

BACK TO BUSINESS



A JEWISH COMMUNITY GUIDE FOR REOPENING FACILITIES AND RESUMING OPERATIONS IN THE AGE OF COVID-19

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The Secure Community Network Was Formed Under the Auspices of:



The Jewish Federations®
OF NORTH AMERICA



CONFERENCE OF PRESIDENTS
of Major American Jewish Organizations

**This Guide Was Developed by:
The National Resumption of Operations &
Organizational Reopening Working Group**

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EXECUTIVE SUMMARY

States and localities have begun allowing for the reopening or partial reopening of certain businesses and institutions following closures caused by COVID-19, leaving Jewish institutions and facilities grappling with how and when to do so safely and responsibly. Because the top concern should be the health and safety of your community members, the most important fact to remember is this:

Just because it is legal or permitted to reopen does not mean you have to reopen immediately; organizations and facilities ought to make decisions based on a combination of factors, to include what they are prepared for and what is best for them—and with consideration given to the sentiment of their communities.

The decisions we make today will affect our communities for years to come. They cannot be made lightly, and actions should not be taken hastily. In addition to the health and safety concerns, we must always take into account Jewish values while making these decisions. While at times challenging, a careful, inclusive approach can strengthen the bonds of community and allow us to emerge stronger.

To address these challenges and in response to feedback as well as requests from key partners and stakeholders, the Secure Community Network (SCN) convened a Resumption of Operations and Organizational Reopening Working Group, made up of security directors, partners and subject matter experts from an array of disciplines. This working group has produced materials and documents to guide the Jewish community and other faith-based organizations as they reopen.

This virus is not going away anytime soon. Community leaders must understand that until vaccines and treatments for COVID-19 are widely available, infection will continue to spread. Local hot spots or increasing transmission rates could force communities to close suddenly or to take steps to reduce capacity shortly after increasing it. For that reason, reopening is not like flipping a switch. It is not a quick, one-time action. There may be multiple closures and reopenings of varying degrees until this pandemic is behind us. Even after vaccines exist, there are likely to be long-term changes in behavior that we need to recognize.

KEY GUIDANCE

- Each congregation or facility is different. No one else can decide for you when you are prepared to reopen, and understanding local restrictions and resources is key. You may feel pressure from public figures, neighboring organizations or congregants to reopen before you are ready. But your priority should be maximizing the safety and well-being of those who will enter your facility.
- Embrace pikuach nefesh. Protecting human life should remain the first priority. Other traditions, routines, services and programs can and should be modified or canceled if the health of the community could be at risk.
- Communicate clearly that health is the top concern, that a process is in place and that if a building is not yet open, it is not yet safe to open it. Recognize that many may feel uncomfortable returning, and take care not to pressure anyone to do so. Find ways to stay engaged and connected with members who are unable or uncomfortable returning.

THE SIX STAGES

When you are ready to reopen a facility, the reopening process ought to involve the following six stages, some of which may occur simultaneously:

1. **Decide When to Reopen.** It begins with careful coordination.
2. **Prepare Your Facility.** Inspect, clean, repair and repurpose.
3. **Bolster Your Security.** New threats and new procedures may require a new posture.
4. **Prepare Your People.** For workers and members, communication is key.
5. **Monitor Your Progress.** Things can change in an instant.
6. **Plan for the Next Incident.** The next one is coming.

For Jewish communities in particular, reopening safely amid the COVID-19 outbreak introduces **new security challenges** and is likely to require additional measures to protect against violent attacks.

WHAT THIS GUIDE IS—AND ISN'T

This guide is designed to help communities make difficult decisions as thoughtfully as possible, but as with any rapidly changing situation, the Working Group recognizes that no guide is complete. The Working Group endeavors to provide helpful tools, yet this guide is not a substitute for the guidance of public health officials. Each state, county and local government has specific rules and restrictions that must be evaluated as part of your reopening strategy.

“This isn't about going back to the way things were. It's about evolving to the way things will be. It is our hope that communities, organizations and facilities will be able to use this guide to develop plans unique to their own situations and to provide confident and inclusive leadership while strengthening their communities.”

— Michael Masters
National Director and CEO
Secure Community Network

LEARN MORE

For questions related to sanitizing processes and health precautions, as well as the effects, transmissibility and spread of COVID-19, the Working Group recommends consulting resources from the Centers for Disease Control and Prevention, which are regularly updated and include [this guide](#) for community and faith-based organizations.

THE WORKING GROUP: EXPERT PERSPECTIVE FROM ALL FIELDS

Following the outbreak of COVID-19, the Jewish community and its organizations took unprecedented steps to close facilities and buildings while finding ways—where possible—to maintain services and continue operations. In discussions to close facilities and transfer many operations virtually, safety and security professionals played a critical role, as did the concept of all-hazard planning. At the same time, questions began to arise of when and how to resume operations and reopen facilities—doing so in a manner that ensured safety and security, as well as health. As a result of requests from key partners and stakeholders, SCN convened a Resumption of Operations and Organizational Reopening Working Group, charged with identifying, discussing and recommending best practices to resume operations and reopen Jewish organizations and facilities across the country. SCN formed the group in partnership with members of the public, private, nonprofit and academic sectors, including public health experts and security professionals.

