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.

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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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Table of contents

Economic and social impacts of shutdown

Two-tiered checklist for employer safe work plans

Role of employers in screening, tracking, and tracing

Proposals for supporting higher risk employees

Framework to help employers tailor their own plans

This material represents the third part of our COVID-19 response effort

March 17:	March 31:	April 23-24:
Immediate economic impacts	Mid-term impacts & recovery path	Planning for "New Normal"

Key conclusions

- Job loss to exceed Great Recession levels

- Vulnerable households will be disproportionately impacted

- Increasing level of economic impact as duration extends

Key conclusions

- History suggests a multi-year job recovery

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

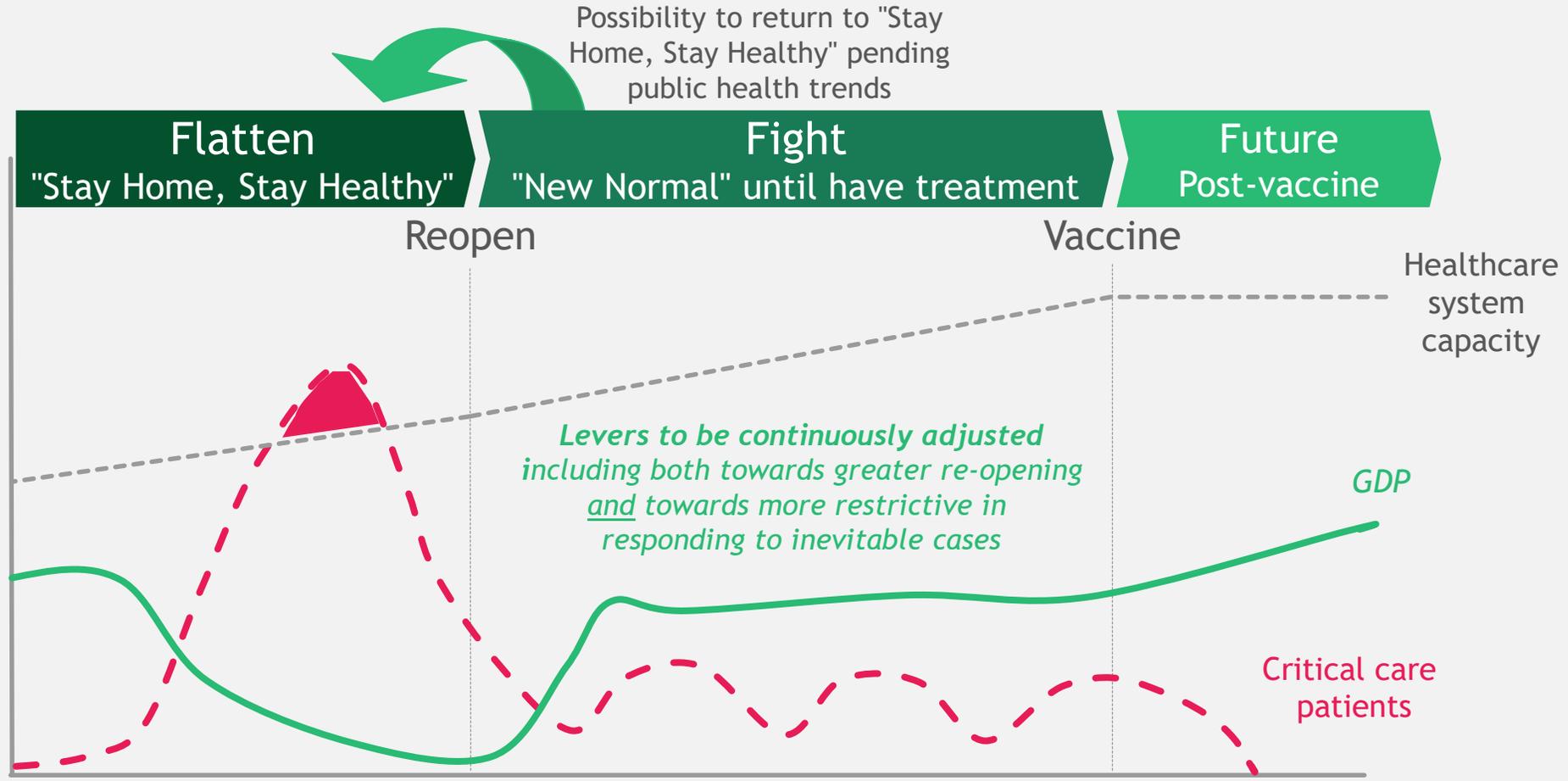- Strong mitigation measures will be critical as we re-open

