
<tr>
<th>Maximum restrictions</th>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>New normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is happening?</td>
<td>Strict social distancing</td>
<td>Restrictions relaxed on low-risk activities that may be easier to safeguard</td>
<td>Moderate-risk activities restarted with safeguarding</td>
<td>Higher-contact activities restarted with significant safeguarding</td>
</tr>
<tr>
<td>Which precautions apply across stages?</td>
<td>Work that can be done from home should be done from home</td>
<td>Clinically high-risk individuals who can stay at home should do so</td>
<td>Residents and businesses should follow state and federal safeguarding guidelines: Wash hands regularly, Wear masks in public, No mass gatherings, Disinfect workplaces, Limit gatherings, Respect social distancing</td>
<td>Widespread use of vaccine or life-saving treatment In-person work can resume for all Measures from previous stages may be swiftly reinstated if health conditions deteriorate</td>
</tr>
<tr>
<td>Which businesses are open?</td>
<td>Crucial industries with safeguarding and modifications, e.g., emergency healthcare, essential construction with social distancing</td>
<td>Easiest to safeguard work activities with safeguards and modifications, e.g., non-contact retail, curbside retail</td>
<td>More work activities allowed with safeguarding and modifications, e.g., outdoor dining, limited personal care</td>
<td>Most work activities allowed at physical locations with safeguarding &amp; modifications</td>
</tr>
<tr>
<td>Which social activities are allowed?</td>
<td>Socialization only with household members, family, caregivers, romantic partner</td>
<td>Outdoor recreation (e.g., hiking) and beach visits allowed with social distancing</td>
<td>More activities with proper safeguards, capacity limitations, and sanitation protocols may reopen, e.g., libraries and museums</td>
<td>Higher-density settings may be considered with safeguards, e.g., limited entertainment, bars with limited capacity</td>
</tr>
<tr>
<td>Are childcare and education operating?</td>
<td>Child care open for children of essential workers</td>
<td>Child care may expand with capacity restrictions</td>
<td>Child care may expand with capacity restrictions</td>
<td>Child care likely open for most K-12 and higher education may operate in person with reduced capacity Day and summer camps likely open for all with safeguards and modifications</td>
</tr>
<tr>
<td>Is public transit available?</td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for essential workers</td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for those who cannot work from home</td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) encouraged only for those who cannot work from home</td>
<td>Public transit with enhanced safeguards (e.g., regular vehicle disinfection) is no longer discouraged for any passengers Service may be modified with off peak travel encouraged Personal protection measures, e.g., social distancing, face coverings</td>
</tr>
<tr>
<td>How do I take care of my loved ones and myself?</td>
<td>I stay at home as much as possible and check in virtually with my loved ones</td>
<td>I stay at home as much as possible and check in virtually with my loved ones</td>
<td>I continue to stay at home for the majority of my time</td>
<td>I follow all safety guidelines posted in public spaces, e.g., I anticipate and respect capacity limits at my local restaurants I call a doctor in the event of fever, cough, or shortness of breath</td>
</tr>
</tbody>
</table>

### WHAT DRIVES STAGES?

- **Health indicators:** New cases, hospitalizations, use of ICU, use of ventilators
- **Availability of testing and contact tracing capacity per 100,000 residents**
- **Healthcare system resiliency (beds, health workers, PPE)**
- **Ability to effectively safeguard workplaces**
- **Safeguarded child care, education, transit availability**
- **Compliance of individuals and employers**

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2020 Going Forward: Best Practices and Considerations for Nonprofit Reopening

Center for Non-Profits
GUIDANCE FOR CLEANING & DISINFECTION
PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

1 DEVELOP YOUR PLAN
Determine what needs to be cleaned. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

Determine how areas will be disinfected. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

Consider the resources and equipment needed. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT
Clean visibly dirty surfaces with soap and water prior to disinfection.

