

Reconstitution: Reopening After Coronavirus FAQ

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FEMA National Continuity Programs (NCP) sponsored regional webinars to share information about best practices for the reconstitution of operations, based on the Fact Sheet [“Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemic,”](#) to enable organizations to return to normal following coronavirus (COVID-19) social distancing requirements. This document includes responses to frequently asked questions raised during the webinars.

1. What are the criteria to make the decision to reconstitute?

There are no specific criteria outside of the guidelines set by state and local public health departments and the [“White House Guidelines for Opening Up America Again”](#). Organizations should reconstitute in a way that supports essential functions while also considering the health and safety of employees, customers, communities, and stakeholders. The CDC created a number of [decision tools](#) to help organizations make decisions on how and when to open. FEMA developed an [Exercise Starter Kit](#) to help organizations and government agencies facilitate workshops on resuming operations based on reconstitution planning principles and the [“White House Guidelines for Opening Up America Again.”](#) The kit provides organizations with planning considerations and discussion questions to help facilitate internal conversations to navigate the complexities of reconstituting operations during COVID-19.

2. What are some recommendations as to who should be the reconstitution manager?

While continuity program managers are focused on current continuity operations and the performance of essential functions, the reconstitution manager should focus on planning and managing the recovery of the organization, including human resources, facilities, personnel, and systems. The reconstitution manager should have institutional knowledge, planning experience and be resourceful with



their engagement with internal and external stakeholders. The reconstitution manager should also be familiar with the organization's essential functions and able to discuss priorities and instituting a phased approach to reconstituting with leadership.

3. Is there a reconstitution plan template available in the Continuity Resource Toolkit?

Yes, there is a reconstitution plan template on the [NCP Continuity Resource Toolkit](#). The toolkit is a repository for continuity guidance, tools, templates, exercises and training. As FEMA creates additional reconstitution and continuity resources, they will be posted on the Continuity Resource Toolkit.

4. Should the pandemic/reconstitution plan language be different from the continuity plan?

It is up to each organization how the continuity plan and associated plans are organized. The [Continuity Resource Toolkit has a Continuity Plan Template For Non-Federal Entities and Community-Based Organizations](#) to assist organizations with drafting a continuity plan that addresses all emergencies. Reconstitution is a section within this plan template, while the pandemic plan would be considered a separate, but coordinated, annex or plan.

5. What testing protocol can we expect?

Organizations should check with state and local public health departments about testing protocols and requirements. The CDC website also has information on [testing for COVID-19](#).

6. Is there a suggested time interval in a phased reconstitution plan such as 20 percent increments every two weeks?

There is no suggested time interval between phases of reopening. Based on what we know about virus ability to remain dormant for 14 days, some organizations are using 14 days as a benchmark. However, 14 days may not be feasible for all organizations, which is why the example of one-, three-, or seven-day phases was used in the webinar. There is no one model that that would help every organization. Every organization is different and should do what works best for them based on their essential functions, state and local public health guidelines,



and gubernatorial guidance on phase or occupancy requirements for reopening.

7. Should we consider special accommodations for staff who have a spouse/family member working directly with COVID-19 patients in a healthcare setting? Should these staff return to the office during initial phases?

Yes, consider workforce flexibilities and special accommodations for individuals who have a spouse/family member working in a healthcare setting working directly with COVID-19 patients. Organizations should review essential functions and communicate with employees to determine risks, vulnerabilities, and/or special accommodations. Organizations should seek to meet those accommodations as much as is feasible. For those employees with a spouse or family member working in a healthcare setting, CDC has a [library of Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#), that includes information for [vulnerable populations](#) (such as those at higher risk for severe illness) or those may have contracted or been exposed to the virus. Employees who feel they have been exposed to or are presenting [symptoms of COVID-19](#) should remain home and follow state and local public health guidelines about returning to work. Human resource policies should also be consistent with existing state and federal workplace laws.

8. What are considerations for employees who may be asymptomatic?

There is potential for employees who are COVID-19 positive to be asymptomatic. It is important to promote awareness of the symptoms and implement measures to prevent the spread of the virus. Socially distance your employees and customers as best as possible, encourage personal hygiene (i.e., wash hands, do not touch face), ask employees to wear [cloth face coverings](#), maintain a [clean workplace](#) (i.e., disinfect workspaces regularly), do not allow employees to congregate, and encourage high-risk employees to stay home. The CDC has additional guidelines on ways to [prevent getting sick](#).

9. How do we address an employee who refuses to return to work out of fear?

Managers should work closely with human resources to communicate with staff about requirements for returning to work and any special accommodations for those employees that cannot or will not return to work. Part of the reconstitution plan should include plans for continuing essential functions should the organization experience high absenteeism regardless of the reason.