Focus of this briefing

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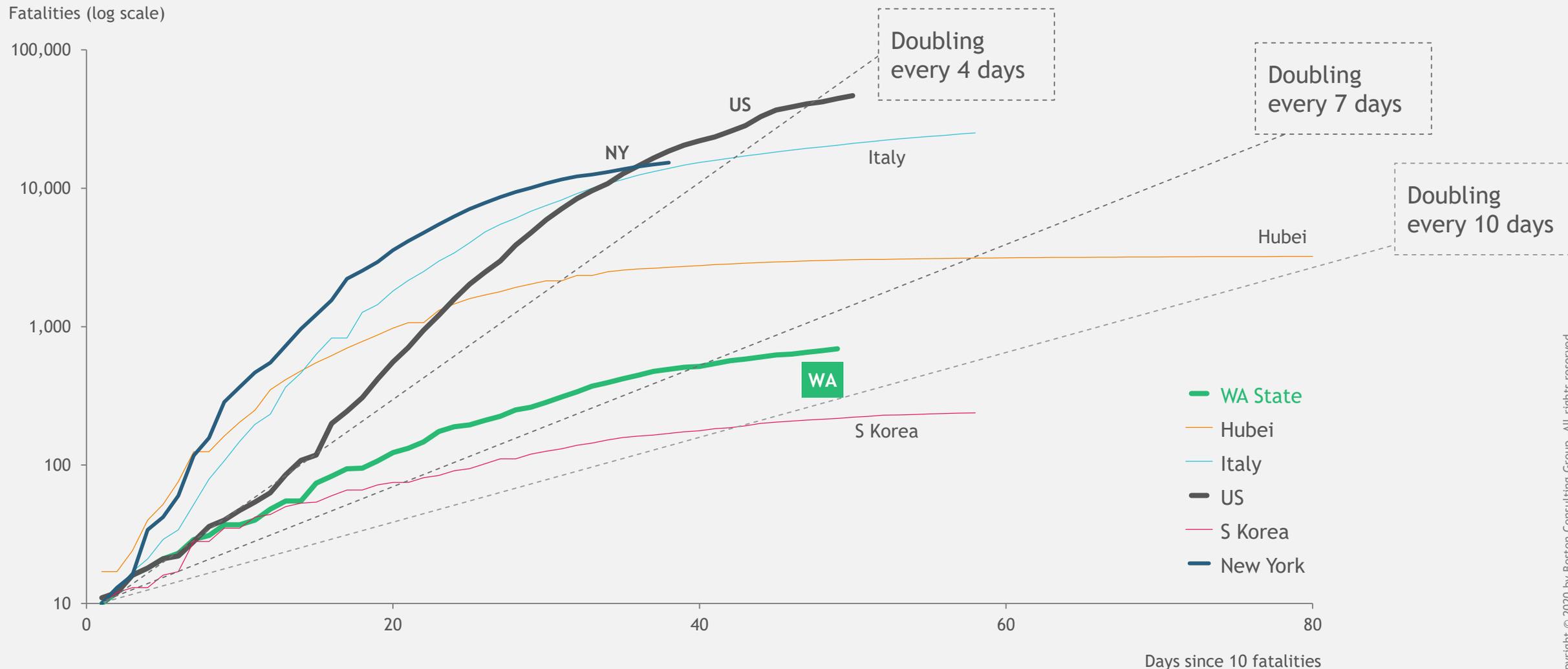# Economic and social impacts of shutdown

Multiple phases in collective battle against COVID-19

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

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

Flatten
"Stay Home, Stay Healthy"

Fight
"New Normal" until have treatment

Future
Post-vaccine

Reopen

Vaccine

Healthcare system capacity

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

GDP

Critical care patients

Time

Note: Public Health interventions are successfully flattening the curve and allowing leaders to expand their focus to prepare for the next response phase.