Amy Asin

Vice President—Strengthening Congregations, Union for Reform Judaism

Matthew E. Berger

Vice President for Strategic Action Programs and Communications, Hillel International

John Cohen

Senior Advisor—Global Threats, Argonne National Laboratory

Allen I. Fagin

Executive Vice President & Chief Professional Officer, Orthodox Union

William Flynn

Former Principal Deputy Assistant Secretary, Department of Homeland Security

Ari Friedman

Director of Security and Community Properties, Milwaukee Jewish Federation

Dr. Leonard Friedman

Professor and Director, Milken Institute School of Public Health at the George Washington University

Sue Gelsey

Chief Program Officer, Jewish Community Center Association of North America

Robert Graves

Regional Security Advisor—National Capital Region (NCR), Secure Community Network

Chad McGinty

Senior Director—Security Risk Management, Hillard Heintze

Brad Orsini

Senior National Security Advisor, Secure Community Network

Gary Sikorski

Director—Community-Wide Security, Jewish Federation of Metropolitan Detroit

Linda Solheim

Former Associate Director of Security Programs, Department of Homeland Security

Stephanie Viegas

Director of Community Security, Greater Miami Jewish Federation

Dan Walsh

Director—Security Risk Management, Hillard Heintze

Robert Wasserman

Senior Vice President—Law Enforcement Consulting, Hillard Heintze

Kaitlyn Weitzel

Emergency Preparedness Manager, Secure Community Network

Jeremy Yamin

Director—Communal Security, Combined Jewish Philanthropies

Moderators

Michael Masters

National Director and CEO, Secure Community Network

Patrick Daly

Principal Deputy Director & COO, Secure Community Network

HISTORY AND MISSION OF SECURE COMMUNITY NETWORK

The Secure Community Network (SCN), a nonprofit 501(c)(3), is the official safety and security organization of the Jewish community in North America. Founded in 2004 under the auspices of The Jewish Federations of North America and the Conference of Presidents of Major American Jewish Organizations, SCN works on behalf of 146 federations, the 50 largest Jewish nonprofit organizations in North America and over 300 independent communities as well as with other partners in the public, private, nonprofit and academic sectors to ensure the safety, security and resiliency of the Jewish people. SCN serves as the Jewish community's formal liaison with federal law enforcement and coordinates closely with federal, state and local law enforcement partners on safety and security issues related to the Jewish community; through the organization's Operations Center and Duty Desk, SCN analyzes intelligence and information, providing timely, credible threat and incident information to both law enforcement and community partners. SCN's team of law enforcement, homeland security and military professionals proactively works with communities and partners across North America to develop and implement strategic frameworks that enhance the safety and security of the Jewish people. This includes developing best practice policies, emergency plans and procedures; undertaking threat and vulnerability assessments of facilities; providing critical, real-world training and exercises to prepare for threats and hazards; offering consultation on safety and security matters; and providing response as well as crisis management support during critical incidents. SCN is dedicated to ensuring that Jewish organizations and communities, as well as life and culture, can not only exist safely and securely, but also flourish.

ALONG WITH CONSIDERATIONS AROUND SAFETY, SECURITY, HEALTH AND WELFARE, INSTITUTIONS SHOULD TAKE INTO ACCOUNT OUR JEWISH VALUES:

Pikuah Nefesh (“Safeguarding Life”): Supersedes most other obligations or mitzvot. Facilities and organizations must balance any efforts to reopen or resume operations with the obligation to preserve life.

Sakanat Nefeshot (“Endangering Life”): No one should be placed in a position where they may place their own lives or those of their families or loved ones in danger.

She’at Hadehak (“Extraordinary Moment”): We must remain flexible and adaptive to the times we find ourselves in; the Jewish people have shown amazing resiliency; this will be required now to ensure continuity of Jewish life.

Kol Yisrael Areivim Zeh Bazeh (“We Are Responsible for One Another”): We have an obligation to look out for one another, regardless of circumstance, status or perception.

Hesed (“Profound Love and Kindness”): With many people feeling anxious, lonely, distanced or at risk, we must be guided in our actions with these factors in mind.

Identify your team members. Designate certain team members as liaisons to public health authorities, law enforcement, fire, utilities, insurance, landlords and tenants, neighbors and membership/staff. Set reopening goals and timelines. Keep membership/staff informed.

STAGE I: DECIDE WHEN TO REOPEN

No one can make the decision to reopen for you. Just because a restaurant, office or even another Jewish facility has opened nearby does not necessarily mean your facility is prepared. Determining whether it is appropriate to reopen requires convening a team to analyze the situation and then launching preparations.

- **Identify your team members.** An institution should designate a lead reopening officer and form a Reopening Team that can inform the decision-making process from all relevant angles. At a minimum, the team would include the following, if applicable:
 - Chief operating officer
 - Human resources officer
 - Security lead
 - Facilities lead
 - IT lead
 - Legal counsel
 - Communications lead
 - Representative from tenants to whom you lease space

The Reopening Team leader should be a senior member of your professional staff who is well versed in your organization's activities. He or she should be empowered to either make final decisions or convene final decision-makers, such as board members or management, to offer recommendations.

Smaller organizations may form a reopening team of only two or three people. They may find it helpful to partner more closely with other organizations to share ideas and coordinate.

- **Assign a point person for public health. One of the Reopening Team members should be appointed to serve as a *public health liaison* to engage with external organizations and authorities.**

The public health liaison need not be a trained medical professional, but he or she should be prepared to engage with local health officials to ensure the organization is aware of best practices and recommendations as well as the specific operating requirements of the applicable state and local governmental agencies.