Use the appropriate cleaning or disinfectant product. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

Always follow the directions on the label. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE
Continue routine cleaning and disinfection. Continue or revise your plan based on appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

Maintain safe practices such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

Continue practices that reduce the potential for exposure. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

Follow guidance from state, tribal, local, and territorial authorities.

Making Your Plan to Clean and Disinfect

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

YES
It is an indoor area.

NO
Maintain existing cleaning practices. Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

YES
Yes, the area has been occupied within the last 7 days.

NO
The area has been unoccupied within the last 7 days. The area will need only routine cleaning.

Is it a frequently touched surface or object?

YES
Yes, it is a frequently touched surface or object.

NO
Thoroughly clean these materials. Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?

Hard and non-porous materials like glass, metal, or plastic.
Visibly dirty surfaces should be cleaned prior to disinfection. Consult EPA’s list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

Soft and porous materials like carpet, rugs, or material in seating areas.
Thoroughly clean or launder materials. Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.

For more information, please visit CORONAVIRUS.GOV
Model COVID-19 Policy

Novel Coronavirus (COVID-19) pandemic is a serious health issue and the Company will ensure the health and safety of every employee.

When feasible, you will be directed to work from home. When employees cannot work from home and are required to report to work, the following guidance should be followed:

If you are ill with cold-like symptoms (fever/chills, cough, sore throat, runny nose, shortness of breath, diarrhea), please remain at home. Follow our normal call-in procedures to alert your manager. Consult with your medical provider. [Our health plan includes a telemedicine option with a waiver of your co-pay].

In addition to the information provided under our normal call-in procedures, you are required to inform the Company if:

1. you are subject to a federal, state, or local quarantine or isolation order related to COVID-19, including when a Federal, State, or local government authority has advised categories of citizens (e.g., of certain age ranges or of certain medical conditions) to shelter in place, stay at home, isolate, or quarantine, causing those categories of employees to be unable to work even though work is available;

2. you have been advised by a health care provider to self-quarantine because of COVID-19;

3. you are experiencing symptoms of COVID-19, such as fever, dry cough, shortness of breath; or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention and is seeking a medical diagnosis; or

4. you are caring for an individual subject to a government order or medical advice as described above in numbers 1 and 2, respectively

Better to Be Safe

In order to fully comply with this policy you are urged to report whether you may have been exposed to COVID-19. For example, a spouse, partner or family member may have been sent home from their place of employment because of COVID-19-related reasons. Your disclosure may ensure the safety of others.
Self-Quarantine, Medical Examinations and Other Measures

Depending on the circumstances, the Company may send you home should you appear to present symptoms consistent with COVID-19 and/or direct you to self-quarantine for a period of time, or if you have traveled to an inadvisable place, may live or are in close proximity to a person who has tested positive for COVID-19 or may been otherwise exposed to COVID-19. Under these circumstances, the Company may require you to submit medical documentation to determine whether a medical condition may impair your ability to perform your job or pose a direct threat to the health or safety of others. Additionally, the company may take remedial measures including, but not limited to, taking employee temperatures.

Notice

Please note that under existing state order, we may promptly notify workers of any known exposure to COVID-19 at the worksite and may also disclose such information to public health authorities.

Sick Pay and Leaves of Absences

Our usual sick pay policies are applicable and depending on the circumstances, you may be eligible for additional sick pay and/or a leave of absence under federal law. The following documentation may be required:

1. the name of the government entity that issued the Quarantine or Isolation Order, or
2. the name of the health care provider who advised you to self-quarantine due to concerns related to COVID-19;
3. the name of the government entity that issued the Quarantine or Isolation Order to which the individual being cared for is subject; or
4. the name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19.
5. other documentation to determine whether a medical condition may impair your ability to perform your job or pose a direct threat to the health and safety of others.

Sick pay and/or leave benefits may be sequenced at your choice.