Additionally, organizations are encouraged to provide flexible workplace arrangements (e.g., telework) and leave policies. Human resource policies should also be consistent with existing state and federal workplace laws.

10. What social distancing is possible for staff who use mass transit?

According to the [CDC](#), for employees who commute to work using public transportation or ride sharing, consider offering the following support:

- Offer employees incentives to use forms of transportation that minimize close contact with others, such as offering reimbursement for parking or single-occupancy ride shares.
- Allow employees to shift their hours so they can commute during less busy times.
- Ask employees to social distance and wear cloth face coverings while using mass transit.
- Ask employees to clean their hands as soon as possible after their trip.

Organizations should follow social distancing practices consistent with CDC recommendations.

11. How frequently should an organization communicate with staff?

Organizational leaders should determine how often and by what means they communicate with staff. During reconstitution after any emergency, FEMA suggests maintaining regular communication with employees regarding timelines, responsibilities, and other important information for returning to the workplace.

12. What is the best way to support a return to the workplace for those organizations with open or shared office space?

The [CDC suggests](#) altering your workspace to help employees maintain social distancing and physically separate employees from each other and from customers, when possible. Facility managers may want to look at changing the office layout to support social distancing. If altering workspaces is not an option, organizations should encourage alternate workplace arrangements such as shifts or telework. Workplaces should also limit access to common areas where employees are likely to congregate and interact, use physical barriers or other visual cues to support physical social distancing, and ask employees to wear cloth



face coverings.

13. If a worker tested positive, then quarantined for 14 days with no symptoms, are they required to get retested before returning to work?

Employees should not return to work until they meet the criteria to discontinue home isolation found on the [CDC website](#) and have consulted with a healthcare provider.

14. What are the recommendations or best practices for temperature screening to decrease exposure?

Conducting in-person health checks is at the discretion of organization leadership. The CDC provided [recommendations](#) on how to conduct employee health screenings. Screenings should be done safely, respectfully, and in private if possible.

15. Do you know if there are any considerations with respect to the disposal of PPE?

PPE is not considered medical waste and can be disposed of in a trash can.

16. Where can we find information on reconstitution best practices, guidelines or checklists specifically for houses of worship to include guidance on face coverings, helping congregants feel safe, recommended timelines for reopening, singing and taking communion during service, and taking congregant temperatures?

FEMA NCP does not have guidance specially for houses of worship, However, many of our resources are intended for a whole community audience so that they can be easily adapted by partners in all sectors– including faith-based organizations. The [DHS Center for Faith-Based and Neighborhood Partnerships](#) and the [Interim Guidance for Communities of Faith](#) CDC Interim Guidance for Communities of Faith may be able to provide additional guidance.

As a general recommendation, houses of worship should follow their state and local public health guidance regarding reopening, gatherings of more than 10 people, social distancing requirements, taking congregant temperatures, and the use of cloth face coverings. As with other types of organizations, social distancing (e.g., 6 feet between people of different households) and the wearing of cloth face



coverings in public spaces is encouraged. Similar to organizations who offer telework as a continuity strategy, it may be helpful to provide virtual worship services for those members who do not feel safe attending services, who are at a higher risk for severe illness, or who belong to a high-risk population. FEMA also encourages communication with members in the same way many organizations communicate with their employees. Members of the congregation likely want to know that the organization is implementing safety measures to protect the health and safety of the congregation (i.e., disinfecting surfaces, virtual services). Conducting in-person health checks is at the discretion of organization leadership and should be done in accordance with state and local public health guidelines. The CDC has a number of [recommendations](#) on how to conduct health screenings. Screenings should be done safely, respectfully, and in private if possible. Each house of worship should review their state and local public health guidelines then review what measures need to be implemented in order to protect the health and safety of the members.

17. Is there guidance for resident housing for institutes of higher education?

FEMA NCP is unable to provide any specific guidance regarding higher education or resident housing. Partners are encouraged to visit the [CDC Considerations for Institutes of Higher Education](#) for more information specific to COVID-19 or the [U.S. Department of Education](#).

18. What are recommendations for people living in a large apartment complex including using elevators, lobbies, and other public spaces?

The recommendations from the CDC regarding shared housing are similar to other organizations. People living and working in shared housing should follow their state and local public health guidelines regarding social distancing, limiting congregating in public spaces, personal hygiene practices, and cleaning and disinfecting public spaces regularly. The CDC has guidance for Shared or Congregate Housing on its [website](#).

