Washington State COVID-19 Response
"New Normal" planning
**Important Context** regarding this document

This document is an overview and framework for consideration only, and does not include legal or regulatory advice or recommendations on how to address the COVID-19 situation for your business or employees. Each business is responsible to seek appropriate and up to date guidance and follow rules from public authorities before implementation of any measures.

The situation surrounding COVID-19 is dynamic and rapidly evolving, on a daily basis. This document represents one scenario based on discrete data from a particular point in time. It is not intended as a prediction or forecast about duration of lockdown; peak of viral infections; efficacy of government or health care responses to the virus; or other health or societal impacts, and does not represent an “official BCG view.” It also is not intended to: (i) constitute medical or safety advice, nor be a substitute for the same; nor (ii) be seen as a formal endorsement or recommendation of a particular response. As such you are advised to make your own assessment as to the appropriate course of action to take, using this presentation as guidance. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.
Important Context regarding this document (cont.)

This document is developed in the spirit of partnership between public, private and non-profit sectors; we recognize that the fight against COVID-19 requires shared responsibility and common purpose across employers, workers, customers and visitors.

Ideas are intended to demonstrate how employers deemed 'non-essential' can operate in a "New Normal" in a way that aligns with public health guidelines.

Associated materials and "checklists" are based on a series of interviews with public health and health care leaders and experts around the region.

Amongst other topics, those interviews focused on capturing viewpoints and perspectives on what a "safe" operation would look like in a post "Stay Home, Stay Healthy" phase.

BCG has also canvassed the world for practices already being implemented, which have been incorporated as appropriate.

The associated materials are only proposals for consideration
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This material represents the third part of our COVID-19 response effort

Key conclusions

• Job loss to exceed Great Recession levels

• Vulnerable households will be disproportionately impacted

• Increasing level of economic impact as duration extends

Focus of this briefing

• History suggests a multi-year job recovery

• The Cares Act helps cover the vulnerable in short-term; will need more support over time

• Strong mitigation measures will be critical as we re-open

March 17: Immediate economic impacts

March 31: Mid-term impacts & recovery path

April 23-24: Planning for "New Normal"
Economic and social impacts of shutdown
Multiple phases in collective battle against COVID-19

Next phase requires readiness for ongoing adjustments (both to further reopen & to fight subsequent cases)

Flatten
"Stay Home, Stay Healthy"

Fight
"New Normal" until have treatment

Future
Post-vaccine

Time

Reopen

Vaccine

Critical care patients

Healthcare system capacity

GDP

Lever to be continuously adjusted including both towards greater re-opening and towards more restrictive in responding to inevitable cases

Possibility to return to "Stay Home, Stay Healthy" pending public health trends

Note: Public Health interventions are successfully flattening the curve and allowing leaders to expand their focus to prepare for the next response phase.
Public health outcomes show WA mitigation efforts are flattening the curve, saving many lives.
Latest economic impact as we successfully flatten the curve

Data as of April 18, 2020

Potential for ~1M+ Washingtonians impacted as previously uncovered workers now apply for UI

1. Total initial claims since 3/1 adjusted for claims due to regular churn - essentially, claims directly attributable to COVID19 (Unadjusted sum is ~730K) 
Sources: Labor Market & Economic Analysis (LMEA) Division, Employment Security Department, State of Washington; BCG analysis
Two-tiered checklist for employer safe work plans
DOH's public health pre-requisites to start moving out of "Stay Home, Stay Healthy"

*Presented by Dr. John Wiesman (Secretary of Health) during briefing on April 20*

1. **Sustained improvement in public health outcomes**
   (hospitalizations, RO, % positive tests, fatalities)

2. **Adequate PPE**

3. **Screening available** such that anyone with symptoms could get a test that day or next

4. **Ample personnel** to conduct case and contact investigations

5. **Isolation & quarantine facilities** for those who can’t safely do so in a private residence

6. **Ability to protect vulnerable populations**
   (e.g., demographics, health conditions, homeless/economic insecurity)
"New Normal" objective