For an explanation of other sick pay and benefits rights [www.nj.gov/labor/worker-protections/earnedsick/covidFAQ.shtml](http://www.nj.gov/labor/worker-protections/earnedsick/covidFAQ.shtml)

Please note that this policy does not supersede any other Company policy relating to sick leave, payment of wages, proving benefits or leaves of absence.

If you have any questions regarding this policy, contact: ________________
Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible

Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance from the local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing

For more information: www.cdc.gov/COVID19
## Table 1. Local Factors to Consider for Determining Mitigation Strategies

<table>
<thead>
<tr>
<th>Factor</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology</strong></td>
<td>• Level of community transmission (see Table 3)</td>
</tr>
<tr>
<td></td>
<td>• Number and type of outbreaks (e.g., nursing homes, schools, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services</td>
</tr>
<tr>
<td></td>
<td>• Epidemiology in surrounding jurisdictions</td>
</tr>
<tr>
<td><strong>Community Characteristics</strong></td>
<td>• Size of community and population density</td>
</tr>
<tr>
<td></td>
<td>• Level of community engagement/support</td>
</tr>
<tr>
<td></td>
<td>• Size and characteristics of vulnerable populations</td>
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<td></td>
<td>• Access to healthcare</td>
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<td></td>
<td>• Transportation (e.g., public, walking)</td>
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<tr>
<td></td>
<td>• Planned large events</td>
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<tr>
<td></td>
<td>• Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)</td>
</tr>
<tr>
<td><strong>Healthcare capacity</strong></td>
<td>• Healthcare workforce</td>
</tr>
<tr>
<td></td>
<td>• Number of healthcare facilities (including ancillary healthcare facilities)</td>
</tr>
<tr>
<td></td>
<td>• Testing capacity</td>
</tr>
<tr>
<td></td>
<td>• Intensive care capacity</td>
</tr>
<tr>
<td></td>
<td>• Availability of personal protective equipment (PPE)</td>
</tr>
<tr>
<td><strong>Public health capacity</strong></td>
<td>• Public health workforce and availability of resources to implement strategies</td>
</tr>
<tr>
<td></td>
<td>• Available support from other state/local government agencies and partner organizations</td>
</tr>
</tbody>
</table>
Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