He or she should also monitor the health situation in the state, city or town. **Conditions will continue to change, and the Reopening Team should be prepared to adapt quickly.**

- **Assign point persons to maintain other external relationships.**
 - Your security lead should maintain relationships with local law enforcement.
 - Your facilities lead should maintain contact with the fire department and utilities, as well as landlords and any external vendors or tenants.
- **Assign a point person for communications.** One of these individuals should be designated as the **communications lead** to keep employees, congregants/members and the broader community regularly informed.
- **Understand the orders you are under. The Reopening Team should determine which orders the facilities are currently subject to and when they expire or evolve—and these should be reverified daily.**
 - Larger institutions may be subject to varying restrictions. For example, a JCC may house a gym that is required to be closed and also a child care facility that is allowed to be open subject to specific health practices.
 - Orders change quickly and, in some cases, will be contradictory. Outside legal counsel may be helpful in addressing compliance concerns.
 - When in doubt about seemingly contradictory orders, it is safest to follow the stricter orders.
 - Orders may come from federal, state or local authorities, or through other entities, such as a property management company, the university or district in which the facility operates, the local Jewish federation or a parent organization.

REMEMBER: “Allowed to open” does not equal “ready to open.”

- **Understand what your neighbors are doing.** Identify similarly situated organizations in the area with which you can exchange information and collaborate and coordinate.
 - Keep in mind that no two organizations will face the same factors.
 - **It is wise to collaborate but risky to copy.**
 - If other institutions have begun opening before you, learn from their successes and avoid their mistakes.
 - You may find it helpful to coordinate steps and announcements with nearby or partner organizations to avoid any pressure caused by reopening at different times.
- **Define your recovery goals.** Identify which facilities, events and operations you want to reopen in the initial stages, consistent with local guidelines and the ability to implement health and security protocols. Shape your plan around these goals. You may find it helpful to set up goals for a phased reopening. The Reopening Team should consider the following:
 - What operations are critical or most urgent to restore first?
 - What operations are you least able to replicate through a virtual environment?
 - What operations can you most safely restore first?
 - In what order will you re-establish the remaining functions?
 - What will be your stages and timing to increase those?
 - What will be your steps for closing if there is a resurgence of the virus?
- **Examine adjusting your insurance coverage.** Contact your insurance carrier prior to reopening to understand your potential liability and to limit exposure if someone contracts COVID-19—or believes transmission occurred—at your facility.
- **Announce the team to the organization.** Just communicating that a team is working toward reopening, even if specific dates are not yet ready to share, will help assuage concerns among community members. The communication should be clear and concise. It should say that the organization is doing everything possible to keep members safe and healthy and that you will follow best practices from credible public health and security officials. It should indicate who will be able to respond to questions or concerns from community members.

Inspect your facility and conduct necessary maintenance and repair activities. Have the facility cleaned and disinfected, and set up enhanced cleaning protocols. Create spaces that naturally allow social distancing. Implement social distancing protocols such as separate entrance and exit points and limited bathroom occupancy.

Place signage announcing new protocols. Restrict or close common spaces (food preparation, dining, coat closets). Keep the membership/staff informed.

STAGE 2: PREPARE YOUR FACILITY

In addition to making sure that your facility's infrastructure is functional, routine maintenance is complete and buildings are cleaned, you must make adjustments that will prevent the spread of COVID-19 on your premises.

- **Inspect the facility and make repairs as needed.** If a facility has been unoccupied, routine maintenance may have been deferred. Ensure everything is operational before bringing people back into the building.
 - Complete all routine maintenance for the areas that will be occupied.
 - Evaluate HVAC, plumbing and IT infrastructure to ensure it is fully operational after sitting idle.
 - Consider exploring additional HVAC filters, and consult this [EPA resource](#) for more information.
- **Clean and disinfect the facility, hiring a specialized team if needed.** If the facility has been fully closed, it will likely need a deep cleaning. To allay concerns of members, facility surfaces should be disinfected before reopening—a fact that should be widely communicated—especially if individuals have entered the facility since the initial shutdown.
- **Set up enhanced regular cleaning protocols.** Your facility will need to be cleaned more regularly, and perhaps more intensely, once people return. Use proper disinfectants on all surfaces with which people will come into contact.
 - Determine whether additional cleaning services will be needed.
 - Determine if operating hours will need to be adjusted to accommodate extra cleaning at the end of the day and/or during the day.
 - Consider forming a volunteer cleaning team, taking care not to include any high-risk individuals.

Read the CDC and EPA's guide to cleaning processes [here](#).

WHAT TO DO ABOUT ELEVATORS

Elevators present a unique challenge. They may be essential to navigating your facility. But they present the risks associated with confined spaces.



Limit elevator occupancy to one person or one family unit from the same household—or two people if they can keep six feet apart. Disinfect buttons hourly. Encourage the use of stairs, and give elevator priority to disabled individuals.

This is just one of the many types of seemingly small but potentially consequential questions the Reopening Team will need to address.

□ **Manage venue rentals and event reservations.**

- Continue to follow local guidance regarding the maximum number of people allowed to congregate. If an event is expected to exceed that number, work with the organizer to cancel the event.
- Develop a reservation system to cap the number of participants to a manageable level.
- Consider holding similar events at multiple opportunities to limit crowds.
- If an event is to be held in a space that is ill equipped for social distancing or sanitization, work with the organizer to cancel or relocate the event.

□ **Create space to permit social distancing.**

- Remove or limit seating to allow individuals to sit six feet apart, especially if face coverings will not be worn.
- This includes drop-off and pick-up spaces for day schools, preschools and child care facilities.