FROM:

Only essential businesses allowed to operate in a relatively "normal" way under "Stay Home, Stay Healthy"

TO:

Essential AND/OR safe businesses allowed to operate in the "New Normal" after public health pre-requisites are met
Broad set of stakeholder engagement on principles to guide re-entry, and detailed checklists

Broad stakeholder engagement

Public health, epidemiological and health care leaders
- Dr. John Wiesman (DOH), Dr. Jeffrey Duchin, Dr. Paul Ramsey (UW Medicine), Dr. Chris Murray (IHME), Steve Davis (WHO), Dr. David Grossman (Kaiser Permanente)

Broad set of business stakeholders and associations
- Washington Roundtable, Challenge Seattle, AWB, Seattle Metro Chamber (broad cross-section of members), Major employers (Boeing, MSFT, Starbucks, Gates, Nordstrom)

Other critical stakeholders
- David Schumacher (OFM), Larry Brown (WA State Labor Council), Tony Mestres (Seattle Foundation), Narda Pierce (Fmr Solicitor General, WA State), Steve Metruck (Port of Seattle)

Principles guiding checklist development

Ground proposals first and foremost through public health lens

Enable a phased re-entry resembling the turning of a dial vs. a binary switch

Protect vulnerable populations & account for different needs (both in terms of public health & potential workforce discrimination)

Aid public health pre-requisites where appropriate to avoid another wave of infection (specifically testing, tracking and tracing)

Provide flexibility & avoid industry-specific protocols to allow employers to innovate on the right approach for them
Exercise resulted in two-tiered checklist

Baseline recommendations

Checklist of how any employer should help create a "New Normal" to fight COVID-19

Suggested mitigation actions that should be applied broadly as the impact of phasing in operations is assessed

Additional considerations

List of practices observed around the world to mitigate risk

Considerations will vary in relevance by sector and operation; those feasible & relevant should be implemented

Employers have a strong incentive to meet (and exceed where/when appropriate) baseline recommendations as adverse public health outcomes could result in more stringent restrictions and/or a return to "Stay Home, Stay Healthy"
Baseline recommendations for employers

Employers should develop a Safe Work Plan that meets these recommendations to resume operations.

Workplace Safety
- Adhere to federal, state and local public health and worker safety guidelines
- Work from home for operations able to be performed remotely
- Maintain physical distancing wherever possible of 6 feet, including with visitors/customers
- Avoid gatherings of >10 people in any office meeting room or shared social space (e.g., cafes, lobbies); everyone should maintain physical distancing of at least 6 feet
- Routine sanitization of high-touch surfaces and shared resources (e.g., doorknobs, elevators, vending machines, points of sales)
- Ask workers/volunteers to self-certify that they have experienced no CV-19 symptoms since last day of work at, or visit to, the workplace
- Ask workers/volunteers to stay home and seek medical guidance if they are experiencing any known symptoms
- Ask workers/volunteers to self-quarantine per local public health guidelines if confirmed to have COVID-19 or exposed to confirmed case
  - Please see supporting guidance from the WA State Department of Health: Click for link
- Response protocols for workers, volunteers and visitors reporting symptoms and/or are confirmed to have COVID-19 (e.g., isolation)
- Avoid non-essential travel and propose self-quarantine per local public health and worker safety guidelines after any high-risk travel as defined by the CDC (e.g., international travel)
- Have the ability to log all workers and volunteers that come on premise for purposes of supporting public health contact tracing
- Available contact for all workers, volunteers and visitors to report concerns and/or potential violations of the Safe Work Plan
- Regular self-monitoring and updates of the Safe Work Plan
- Communication of Safe Work Plan to all workers, volunteers and visitors including any future modifications