<table>
<thead>
<tr>
<th>Factor</th>
<th>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None to Minimal</td>
</tr>
</tbody>
</table>
| **Individuals and Families at Home** | - Know where to find local information on COVID-19 and local trends of COVID-19 cases.  
- Know the signs and symptoms of COVID-19 and what to do if symptomatic:  
  » Stay home when you are sick  
  » Call your health care provider's office in advance of a visit  
  » Limit movement in the community  
  » Limit visitors  
- Know what additional measures those at high-risk and who are vulnerable should take.  
- Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).  
- Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community:  
  » Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible.  
  » Establish ways to communicate with others (e.g., family, friends, co-workers).  
  » Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events.  
- Know about emergency operations plans for schools/workplaces of household members. | - Continue to monitor local information about COVID-19 in your community.  
- Continue to practice personal protective measures.  
- Continue to put household plan into action.  
- Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. | - Continue to monitor local information.  
- Continue to practice personal protective measures.  
- Continue to put household plan into place.  
- All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials. |
<table>
<thead>
<tr>
<th>Factor</th>
<th>None to Minimal</th>
<th>Minimal to moderate</th>
<th>Substantial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Schools/childcare</strong>&lt;br&gt;“What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19”</td>
<td>- Know where to find local information on COVID-19 and local trends of COVID-19 cases.&lt;br&gt;- Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site.&lt;br&gt;- Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.&lt;br&gt;- Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.&lt;br&gt;- Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.&lt;br&gt;- Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.&lt;br&gt;- Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).&lt;br&gt;- Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).&lt;br&gt;- Clean and disinfect frequently touched surfaces daily.&lt;br&gt;- Ensure hand hygiene supplies are readily available in buildings.</td>
<td>- Implement social distancing measures:&lt;br&gt;  » Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering.&lt;br&gt;  » Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times)&lt;br&gt;  » Limit inter-school interactions&lt;br&gt;  » Consider distance or e-learning in some settings&lt;br&gt;  » Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).&lt;br&gt;  » Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.&lt;br&gt;  » Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.</td>
<td>- Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism.&lt;br&gt;- Cancellation of school-associated congregations, particularly those with participation of high-risk individuals.&lt;br&gt;- Implement distance learning if feasible.</td>
</tr>
<tr>
<td>Factor</td>
<td>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None to Minimal</td>
<td>Minimal to moderate</td>
<td>Substantial</td>
</tr>
<tr>
<td></td>
<td>• Know where to find local information on COVID-19.</td>
<td>• Implement social distancing measures:</td>
<td>• Longer-term closure or quarantine of facility.</td>
</tr>
<tr>
<td></td>
<td>• Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic.</td>
<td>» Reduce large gatherings (e.g., group social events)</td>
<td>• Restrict or limit visitor access (e.g., maximum of 1 per day).</td>
</tr>
<tr>
<td></td>
<td>• Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available.</td>
<td>» Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette).</td>
<td>» Limit programs with external staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clean frequently touched surfaces daily.</td>
<td>» Consider having residents stay in facility and limit exposure to the general community</td>
<td></td>
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<tr>
<td></td>
<td>• Ensure hand hygiene supplies are readily available in all buildings.</td>
<td>» Limit visitors, implement screening</td>
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<tr>
<td></td>
<td></td>
<td>• Temperature and respiratory symptom screening of attendees, staff, and visitors.</td>
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<tr>
<td></td>
<td></td>
<td>• Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.</td>
<td></td>
</tr>
<tr>
<td>Factor</td>
<td>None to Minimal</td>
<td>Minimal to moderate</td>
<td>Substantial</td>
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<td>-----------------</td>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Workplace</td>
<td></td>
<td>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</td>
<td>• Implement extended telework arrangements (when feasible).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.</td>
<td>• Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review, update, or develop workplace plans to include:</td>
<td>• Cancel non-essential work travel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; Liberal leave and telework policies</td>
<td>• Cancel work-sponsored conferences, trade shows, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt; Consider 7-day leave policies for people with COVID-19 symptoms</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&gt; Consider alternate team approaches for work schedules</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>• Encourage employees to stay home and notify workplace administrators when sick</td>
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<td>workplaces should provide non-punitive sick leave options to allow staff to stay home when ill.</td>
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<td>• Encourage personal protective measures among staff (e.g., stay home when sick,</td>
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<td></td>
<td></td>
<td>handwashing, respiratory etiquette).</td>
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<td>• Clean and disinfect frequently touched surfaces daily</td>
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<td>• Ensure hand hygiene supplies are readily available in building.</td>
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<td>• Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.</td>
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<td>• Implement social distancing measures:</td>
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<td></td>
<td></td>
<td>&gt; Increasing physical space between workers at the worksite</td>
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<td></td>
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<td>&gt; Staggering work schedules</td>
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<td>&gt; Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.)</td>
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<td>• Limit large work-related gatherings (e.g., staff meetings, after-work functions).</td>
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<td>• Limit non-essential work travel.</td>
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<td></td>
<td>• Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).</td>
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<tr>
<td>Factor</td>
<td>Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting</td>
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<td>---------------------------------------------------------------------------------------------------------</td>
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<td></td>
<td>None to Minimal</td>
<td>Minimal to moderate</td>
<td>Substantial</td>
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<td></td>
<td>• Know where to find local information on COVID-19 and local trends of COVID-19 cases.</td>
<td>• Implement social distancing measures:</td>
<td>• Cancel community and faith-based gatherings of any size.</td>
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<td></td>
<td>• Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic.</td>
<td>» Reduce activities (e.g., group congregation, religious services), especially for</td>
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<td></td>
<td>• Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.).</td>
<td>organizations with individuals at increased risk of severe illness.</td>
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<td>• Review, update, or develop emergency plans for the organization, especially consideration for</td>
<td>• Consider offering video/audio of events.</td>
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<td></td>
<td>individuals at increased risk of severe illness.</td>
<td>• Determine ways to continue providing support services to individuals at</td>
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<td></td>
<td>• Encourage staff and members to stay home and notify organization administrators of illness when</td>
<td>increased risk of severe disease (services, meals, checking in) while limiting</td>
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<td></td>
<td>sick.</td>
<td>group settings and exposures.</td>
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<td></td>
<td>• Encourage personal protective measures among organization/members and staff</td>
<td>• Cancel large gatherings (e.g., &gt;250 people, though threshold is at the discretion</td>
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<td></td>
<td>(e.g., stay home when sick, handwashing, respiratory etiquette).</td>
<td>of the community) or move to smaller groupings.</td>
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<td></td>
<td>• Clean frequently touched surfaces at organization gathering points daily.</td>
<td>• For organizations that serve high-risk populations, cancel gatherings of more than</td>
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<td></td>
<td>• Ensure hand hygiene supplies are readily available in building.</td>
<td>10 people.</td>
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<td>Factor</td>
<td>None to Minimal</td>
<td>Minimal to moderate</td>
<td>Substantial</td>
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<td>Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth)</td>
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</tbody>
</table>
| What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)* | • Provide healthcare personnel (HCP), including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities).  
• Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits.  
• Assess facility infection control programs: assess personal protective equipment (PPE) supplies and optimize PPE use.  
• Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.  
• Assess visitor policies.  
• Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill).  
• Encourage HCP to stay home and notify healthcare facility administrators when sick.  
• In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.  
• Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival). | • Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/ symptom checks for visitors, limiting visitor movement in the facility, etc.  
• Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits.  
• Actively monitor absenteeism and respiratory illness among HCP and patients.  
• Actively monitor PPE supplies.  
• Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent).  
• Consider allowing asymptomatic exposed HCP to work while wearing a facemask.  
• Begin to cross train HCP for working in other units in anticipation of staffing shortages. | • Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission.  
• Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask).  
• Cancel elective and non-urgent procedures  
• Establish cohort units or facilities for large numbers of patients.  
• Consider requiring all HCP to wear a facemask when in the facility depending on supply. |