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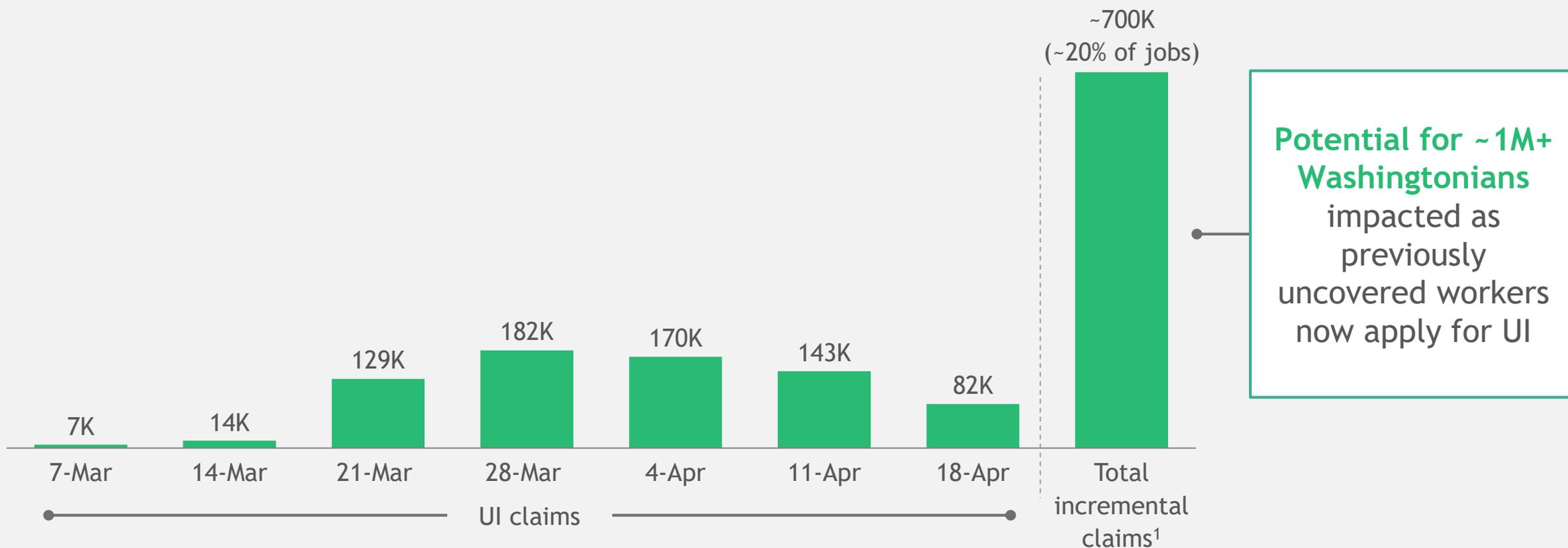
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Latest economic impact as we successfully flatten the curve

~700K
(~20% of jobs)

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

182K

170K

143K

129K

82K

7K   14K

7-Mar   14-Mar   21-Mar   28-Mar   4-Apr   11-Apr   18-Apr   Total incremental claims[1]

UI claims

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

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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)

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within the 'important context' set forth on slides 1-2

"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

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Exercise resulted in two-tiered checklist

Baseline recommendations + ## Additional considerations

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"

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Baseline recommendations for employers

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

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.

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)

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Additional considerations: <u>Workplace safety</u>
Employers **should consider & implement listed elements where feasible/relevant**

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.