Workforce Support
- Provide workers/volunteers with masks for any public-facing job and/or those whose responsibility includes operating within physical distancing limits of 6 ft. for extended periods of time
  - Note: N95 masks should not be used except for public health approved roles
- Identify available alternative work assignments for workers/volunteers upon requests due to concerns related to workplace safety. Priority should be given for workers/volunteers who are considered high-risk/vulnerable as defined by public health officials
- Train workers/volunteers on symptom detection, sources of high risk to COVID-19, prevention measures (including household suppression) and leave benefits/policies (e.g., UI for workers that need to self-quarantine)

Customer & Visitor Expectations
- Visible entry point signage for workers, volunteers and visitors on shared responsibilities (including proper hygiene & sanitization, physical distancing/PPE guidance and information for reporting concerns)

Supporting a common “New Normal” foundation to mitigate COVID-19

The following checklist provides proposals for employers in Washington State to reopen non-essential operations.

These actions will run in parallel to public health efforts.

Protecting Washingtonians through a safe reopening and acting as good stewards of our local communities is our priority.

Subject to change based on public health guidance.
Additional considerations: **Workplace safety**

Employers **should consider & implement listed elements where feasible/relevant**

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Encouraging proper hygiene & health practices
- Encourage workers/volunteers do regular temperature checks at home before coming to work
- Avoid non-essential person-to-person contact (e.g., handshakes)

Health screenings on-premise
- Routine temperature checks & screens

Enabling tracking and tracing
- Notify and isolate all workers/volunteers in contact with an individual that develops symptoms
- Have the ability to log visitors that come on-premise

Sanitation procedures
- Provide hand sanitizer at entrances/exits
- Clean surfaces between meetings/customer visits
- Sanitize/quarantine deliveries/packages
- Perform nightly deep cleaning

Limiting shared office resources
- Limit shared desks/workspaces
- Reduce use of shared office supplies/resources
- Limit shared food at worksite
- Limit cafeteria capacity and services
- Limit public kitchens/vending

Methods to enact distancing procedures
- Implement reduced maximum capacity limits
- Stagger arrival times to avoid congestion
- Limit ingress/egress points while maintaining fire exits
- Stagger entry into stores/facilities
- One-way store/facility aisles
- Use distance markings at places of congregation
- Enact plexiglass protection between workstations or at check out
- No contact payment/pickup
- Virtual meetings even when in office
- Re-organize floor layouts to permit physical distancing
- Stagger breaks and usage of common areas
- Avoid sitting face-to-face
- Create isolated work cells/teams where possible

Ensuring governance & accountable roles over plan
- Appoint team/lead to manage ongoing Safe Work Plan
- Designate a hygiene leader for each shift and facility who is responsible for protocol audits
- Regular reporting of worker and customer sentiment and tracking of public health trends

On-going training to meet health guidelines
- Host pre-return to work training
- Use of training methods that do not involve personal meetings

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Each individual employer should develop and implement a Safe Work Plan.

The following lists are considerations and examples to aid in the development of individual plans.

**Note:** Employers are not recommended to implement all listed examples. These are provided as known practices being utilized to-date and are subject to change.

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This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2
Additional considerations: Workforce support

Employers should consider & implement listed elements where feasible/relevant

Ongoing communication to workforce
• Provide content for vulnerable workers to help navigate Back to Work (e.g. aggregate helpful materials, explain evolving gov’t benefits)

Enacting modified working models
• Job shares that allow for reduced hours
• Offer partial workforce or alternate day of week operating model
• Different in office working hours (e.g. two shifts: 6:30a-12:30p and 1p-7p with time between shifts)

Expanded / extended work from home & leave policies
• Provide one time home office supply voucher
• Tiered PTO (e.g. FTEs get additional 80 hours; PTE get additional 40 hours; all paid out at year end if not used)
• Create workforce relief/aid fund and adopt policy on how funds will be distributed

Decreasing commute risks & pressure on public transport
• Promote and enable individual commutes (e.g., subsidized biking/parking)
• Employer-sponsored buses/transit options
• Alternative hours to limit transportation during high public traffic hours

Providing additional training and resources
• Provide guidance on virtual and in person teams
• Provide career planning and resources
• Train managers to support new Back to Work model