□ **Specify access points and modify entries and exits.**

- Having a separate entrance and exit to buildings and rooms, where feasible, will limit the possibility of exposure.
- Similar to procedures in many shops and stores, try limiting movement in a space to one direction.
- Take into account fire safety laws and regulations if changing or altering exits and entrances.
- If providing sanitizer or instituting screening, specify which entrances are to be used.

STAGE 2: PREPARE YOUR FACILITY

- **Limit touch points.**
 - If a door can be opened by other means—a sensor or device that enables the use of a foot or forearm—encourage that. **Do not prop doors open under any circumstances.**
 - Discontinue the use of communal coat racks or closets.
 - Disinfect high traffic door handles as frequently as possible.
 - Discontinue the use of all shared items such as prayer books and yarmulkes.
 - Rethink access control points while maintaining security and locked doors.
- **Understand landlord restrictions.** Does your landlord impose certain restrictions on timing or reopening protocols? If your institution operates in a leased facility, communicate clearly with your landlord, especially if there are other tenants in your facility.
- **Coordinate with tenants.** If you own your facility but allow other organizations to use or lease it, you will need to inform them about how your decisions will affect their operations—and what protocols they will be expected to follow.
- **Establish boundaries within the facility if only certain parts are to be reopened.** Lock or restrict unused spaces to limit the need for additional disinfection.
- **Restrict or discontinue the use of common food preparation and service facilities.** Food preparation and shared kitchen spaces can increase the chances of transmission. Keep them closed or restrict their use as much as possible. For more on safe food preparation, see the CDC’s resource [“Food Safety and Coronavirus Disease 2019.”](#)
- **Identify any needs for temporary facilities.** Existing facilities may not allow for appropriate social distancing, or local authorities may require space for a “quarantine zone,” necessitating temporary buildings or the reconfiguration of existing spaces to allow for appropriate social distancing (e.g., turning multipurpose rooms into classrooms).



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PLEASE FOLLOW GUIDELINES



Please wash your hands for at least 20 seconds



Please cover your face

- ❑ **Put up signs to explain movement patterns, social distancing requirements and health protocols.**
 - It will be difficult to change old routines. Large, clear signage will be needed.
 - In spaces frequented by children, reminders on hand-washing may be helpful.
 - Consider signage explaining that entering any shared facility anywhere presents a risk of COVID-19 exposure.
- ❑ **Place hand sanitizer throughout the facility.** Not only does this help keep hands clean, it is also a visible signal that cleanliness and sanitization are taken seriously.

STAGE 2: PREPARE YOUR FACILITY

- **Implement bathroom occupancy limits and strict cleaning schedules.**
 - Determine how many individuals can use a given bathroom while maintaining six feet of social distancing and set that as the new occupancy limit.
 - Disinfect bathroom surfaces, especially handles, regularly and in accordance with advice from local public health and/or medical professionals. Most guidance recommends cleaning at least every two hours and every 30 minutes for high-use areas.
 - Ensure paper towels are restocked regularly and place trash containers on both the inside and outside of doors to allow people to use towels to open doors and then dispose of the towels.
 - When possible, discourage the use of bathroom facilities altogether.
 - Keep cleaning schedules and logs updated and visible.

- **If considering outdoor services or events, make special preparations.** Due to space constraints or local restrictions, some organizations may opt to move activities outside. While this may reduce the chances of COVID-19 transmission, it does present other challenges that must be considered beforehand.
 - Ensure holding an outdoor event complies with local law and restrictions.
 - Determine whether you have the capacity to provide necessary security. Key security considerations include perimeter surveillance, traffic control, line-of-sight awareness, access controls, credentialing and physical protection.
 - Publicize outdoor events only on a need-to-know basis so as not to attract unwanted attention.
 - Have plans for severe weather, medical emergencies and active threats.

LEARN MORE

Additional checklists for facilities can be found in Cushman and Wakefield's ["Recovery Readiness: A How-To Guide for Reopening your Workplace."](#)

STAGE 3: BOLSTER YOUR SECURITY

Over the past several years, Jewish communities have experienced unspeakable acts of violence and been subjected to endless threats. The current environment has given rise to new threats from white supremacists, neo-Nazis, Islamist extremists and conspiracy theorists. Internet postings and leaflets blame Israel and Jews for the creation and spread of the coronavirus, with such thinking now fueling plots by extremists to attack Jewish community organizations. **As we return to our facilities, we should be prepared for new and growing threats and renew our planning and vigilance to ensure the safety of the community.**

It is imperative that we adhere to and even enhance previously implemented and established security protocols, working to ensure and emphasize a culture of awareness, preparedness and security for each facility. We cannot afford to go backward on security measures in spite of this pandemic.

- **Update—or make—your security plan. All organizations should have a security plan in place.**
 - If you do not have a current security plan, you can obtain assistance in reviewing your security posture from your local Jewish community security director, SCN or your local law enforcement agency.
 - **If you already have a security plan, update it to reflect the changes in your operations.**

Ensure that the security plan provides guidance in the event a staff member, congregant or visitor refuses to comply with safety requirements such as face coverings, social distancing or other precautions.

For all new policies, be sure to take the following steps:

- Post signage for all new health and security protocols.
 - Train people to understand the policies.
 - Have a method of enforcing those policies, such as security personnel with an understanding of trespassing laws.
 - Identify a process for notifying authorities in the event of a trespasser.
- **Identify new threats and risks.** Scapegoating of our community may result in targeted violence toward individuals, organizations and your facility. Keep in mind that your reopening may grab the attention of potential bad actors.
 - Make sure your security plan reflects the types of threats Jewish organizations are facing nationwide.
 - Identify any emerging threats specific to your region.
 - Stay alert to suspicious activities.
 - Be prepared with policies and procedures in the event an individual resists following new requirements.
 - If moving events outside, ensure you have appropriate security measures in place. Key security considerations include perimeter surveillance, traffic control, line-of-sight awareness, access controls, credentialing and physical protection.