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

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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Additional considerations: <u>Workforce support</u>
Employers **should consider & implement listed elements where feasible/relevant**

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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

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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

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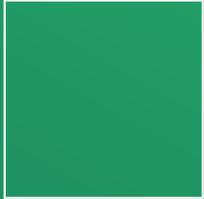
Details on key topics explored

Role employers should play in screening, tracking and tracing

Employer support for high-risk workers

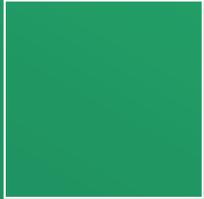Phasing-in approach and infrastructure needs

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Role of employers in screening, tracking, and tracing

Role of employers in aiding screening, tracking and tracing

	Baseline recommendation (broadly meets criteria/is actionable)	**Consider where feasible / relevant** (may not be broadly actionable)	**Not recommended for employers** (criteria gaps and/or resource scarcity)
Should be...			

Actionable & pragmatic to implement

Simple in order to be adopted broadly

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

Baseline recommendation

Screening
- Asking for self-certification from workforce

Tracking
- Logging workers & volunteers that come on-premise

Consider where feasible / relevant

Screening
- Temperature checks on-premise

Tracking
- Logging visitors & customers that come on-premise

Not recommended for employers

Screening
- COVID-19 tests
- Immunity tests

Tracking
- Logging exposure between individuals

All Tracing

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Employer support for higher risk workers

Employers should create policies to support employees at high risk from COVID-19

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

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

This slide is part of a larger presentation and should be viewed within the 'important context' set forth on slides 1-2

Proposal to support returning to work in a "New Normal" for high risk employees

Guiding principles	Actions to consider
Work with employees	• Send all employees information on how to ask for an accommodation to their work schedule, site, or other circumstances • 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.) • Develop and communicate a policy on how to determine which requests will be a given priority
Respect employees' privacy	• Consider how to protect employees' confidential medical information as you protect your workforce from infection and illness

Review and update policies	• 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
	• Consider interim solutions while processing such requests under nondiscrimination laws
	• Follow Proclamation 20-46 guidance when you cannot find an alternative work arrangement for an employee
	    ▪ Uphold obligations related to unemployment and health insurance benefits
	    ▪ Do not take adverse employment action against employees who exercise rights under the Proclamation that would result in permanent replacement of their employment positions

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 <u>drafts</u> for consideration

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Framework to help employers tailor their own plans

Lifting of COVID-19 restrictions will look more like a <u>turning of the dial</u> 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:

Germany   China   Israel   New Zealand   Czech Republic   Denmark   Vermont

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.)
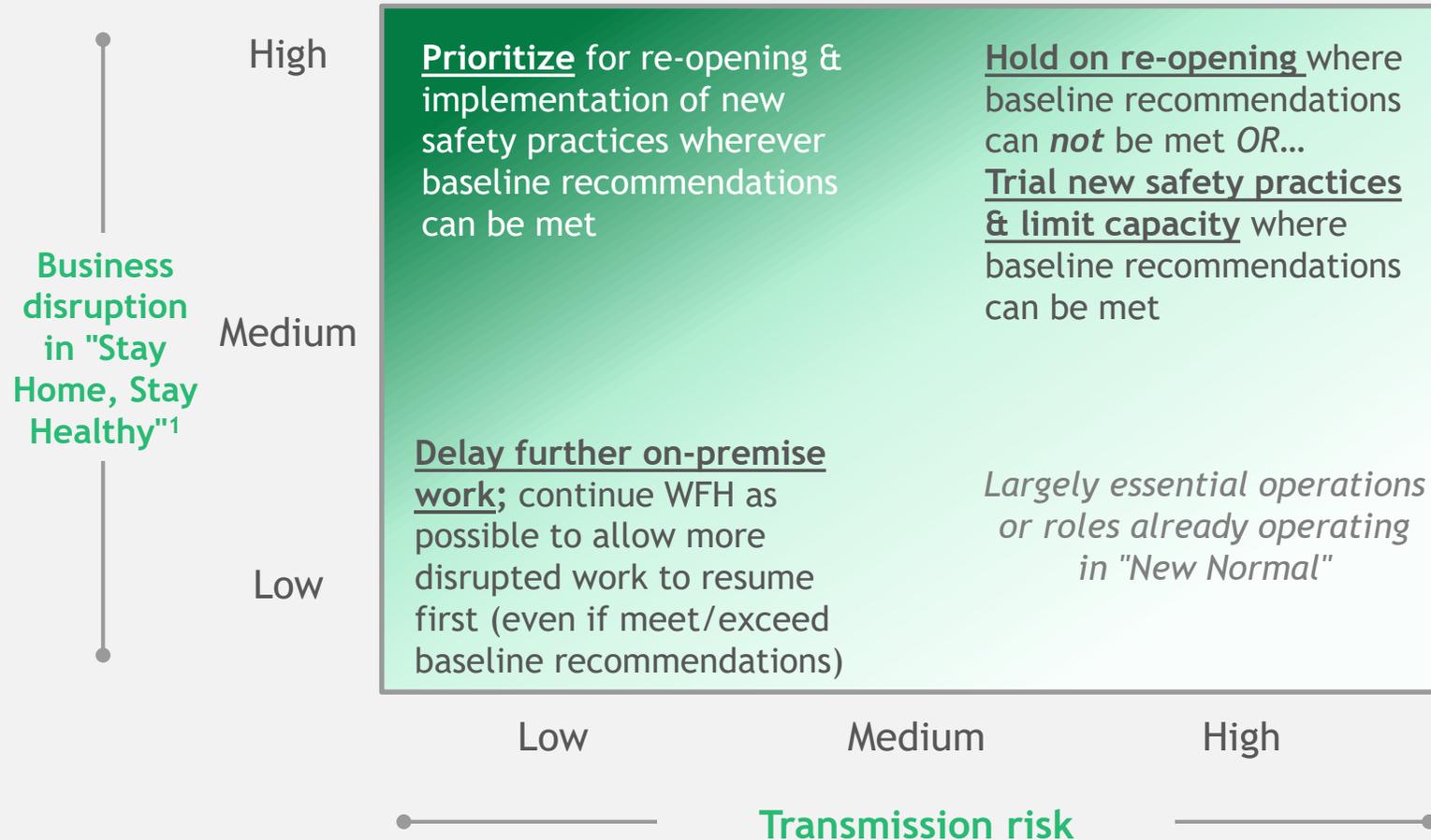
Example regions using this approach:

Georgia   South Carolina   Idaho   Utah

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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

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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)

Business disruption in "Stay Home, Stay Healthy"[1]

High

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

Hold on re-opening where baseline recommendations can *not* be met *OR...*
Trial new safety practices & limit capacity where baseline recommendations can be met

Medium

Low

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"

Low　　　　　Medium　　　　　High

Transmission risk

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[1]

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

This slide is part of a larger presentation and should be viewed within the 'important context' set forth on slides 1-2

Considerations for holistic set of indicators to drive decisions

Public health indicators

Suggested measures	Purpose
Case trends	Assess current spread and impacts of the virus
Public health capabilities & utilization	Determine ability to deliver care & contain spread of the virus

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

Economic activity indicators

Suggested measures	Purpose
Community activity levels	Monitor movement to inform current sentiment & potential contributing risks
Economic activity levels	Assess the broader impacts of the virus and recovery path

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within the 'important context' set forth on slides 1-2

Illustrative dashboard to inform easing/tightening restrictions

Public health indicators

| Measure	Apr22 view	Trend Vs. previous week
Case trends		
New cases (Daily confirmed cases, 3 day moving average lagging 1 week)[1]	**208**	↓
Fatalities (Daily confirmed deaths, 3 day moving average lagging 1 week)[1]	**15**	↓
% positive tests (Daily, 3 day moving average lagging 1 week)[1]	**9%**	=
Public health capabilities & utilization		
Daily tests (3 day moving average lagging 1 week)[1]	**2.2K**	=
% ICU utilization Est. number of COVID patients currently in ICU over historically available ICU beds)[6]	**46%**	
Contact tracing staffing levels	**TBD**	