Enabling access to education and childcare
• On site day care or study rooms for limited number of children per day
• Voucher for online education tools
• Access to apps to match caregivers with need (including recently displaced workers)
• Priority for childcare for workers not able to WFH

Building morale and virtual culture
• Create virtual HR office hours and/or HR hotline
• Virtual companywide meetings
• Create networks for workers to connect/share remote working best practices
• Sponsor well-being challenges geared to staying physically and mentally healthy

Supporting mental health needs
• Access, reduced cost and/or free counseling
• Access, reduced cost and/or telemedicine consultations
• Benefit extensions for household members
• Access to meditation/mindfulness content
• Digital support groups to decrease isolation and share ideas
• Virtual play dates for families with children of similar ages

Helping develop individualized, flexible Safe Work Plans

Each individual employer should develop and implement a Safe Work Plan.

The following lists are considerations and examples to aid in the development of individual plans.

Note: Employers are not recommended to implement all listed examples. These are provided as known practices being utilized to date and are subject to change.

This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2.
Implementation considerations

All employers should develop their own unique plans based on checklists.

Plans should be self-monitored & updated regularly based on evolving public health guidelines.

Plans should be communicated to the workforce...
- Following similar approach to regular policy changes - email, etc.

...and shared publicly to build community confidence
- e.g., posted at entrances for visitors, emailed to subscribers

Employers should be prepared to take additional measures if public health requires.
Details on key topics explored

Role employers should play in screening, tracking and tracing

Employer support for high-risk workers

Phasing-in approach and infrastructure needs
Role of employers in screening, tracking, and tracing
## Role of employers in aiding screening, tracking and tracing

<table>
<thead>
<tr>
<th>Should be...</th>
<th>Baseline recommendation (broadly meets criteria/is actionable)</th>
<th>Consider where feasible / relevant (may not be broadly actionable)</th>
<th>Not recommended for employers (criteria gaps and/or resource scarcity)</th>
</tr>
</thead>
</table>
| Actionable & pragmatic to implement | Screening  
- Asking for self-certification from workforce | Screening  
- Temperature checks on-premise | Screening  
- COVID-19 tests  
- Immunity tests |
| Simple in order to be adopted broadly | Tracking  
- Logging workers & volunteers that come on-premise | Tracking  
- Logging visitors & customers that come on-premise | Tracking  
- Logging exposure between individuals |
| Effective mitigating risk of COVID-19 cases | | | |
| Timely to improve public health outcomes and enable economic recovery | | | |
| Permissible by law, including HIPAA and state employment law | | | |
| Ethical, safe & privacy protective, avoiding harm and being respectful of individual needs and preferences | | | |

**Screening**
- Asking for self-certification from workforce
- Temperature checks on-premise

**Tracking**
- Logging workers & volunteers that come on-premise
- Logging visitors & customers that come on-premise

**All Tracing**
- Logging exposure between individuals

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This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2.
Employer support for higher risk workers
According to the CDC, high-risk/vulnerable communities are
- Persons 65 years and older
- Persons of all ages who have certain underlying medical conditions

Policies should be created to support these communities based on state and federal guidelines such as Washington State Proclamation 20-46, “Opening Up American Again” and Americans with Disabilities Act / nondiscrimination laws (which can cover both underlying health conditions and age)

These guidelines include the following actions:
- Employers should utilize all available options for alternative work assignments to protect high-risk employees
- Employers should continue to allow telework whenever possible and feasible with business operations, and to strongly consider special accommodations for personnel who are members of a vulnerable population
- Employers should work together with employees to think of creative solutions that will meet the needs of both
Proposal to support returning to work in a "New Normal" for high risk employees