Update your security plans to include new operating procedures. Identify new threats and risks. Ensure new procedures do not compromise your security posture. Coordinate with local law enforcement. Ensure you have the security budget you need to safely reopen. Hire and train new security staff, if needed, before reopening. Keep the membership/staff informed.

STAGE 3: BOLSTER YOUR SECURITY

- **Alert local law enforcement.** Your security lead should already be in communication with local law enforcement.

Law enforcement needs to be aware of new developments:

- Timing of your reopening.
- New security threats to your facility specifically and Jewish institutions generally.
- Changes to your security plan or operating procedures.
- Other concerns where you need their input or advice.

Law enforcement should also provide you with relevant information.

- Ask them about any crime trends in your area, including hate/bias crimes, while you were closed.
- Ask them to visit the facility with you and to increase their frequency of patrols in your area if feasible.

- **Test your alarm and panic systems in coordination with law enforcement.** Conduct all testing before reopening.

- **Ensure new screening processes do not compromise security.** Temperature checks (if implemented), hand sanitizer or hand-washing stations, PPE distribution or limited access points could all create new security risks. They could cause “traffic jams,” create opportunities for intruders to enter or block emergency exits.

- **Assess security budget constraints. Limited revenue could strain an organization’s budget.**

- Security costs should always be an essential part of any budget.
- If you have to cut back on security due to budget constraints, consider limiting facility access when security cannot be provided but previously would have been.
- New threats may create new security costs.

Students, members and others may display concerning behavior from the stresses of adapting to new routines or from the residual stress from the shutdown period. [The U.S. Secret Service National Threat Assessment Center](#) has reported schools see a spike of disciplinary and other incidents when students return at the beginning of the fall semester and again when they return from the winter break.

- **Hire new staff as needed.**
 - If you previously had limited or no security staff, consider the feasibility of adding security personnel if you have adequate resources.
 - It is not recommended that trained security personnel take on health-related screenings or tasks; their focus should remain on the security of the facility, preventing unauthorized access and deterring violent actions.

- **Be aware of ongoing efforts to infiltrate, attack and undermine your organization/facility through cyber.**

LEARN MORE

Hillard Heintze, a major security consulting firm, has made additional security and safety considerations available on its website, [Critical Security Risk Guidelines for COVID-19 Recovery and Reopening](#). Review these for applicability to your circumstances.

STAGE 4: PREPARE YOUR PEOPLE

Embrace Jewish values. Determine who is allowed to return and when. Stagger returns. Prohibit at-risk individuals as needed. Give staff the alternatives they need. Train staff and members on new procedures. Inform the membership/staff of your progress so far, including all new protocols, policies and procedures that affect their return.

- **Determine who is allowed to return and when.**
 - Bring back staff first to ensure the facility can operate before welcoming back members.
 - Determine at what percentage capacity you can operate safely, and limit entry accordingly. This will be based primarily on space for social distancing and ability to sanitize facilities.
 - Prioritize access for members and regular attendees before outside guests, venue renters, etc., to protect a sense of community.
 - Remind members or guests that their access may be limited because of restrictions on certain facilities (gyms, day cares, kitchens or pools, for example).
- **Stagger all returns. Larger organizations will find it easier to return people in stages.**
 - Bring back the most essential operations and facilities first.
 - After the first phase of return, identify issues that can be handled better for the next phase.
- **Prohibit at-risk and high-risk individuals.**
 - This includes individuals who are more likely to contract COVID-19 or to suffer severe symptoms. For a list of these at-risk groups, visit the [CDC website](#) or see Appendix 2.
 - This also includes individuals who are more likely to have been exposed to the virus and be carriers, such as people who have traveled from hot spots, who live with a COVID-19 patient, who work in a hospital treating COVID-19 patients or live with someone who does.

For a list of groups that the CDC has identified as high risk, visit the [CDC website](#) or see Appendix 2.

- **Give staff the alternatives they need.** Some staff may have adapted well to remote work or prefer it, assessing that they are more productive or have a better work-life balance. Others may see coming back to an office as unnecessary or still too risky.
 - Whenever possible, offer staff flexibility. If they can complete their jobs off-site, continue to allow them to do so, as this can also reduce on-site risks.
 - Provide more flexibility in scheduling on-site staff when possible.
 - Work with staff who must take public transportation—either to allow them to work remotely or to take added precautions to reduce exposure in transit.
 - With schools closed and summer child care limited, provide parents with additional flexibility.
 - Adjust sick leave, paid leave and other leave arrangements.

- **Prepare training procedures for reopening.**
 - Provide written training and clearly communicate protocols to staff, volunteers, parents and congregants.
 - Provide in-person training as needed for on-site personnel, specifically in the areas of hand-washing, face coverings, social distancing and group size.
 - Form a volunteer usher team to help people entering the facility comply with protocols.

WHAT IF AN EMPLOYEE REFUSES TO COME TO WORK?

State labor laws vary widely. Work with Human Resources and legal counsel and consult your federal, state and local labor laws to understand your options.

WHAT IF AN EMPLOYEE OR MEMBER REFUSES TO WEAR A PROTECTIVE FACE COVERING?