Economic indicators

Measure	Apr22 view	Trend Vs. previous week
Community activity (comparison to pre-COVID)		
Vehicle traffic levels (Daily traffic volume, 3 day moving average)[2]	**-47%**	↓
Travel in/out of state (Daily SEATAC scheduled departures vs. 3/22.)[3]	**-60%**	↓
Consumer spend on future travel (Seattle area avg. cc spend in travel category)[4]	**-90%**	↓
Economic activity (comparison to pre-COVID)		
Unemployment claims (Change in Weekly new claims from pre-covid)[5]	**+1200%** 89K week ending 4/18	↓
Discretionary spend (Seattle area avg. cc spend across non-essential consumer goods categories)[7]	**-50%**	↓
Energy grid usage	**TBD**	

1. As of 4/22, Washington State DOH; 2. As of 4/22Washington DOT; 3. As of 4/22, Flight Radar; 4. As of 4/1, includes airline, hotel, rental car spend, BCG analysis; 5. Week ending 4/16, Washington State ESD; 6. As of 4/21, estimated 341 beds avail. for covid patients, Washington State DOH, IHME; 7. As of 4/1, consumer spend on non-essential items, BCG analysis

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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)

Israel   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**

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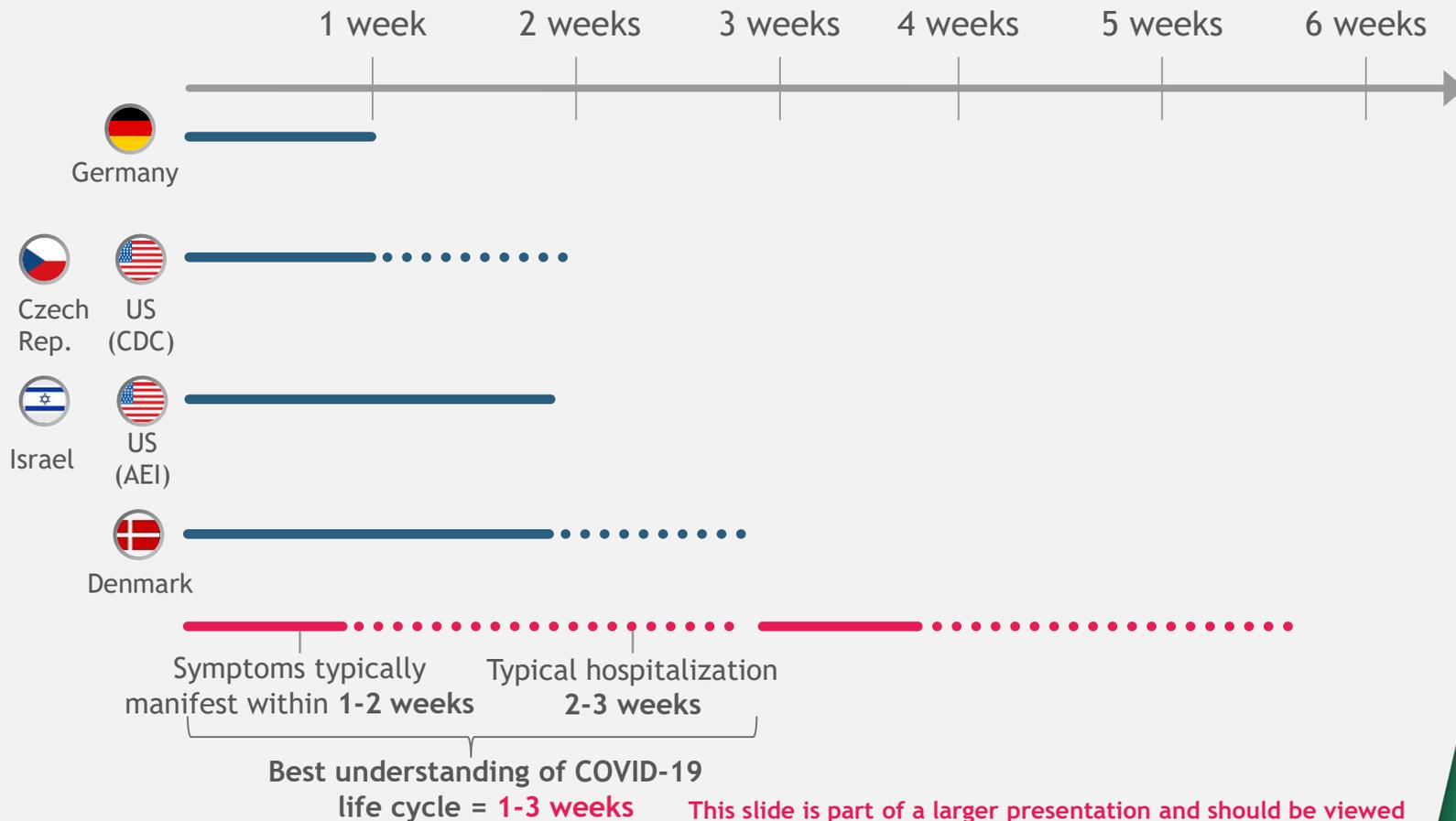
Expectation should be to wait at least 1-2 weeks to assess impact of changes before considering further reopening