### Guiding principles

<table>
<thead>
<tr>
<th>Work with employees</th>
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</thead>
<tbody>
<tr>
<td>• Send all employees information on how to ask for an accommodation to their work schedule, site, or other circumstances</td>
<td></td>
</tr>
<tr>
<td>• Discuss telework and other possible accommodations (e.g., temporary adjustments to the work location or job assignments, modified work schedule to reduce the risk of exposure, use of plexiglass barriers, etc.)</td>
<td></td>
</tr>
<tr>
<td>• Develop and communicate a policy on how to determine which requests will be a given priority</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Respect employees’ privacy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consider how to protect employees’ confidential medical information as you protect your workforce from infection and illness</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Review and update policies</th>
<th></th>
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<tbody>
<tr>
<td>• Requests for reasonable accommodation under the Americans with Disabilities Act, the Washington Law Against Discrimination, or other nondiscrimination laws should be processed with respect to the provisions of these laws</td>
<td></td>
</tr>
<tr>
<td>• Consider interim solutions while processing such requests under nondiscrimination laws</td>
<td></td>
</tr>
<tr>
<td>• Follow Proclamation 20-46 guidance when you cannot find an alternative work arrangement for an employee</td>
<td></td>
</tr>
<tr>
<td>• Uphold obligations related to unemployment and health insurance benefits</td>
<td></td>
</tr>
<tr>
<td>• Do not take adverse employment action against employees who exercise rights under the Proclamation that would result in permanent replacement of their employment positions</td>
<td></td>
</tr>
</tbody>
</table>

Note: These proposals come from a working group of legal professionals. BCG did not develop the proposals nor do we provide any legal advice. These materials are only drafts for consideration.
Framework to help employers tailor their own plans
Lifting of COVID-19 restrictions will look more like a *turning of the dial* versus the flip of a switch

*Gov. Inslee, April 21st*
Observations of other regions at a societal level show two common phase-in approaches

**Activity-based phasing**

Factors that commonly inform activity phasing:
- Economic importance/level of disruption
- Transmission risk

Most common activities to re-open first:
- Manufacturing
- Schools

Example regions using this approach:

![Flags of various countries](flags.png)

**Criteria-based phasing**

General criteria\(^1\) that guide what can resume:
- Workforce & space capacity restrictions
- PPE and sanitation requirements

Most common criteria observed:
- Workforce capacity limit (e.g. 20% of workforce)
- Space-based capacity (e.g. 5 people/1K sq ft.)

Example regions using this approach:

![Flags of various countries](flags.png)

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1. Some activity exceptions may apply and are proposed to remain closed (e.g. nightclubs, concert venues) and/or some differences in criteria by activity type
   Sources: CDC; American Enterprise Institute; Radio Prague International; CNN; Washington Post; WSJ, NBC Philadelphia; State of Vermont; State of Utah; BCG analysis

This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2
4 proposed factors to effectively "turn the dial" for employers and the public sector

1. **Developing tailored approach** for different operations
   - Avoid reopening aspects that cannot meet baseline recommendations
   - Identify less disrupted remote work that should remain as teleworking
   - Trial and incrementally scale up operations that can open over time versus an immediate return to pre-COVID activity levels

2. **Preparing community infrastructure beyond public health pre-requisites**
   including but not limited to childcare, transportation, publicly-available PPE

3. **Driving clarity on the metric thresholds that will guide decisions** and include holistic set of public health and economic indicators that can be routinely monitored

4. **Setting expectations on timelines** for when incremental changes might be considered
Framework to help employers develop own tailored plan

Can be applied to different types of work (e.g., office-based work separate from retail/production work)

Prioritize for re-opening & implementation of new safety practices wherever baseline recommendations can be met

Hold on re-opening where baseline recommendations cannot be met OR...