* COVID-19 Mitigation Guide from the CDC

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2020 Going Forward: Best Practices and Considerations for Nonprofit Reopening
Center for Non-Profits
### Table 3. Potential mitigation strategies for public health functions

<table>
<thead>
<tr>
<th>Public health control activities by level of COVID-19 community transmission</th>
<th>None to Minimal</th>
<th>Minimal to Moderate</th>
<th>Substantial</th>
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</thead>
<tbody>
<tr>
<td>Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.</td>
<td>Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, potential for rapid increase in suspected cases.</td>
<td>Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.</td>
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<tr>
<td>• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases.</td>
<td>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</td>
<td>• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure).</td>
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<tr>
<td>• Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance.</td>
<td>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</td>
<td>• Encourage HCP to more strictly implement phone triage and telemedicine practices.</td>
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<tr>
<td>• For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing.</td>
<td>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</td>
<td>• Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.</td>
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<td>• Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources.</td>
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</table>
Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopmental conditions** including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.
Going Forward: Best Practices and Considerations for Non-Profit Reopening

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Since 1982, the champion and go-to resource for and about New Jersey’s charitable non-profits.

The Center for Non-Profits is New Jersey’s umbrella organization for the charitable community. Through advocacy, professional education, resources, training and member services, the Center works to build the individual and collective power of non-profits to improve the quality of life for the people of our state. Find out more at www.njnonprofits.org.

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