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

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...

Once in "New Normal"...

Develop plans	Communicate plans	Implement & monitor 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

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

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

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

All public health pre-requisites must be met before re-opening

This slide is part of a larger presentation and should be viewed within the 'important context' set forth on slides 1-2

Appendix

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
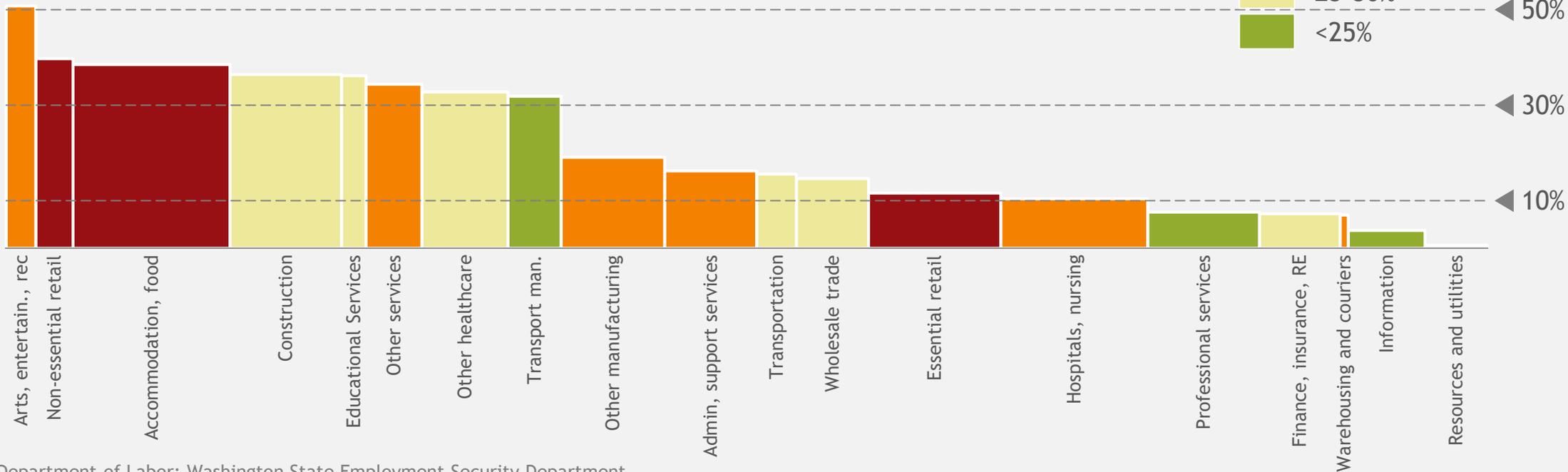
Federal Resources

- 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

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Example of assessing business disruption: Unemployment by activity and resulting implications for vulnerable workers