Organizations need to develop de-escalation strategies for members who refuse to follow established guidelines. Guidelines should be posted at access points as a reference point to emphasize the new procedures. This will help de-escalate if there is an issue. Employees or volunteers can simply refer to those guidelines as the new rules, without personalizing the issue with any one member or congregant. Be sure to consult legal counsel.

DEVELOPING A COMMUNICATIONS PLAN

A simple miscommunication could have serious consequences in these circumstances. Two-way communication will be necessary for an effective implementation of the recovery plan.

Preparing a communications plan to inform all stakeholders is essential.

- Provide one email address to which concerns or questions can be sent.
- Create internal communication channels and plans to address concerns from employees.
- Designate a single location where the most up-to-date information can be found, such as a webpage, Facebook page or Twitter account.
- Develop and distribute a FAQ—for staff, parents, members and other specific groups.
- Provide regular updates via email, and communicate when those updates can be expected.
- Post signage throughout the facility.

Among those key pieces of information to be shared with the congregants, members and others are:

- Affirmation that the safety and security of people is paramount.
- The status of the facility, including new or changed operating hours.
- The new safety measures that have been put in place.
- Any individual requirements to be met for persons to return to the facility.

Be sure to share operating status with local media and other websites that track this information, such as Google Maps, Apple Maps and Yelp.

- **Understand (un)feasibility of screening methods.**
 - If the Reopening Team opts to institute temperature checks for staff, do so in a way that protects their privacy.
 - Prioritize temperature checks, if implemented, for staff who are returning after an illness or self-isolation after known exposure.
 - For gatherings, consider other screening processes such as health questionnaires, travel questionnaires or doctors' notes for those returning from illnesses.
- **Prepare social distancing protocols.** Public health officials continue to recommend social distancing in shared spaces. Refer to the [CDC website](#) for current recommendations and guidelines.
 - Communicate to staff and members how social distancing will be facilitated and enforced.
 - Communicate the consequence of noncompliance (loss of gym privileges, for example).

- **Acquire PPE for staff if requiring use.** Public health officials continue to recommend the use of face coverings in spaces where social distancing is not possible.
 - If requiring the use of face coverings—or gloves, face shields or other equipment—for staff, it is advisable to provide that equipment to them.
 - If you can neither ensure social distancing nor provide PPE, particularly face coverings, to staff, it is not advisable to require staff to work on-site.
 - Consider making required PPE available, perhaps for purchase, for guests and visitors who arrive without it.
- **Restrict staff travel.**
 - Ask staff to travel for work only if the travel is essential.
 - If asking staff to conduct essential travel, provide guidance on sanitizing hotel rooms, encourage the use of personal (rather than rental) cars and require in-room dining or takeout, rather than eating in a restaurant.
 - Ban nonessential staff travel.
- **Provide staff with additional resources.**
 - Check with your insurance provider about employee assistance resource programs (see below) and other mental health services.
 - Resources should address possible strain within the organization caused by differing expectations and work arrangements.
 - Continue providing telehealth alternatives if already offering them.
 - Conduct regular staff check-ins and create opportunities for concerns to be raised.

COVERING YOUR FACES AND YOUR BASES

Taking steps to facilitate social distancing is critical, but ensuring six feet of distance between people in your facility will not always be possible.

Requiring the use of face coverings provides an added layer of protection; it also sends a visible signal that we are all “in this together” and looking out for one another.

TOP CONSIDERATIONS: HAND-WASHING, FACE COVERINGS, GROUP SIZES AND SOCIAL DISTANCING

Consult CDC resources for best practices related to hand-washing, face coverings, group sizes and social distancing. Keep in mind these recommended practices could change. State and local authorities may also impose limitations on group sizes, which could change on short notice.

STAGE 4: PREPARE YOUR PEOPLE

- **Review roles and responsibilities.** Because of shifting demands and resources, some staff may be underutilized while some are overwhelmed.
 - Identify new responsibilities.
 - Identify old responsibilities that are not needed in the current environment.
 - Reposition staff or shift responsibilities to ensure all needs are met.
 - It is not recommended that trained security personnel take on health-related screenings or tasks; their focus should remain on the security of the facility, preventing unauthorized access and deterring violent actions.

- **Prepare for complicated personnel issues.**
 - Ensure Human Resources staff understand the latest paid sick leave and Family and Medical Leave Act requirements.
 - Human Resources personnel should be prepared to address difficult situations such as an unwillingness to return to work, an inability to find child care, elder care challenges, public transportation difficulties, workplace interactions, refusal to return to work or general anxiety.

- **Prepare for contact tracing.** If someone who tests positive for COVID-19 has been in your facility within the previous 14 days, you may be asked to provide information on who was in the facility at that time.
 - Keep records of staff arrivals and departures.
 - When groups meet in the facility, ask them to record attendance to the extent possible and maintain those records.
 - Release this information only after consultation with appropriate health authorities and legal counsel.

- **Stay connected with those unable or uncomfortable to be in the physical space.** Some members will not feel comfortable being in shared spaces or for medical reasons will need to remain at home. To serve them, continue making resources and gatherings accessible online whenever feasible.

- **Embrace *pikuach nefesh*.**
 - Protecting human life should remain the first priority.
 - Other traditions, routines, services and programs can and should be modified or canceled if the health of the community could be at risk.

PSYCHOLOGICAL PRESSURES

Do not underestimate the psychological pressures and anxieties that come with reopening your facilities. Going out in public, including to your facilities, may create significant stress for some community members. This is true for employees, volunteers and congregants.