Trial new safety practices & limit capacity where baseline recommendations can be met

Delay further on-premise work; continue WFH as possible to allow more disrupted work to resume first (even if meet/exceed baseline recommendations)

Largely essential operations or roles already operating in “New Normal”

Business disruption in “Stay Home, Stay Healthy”

1. Extent to which operations and workforce can effectively operate under “Stay Home, Stay Healthy”
2. Virus transmission risk based on factors such as contact intensity, workplace density, public interaction & degree of high risk workers

This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2
Community infrastructure needs beyond public health pre-requisites for safe return to work

WA statewide figures shown

Childcare

>400K WA households have children under 18 with no stay-at-home parent

Considerations:
- Temp. checks & sanitation
- Desks spaced 6 ft. apart
- Smaller class sizes
- Cohort-only interactions (e.g. keep same students together)
- Ask/train parents to screen for symptoms & keep home if found

Safe transportation

~200K WA workers use public transport for their job

Considerations:
- Propose essential trips only
- Single point of entry / exit for most passengers
- Passenger separation from operator
- Reduced capacity limits
- Face coverings

Broadly available PPE

~1M WA workers are in higher risk categories for COVID-19

Considerations:
- Public-private partnership to source, fund and distribute
- Prioritize PPE for high risk jobs and higher-risk workers

1. ~1.2M 18-64 yrs old individuals with chronic health conditions at ~70% labor participation rate; ~170K workers >65

Source: Kaiser Family Foundation; American Community Survey; BCG analysis


**Considerations for holistic set of indicators to drive decisions**

<table>
<thead>
<tr>
<th>Public health indicators</th>
<th>Economic activity indicators</th>
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</thead>
<tbody>
<tr>
<td><strong>Suggested measures</strong></td>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>Case trends</td>
<td>Assess current spread</td>
</tr>
<tr>
<td></td>
<td>and impacts of the virus</td>
</tr>
<tr>
<td>Public health</td>
<td>Determine ability to</td>
</tr>
<tr>
<td>capabilities &amp; utilization</td>
<td>deliver care &amp; contain</td>
</tr>
<tr>
<td></td>
<td>spread of the virus</td>
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</tbody>
</table>

Primary drivers of re-opening decisions; should consider thresholds / targets

<table>
<thead>
<tr>
<th>Suggested measures</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community activity levels</td>
<td>Monitor movement to inform current sentiment &amp; potential contributing risks</td>
</tr>
<tr>
<td>Economic activity levels</td>
<td>Assess the broader impacts of the virus and recovery path</td>
</tr>
</tbody>
</table>
### Illustrative dashboard to inform easing/tightening restrictions

#### Public health indicators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Apr22 view</th>
<th>Trend Vs. previous week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case trends</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New cases</td>
<td>208</td>
<td>↓</td>
</tr>
<tr>
<td>(Daily confirmed cases, 3 day moving average lagging 1 week)¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatalities</td>
<td>15</td>
<td>↓</td>
</tr>
<tr>
<td>(Daily confirmed deaths, 3 day moving average lagging 1 week)¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% positive tests</td>
<td>9%</td>
<td>=</td>
</tr>
<tr>
<td>(Daily, 3 day moving average lagging 1 week)¹</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Public health capabilities & utilization

<table>
<thead>
<tr>
<th>Measure</th>
<th>Apr22 view</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily tests</td>
<td>2.2K</td>
<td>=</td>
</tr>
<tr>
<td>(3 day moving average lagging 1 week)¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ICU utilization</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Est. number of COVID patients currently in ICU over historically available ICU beds¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact tracing staffing levels</td>
<td>TBD</td>
<td></td>
</tr>
</tbody>
</table>

#### Economic indicators

<table>
<thead>
<tr>
<th>Measure</th>
<th>Apr22 view</th>
<th>Trend Vs. previous week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community activity (comparison to pre-COVID)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle traffic levels</td>
<td>-47%</td>
<td>↓</td>
</tr>
<tr>
<td>(Daily traffic volume, 3 day moving average)²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel in/out of state</td>
<td>-60%</td>
<td>↓</td>
</tr>
<tr>
<td>(Daily SEATAC scheduled departures vs. 3/22.)³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer spend on future travel</td>
<td>-90%</td>
<td>↓</td>
</tr>
<tr>
<td>(Seattle area avg. cc spend in travel category)⁴</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Economic activity (comparison to pre-COVID)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Apr22 view</th>
<th>Trend Vs. previous week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment claims</td>
<td>+1200%</td>
<td>↓</td>
</tr>
<tr>
<td>(Change in Weekly new claims from pre-covid)³</td>
<td>89K week ending 4/18</td>
<td></td>
</tr>
<tr>
<td>Discretionary spend</td>
<td>-50%</td>
<td>↓</td>
</tr>
<tr>
<td>(Seattle area avg. cc spend across non-essential consumer goods categories)⁷</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy grid usage</td>
<td>TBD</td>
<td></td>
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</tbody>
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This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2.
Timing & how often to 'turn the dial': Example cadences to consider