Width of bars represents total pre-COVID-19 employment

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

Workers earning <$50K

- >75%
- 50-75%
- 25-50%
- <25%

50%
30%
10%

Arts, entertain., rec
Non-essential retail
Accommodation, food
Construction
Educational Services
Other services
Other healthcare
Transport man.
Other manufacturing
Admin, support services
Transportation
Wholesale trade
Essential retail
Hospitals, nursing
Professional services
Finance, insurance, RE
Warehousing and couriers
Information
Resources and utilities

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
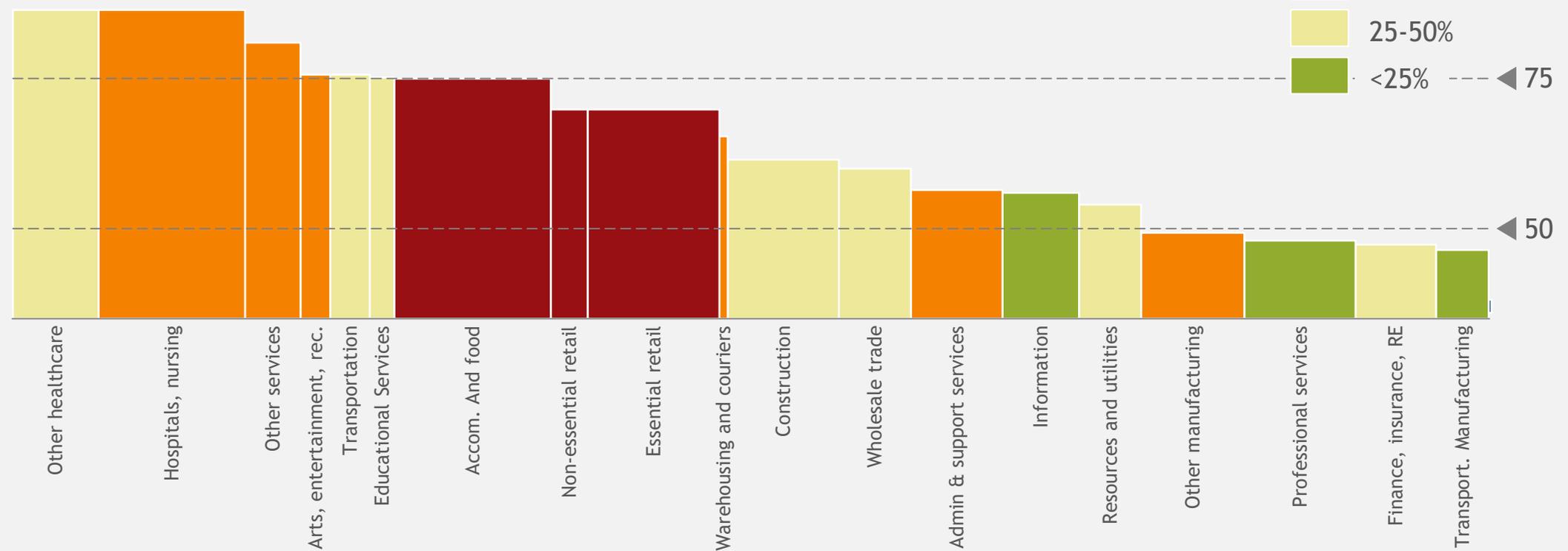
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Example of assessing transmission risk: Contact intensity by activity and resulting implications for vulnerable workers

Width of bars represents total pre-COVID-19 employment

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

Workers earning <$50K

>75%
50-75%
25-50%
<25%

◄ 75
◄ 50

Other healthcare
Hospitals, nursing
Other services
Arts, entertainment, rec.
Transportation
Educational Services
Accom. And food
Non-essential retail
Essential retail
Warehousing and couriers
Construction
Wholesale trade
Admin & support services
Information
Resources and utilities
Other manufacturing
Professional services
Finance, insurance, RE
Transport. Manufacturing

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

This slide is part of a larger presentation and should be viewed within the 'important context' set forth on slides 1-2

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