Reopening may prompt fear, anxiety, distrust, sadness, anger and self-consciousness. Compounding these feelings is the fact that a space that once provided comfort—through prayer, entertainment, education or service—may have the opposite effect. Some may find that they feel stuck between feeling safe and isolated at home and feeling unsafe and social in the community.

Others, however, may take a cavalier attitude toward recommended health practice, which could exacerbate concerns and create tensions within the community.

These complicated factors underscore the need for careful, clear communication as well as patience and a call for mutual understanding and support.

EMPLOYEE ASSISTANCE AND RESOURCE PROGRAMS

Employee assistance and resource programs (EAPs) offer support to assist staff in adapting to changes. Contact your health insurance carrier and inquire about whether you have access to an EAP. If so, you may be able to provide mental health benefits to your staff or employees.

STAFF CHECK-INS

You may want to consider having your organizational leadership follow up with staff members individually to ensure they all are aware of their access to EAP resources and to remove any potential stigma from using them. At least one initial contact and a follow-up meeting with each staff member within the first 30 days after reopening your facility or organization is a recommended best practice.

Check in with staff and membership regularly. Compare your progress with similar institutions to learn best practices but do not let their timetable speed up yours.

Monitor local, state and national public health trends. Monitor local, state and federal changes in restrictions. Stay alert for reports of infection in your community. Inform the membership/staff of your progress and any changes in your situation.

STAGE 5: MONITOR YOUR PROGRESS

- ❑ **Continue checking in with staff.** Schedule regular staff meetings to address any issues that arise as the facility reopens. Continue individual or small-group staff check-ins for at least the first few months as well. This will not be a quick or easy process. Check-ins should be used to solicit feedback, listen to concerns and suggestions, and maintain open lines of communication.
- ❑ **Compare your progress with that of other local institutions.** This includes Jewish institutions, other communities of faith, public and private schools, recreation centers and similar facilities.
 - How far along are they in the reopening process?
 - What successful protocols could you adopt?
 - Have any faced instances of COVID-19 exposure or transmission on their premises, and how did they handle it?
- ❑ **Complete a formal review of your process and procedures after the first week and then at least monthly thereafter.**
- ❑ **Monitor local, state and national trends.** If a spike in cases or deaths occurs nationally, statewide or locally, you may be asked to modify your operations on short notice.
 - The *New York Times* provides an interactive tracker of COVID-19 data: [Coronavirus in the U.S.: Latest Map and Case Count](#).
 - Follow updates from your local public health authority.

- **Monitor local, state and national changes in restrictions.**
- **Stay alert to reports in your community of infection.** Especially in smaller communities, information on local outbreaks may not be widely available. Potential sources of information include:
 - Local hospital.
 - Local public health official.
 - Local newspaper.

Identify what types of events or data would cause you to adjust your reopening protocols, and track that information closely.

See Appendix 3 for links to SCN's guide to "Low Cost or No Cost" security steps and SCN's "Emergency Operations Plan" template.

Carefully document your actions through the process so you can learn from them.

Identify what you will do differently if you have to shut down again. Utilize lessons learned to write a plan for the next time you have to shut down. Review and update your plan regularly. Inform the membership/staff of your plan for the next shutdown and reopening.

STAGE 6: PREPARE FOR THE NEXT INCIDENT

Health experts warn of a possible “second wave” of the virus, possibly in fall 2020. Certain regions might become hotspots before the virus is fully contained.

Even as you work to reopen, you must plan for the need to close down again. In addition, you should be prepared for other incidents and emergencies that require a quick and coordinated response.

- **Carefully document your actions throughout the reopening process.** This will be useful for future incident planning.
- **Note what has worked well and worked poorly.** Learning from this experience will make future decision-making easier. The Reopening Team should discuss the following:
 - What did we do well?
 - What could we have done better?
 - If something went wrong, why did that happen?
 - Was it in our control?
 - Could it be fixed by training or education?
- **Evaluate what you wish you could have done differently during the initial shutdown.** Many facilities were required to lock down with little notice. With the benefit of additional planning, you can have a smoother process if asked to shut down in the future.
- **Plan for a future public health-related shutdown.** Having a plan in place will save you from making last-minute decisions that could be costly or dangerous.

- **Evaluate and update your emergency operations plan at regular intervals.** With circumstances changing rapidly, an emergency operations plan could quickly become outdated. Implement a systematic approach to keeping it up to date.
- **Prepare for a situation where you may be out of your facility for an even longer period of time.** While this lockdown was unprecedented, the continued spread of this virus and its unpredictable effects mean that additional lockdowns of longer duration are conceivable.

“Even if we get better control over the summer months, it is likely that there will be virus somewhere on this planet that will eventually get back to us.”

— Dr. Anthony Fauci,
Director of the National Institute of Allergy and Infectious Diseases, May 2020

APPENDIX I: SIMPLIFIED CHECKLIST

I. DECIDE WHEN TO REOPEN

- Identify your team members.
- Assign a point person for public health.
- Assign point persons to maintain other external relationships.
- Assign a point person for communications.
- Understand the orders you are under.
- Understand what your neighbors are doing.
- Define your recovery goals.
- Examine adjusting your insurance coverage.
- Announce the team to the organization.