Plans from around the world set clear decision-making timelines

- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 5 weeks
- 6 weeks

Germany

Czech Rep.
US (CDC)

US (AEI)

Denmark

Symptoms typically manifest within 1-2 weeks
Typical hospitalization 2-3 weeks

Best understanding of COVID-19 life cycle = 1-3 weeks

Expectation should be to wait at least 1-2 weeks to assess impact of changes before considering further reopening.

Public health officials should drive this decision-making and the duration needed to assess impact.

Propose avoiding continuous changes within a cadence in order to best assess impact of any set of actions.

Sources: CDC; American Enterprise Institute; Radio Prague International; CNN
Recap: Steps to move toward re-opening

**During "Stay Home, Stay Healthy" phase...**

**Develop plans**

All employers should develop their own "Safe Work Plan"
- Demonstrate can meet/exceed baseline recommendations
- Consider broad range of practices where feasible
- Tailor a phased-in approach
- Review support for high risk workers

**Communicate plans**

Plan should be communicated with the workforce as company policies typically are
- E.g., Email, physical posting, intranet, website

**Implement & monitor plans**

Plans should be made publicly available to promote shared responsibility by everyone
- E.g., visually displayed at visitor entrances

**Once in "New Normal"...**

Implementation and ongoing self-monitoring of Safe Work Plans

Remain prepared and ready for adjustments and/or more restrictive protocols as public health guidelines evolve

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All public health pre-requisites must be met before re-opening
Appendix: Employer resources to support vulnerable employees

**Washington State Resources**
- Washington Proclamation 20-46 “High-Risk Employees—Workers’ Rights” - [Link](#)
- Washington State Coronavirus Response (COVID-19) Website, Business & Workers page (Maintained by the state’s Joint Information Center) - [Link](#)
- Washington State Human Rights Commission, COVID-19 and Compliance with Non-Discrimination Laws - [Link](#)

**Federal Resources**
- White House Guidelines “Opening Up America Again” - [Link](#)
- Center for Disease Control
  - Guidance for stopping spread of coronavirus - [Link](#)
  - People Who Are at Higher Risk for Severe Illness - [Link](#)
- Federal Office of Disability Employment Policy - Job Accommodation Network
  - The ADA and managing reasonable accommodation requests from employees with disabilities in response to COVID-19 - [Link](#)
- Equal Employment Opportunity Commission
  - Pandemic preparedness in the workplace and the Americans with Disabilities Act - [Link](#)
  - What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws - [Link](#)
Example of assessing business disruption: Unemployment by activity and resulting implications for vulnerable workers

Unemployment claims as a percent of total pre-COVID employment, March 1st to April 11th 2020

Width of bars represents total pre-COVID-19 employment

Workers earning <$50K
- >75%
- 50-75%
- 25-50%
- <25%

Data as of April 11, 2020

Source: Department of Labor; Washington State Employment Security Department

This slide is part of a larger presentation and should be viewed within the ‘important context’ set forth on slides 1-2
Example of assessing transmission risk: Contact intensity by activity and resulting implications for vulnerable workers

Relative level of interpersonal 'contact intensity' (100 = touching/ 3ft)

Width of bars represents total pre-COVID-19 employment

Workers earning <$50K
- >75%
- 50-75%
- 25-50%
- <25%

Data as of April 11, 2020

Source: American Community Survey; St. Louis Fed; BCG analysis