2. PREPARE YOUR FACILITY

- Inspect the facility and make repairs as needed.
- Clean and disinfect the facility, hiring a specialized team if needed.
- Set up enhanced regular cleaning protocols.
- Manage venue rentals and event reservations.
- Create space to permit social distancing.
- Specify access points and modify entries and exits.
- Limit touch points.
- Understand landlord restrictions.
- Coordinate with tenants.
- Establish boundaries within the facility if only certain parts are to be reopened.
- Restrict the use of common food preparation and service facilities.
- Identify any needs for temporary facilities.
- Put up signs to explain movement patterns, social distancing requirements and health protocols.
- Place hand sanitizer throughout the facility.
- Implement bathroom occupancy limits and strict cleaning schedules.
- If considering outdoor services or events, make special preparations.

3. BOLSTER YOUR SECURITY

- Update—or make—your security plan.
- Identify new threats and risks.
- Alert local law enforcement.
- Test your alarm and panic systems in coordination with law enforcement.
- Ensure new screening processes do not compromise security.
- Assess security budget constraints.
- Hire new staff as needed.

4. PREPARE YOUR PEOPLE

- Determine who is allowed to return and when.
- Stagger all returns.
- Prohibit at-risk and high-risk individuals.
- Give staff the alternatives they need.
- Prepare training procedures for reopening.
- Understand (un)feasibility of screening methods.
- Prepare social distancing protocols.
- Acquire PPE for staff if requiring use.
- Restrict staff travel.
- Provide staff with additional resources.
- Review roles and responsibilities.
- Prepare for complicated personnel issues.
- Prepare for contact tracing.
- Stay connected with those unable or uncomfortable to be in the physical space.
- Embrace *pikuach nefesh*.

5. MONITOR YOUR PROGRESS

- Continue checking in with staff.
- Compare your progress with that of other local institutions.
- Complete a formal review of your process and procedures after the first week and then at least monthly thereafter.
- Monitor local, state and national trends.
- Monitor local, state and national changes in restrictions.
- Stay alert to reports in your community of infection.

6. PREPARE FOR THE NEXT INCIDENT

- Carefully document your actions throughout the reopening process.
- Note what has worked well and worked poorly.
- Evaluate what you wish you could have done differently during the initial shutdown.
- Plan for a future public health-related shutdown.
- Evaluate and update your emergency operations plan at regular intervals.
- Prepare for a situation where you may be out of your facility for an even longer period of time.

APPENDIX 2: UNDERLYING MEDICAL CONDITIONS THAT MAY INCREASE THE RISK OF COVID-19

The CDC has identified the list of medical conditions below as increasing a person's risk of severe illness from novel coronavirus/COVID-19. Organizations serving persons with these conditions should consider extra measures to protect them from infection.

- Blood disorders (e.g., sickle cell disease or on blood thinners)
- Chronic kidney disease as defined by a doctor. Patient has been told to avoid or reduce the dose of medications because of kidney disease, or is under treatment for kidney disease, including receiving dialysis.
- Chronic liver disease as defined by a 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, having HIV or AIDS)
- Current pregnancy or recently postpartum (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 neurodevelopment 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)

Source: Centers for Disease Control and Prevention

For more information, visit, "[People Who Are at Increased Risk for Severe Illness.](#)"

APPENDIX 3: ADDITIONAL RESOURCES

Since the COVID-19 pandemic began, the SCN has released multiple pieces of guidance on matters ranging from closing facilities and addressing cyber issues to working to ensure the preservation of essential operations throughout the community. This has included convening biweekly calls with the national network of Jewish community security directors.

Communities may find the following additional resources helpful:

- American Camp Association: [“Camp Operations Guide Summer 2020”](#)
- Cushman & Wakefield: [“Recovery Readiness”](#)
- Equal Employment Opportunity Commission: [“Pandemic Preparedness in the Workplace and the Americans with Disabilities Act”](#)
- Federal Emergency Management Agency (FEMA): [“Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemic”](#)
- Orthodox Union: [“Guidance to Shuls and Communities on Reopening”](#)
- Rabbinical Assembly: [“Jewish Values Regarding Physical Reopening of Our Institutions”](#)
- [SCN Emergency Operations Plan Template](#)
- [SCN: Low-Cost/No-Cost Security Measures for Jewish Facilities](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Child Care Programs During the COVID-19 Pandemic”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“COVID-19 Community Resource Page”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Food Safety and Coronavirus Disease 2019”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Interim Guidance for Communities of Faith”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Schools During the COVID-19 Pandemic”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Workplaces During the COVID-19 Pandemic”](#)
- U.S. Centers for Disease Control and Prevention (CDC): [“Youth Programs and Camps During the COVID-19 Pandemic”](#)
- U.S. Department of Health and Human Services: [“COVID-19: Recommended Preventative Practices and FAQs for Faith-based and Community Leaders”](#)

DISCLAIMERS

This document was developed by the Secure Community Network (SCN), as the official safety and security organization of the Jewish community of North America, in coordination and consultation with partners in the public, private, nonprofit and academic sectors. It is intended to assist organizations, facilities and leadership in safely reopening after being closed for an extended period of time due to COVID-19. When part of a comprehensive strategic framework, this document can assist in ensuring that facilities, organizations and our community are able to recover from the current pandemic and prepare for future pandemics.

This document represents a compilation of existing health, safety and security best practices, considerations and information intended to assist organizations with general safety and security planning guidance and basic safety and security considerations. It is not intended to provide comprehensive, organization-specific advice or policy guidance on safety and security matters, nor is it meant to replace the advice of a health professional, security professional or legal counsel. For comprehensive, organization-specific safety and security advice and recommendations, a health, safety and/or security professional should be consulted. SCN specifically disclaims any and all responsibility for, and is not responsible for, any loss or damage arising out of the use, nonuse or misuse of this information.