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Security Nexus Perspectives

## COVID-19 LOCKDOWN EASING AND RESTRICTING COLOR FRAMEWORK FOR LOCAL GOVERNMENT

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### Introduction

All indications are that many local government areas around the world will experience an extended period of COVID-19 risks and protective measures. The threat imposed by the pandemic demands a systematic approach for restricting and easing a state of lockdown that balances public health, societal, and economic needs. As is typical in a complex crisis, there are no off-the-shelf solutions, and [everyone is experimenting](#) and observing others to identify optimal responses regardless of the [skeptics](#).

National strategies vary from [not doing very much](#) to isolation to [Marshall Law](#), potentially accompanied by the [abuse of citizens by enforcement officers](#). They are not supported or guided by a framework that caters for different sectors in a local, state, and federal context. The current stay-at-home guidelines and shelter in place orders are increasingly creating more societal and economic harm as they are not considering whole-of-society risks and consequences through a cause and effect lens.

The World Health Organization recently released the following [six conditions for removing lockdown](#).

1. Disease transmission is under control
2. Health systems are able to "detect, test, isolate and treat every case and trace every contact"
3. Hot spot risks are minimized in vulnerable places, such as nursing homes
4. Schools, workplaces and other essential places have established preventive measures
5. The risk of importing new cases "can be managed"

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1. Professor, Daniel K. Inouye Asia-Pacific Center for Security Studies

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3. Shoreline Risk LLC

6. Communities are fully educated, engaged and empowered to live under a new normal

None of these are beyond reach for developed and well-resourced countries, except perhaps number two, which is virtually impossible given the lack of testing kits and sheer number of unknown asymptomatic cases. For most of the world's population, these are difficult to achieve, which means that the WHO criteria for lifting the lockdown may never be met. Nations should thus take control of their own lockdown lifting decisions and strategies by developing internal capacity and resources to make sensible decisions. Guidance from the [Disaster Resilience Scorecard section on Public Health](#) is perhaps more appropriate because investment in any of these areas will have a direct impact on the duration of lockdown (Table 1).

Govt crisis agencies include PH professionals	Disaster risk planning includes PH emergencies	Consider PH impacts in other crises
Earmark \$\$ for PH impacts of crises	Sufficient, skilled health professionals to maintain PH around crises	Share PH data with all stakeholders
Prepare communities to maintain PH during/after crises	Ensure community accesses and trusts PH information	Existence of health infrastructure besides hospitals
Ensure health facilities can manage a surge of patients	Early warning systems exist for impending healthcare emergencies	Existing stockpile of public health items, PPE, medications and equipment

**Table 1:** Investment in these critical public health indicator areas will reduce time spent in lockdown.

### Systematic and tailored approach to lockdown











As data analysis capabilities have increased, so has our capacity to identify sector-specific safety standards that support a modified resumption of societal functioning. The current pandemic has had a highly variable impact on different communities due to resident mobility, population density, locally imposed protection measures, demographics, and capacity of the medical system. Any system capable of responding to variable COVID-19 risk must be *tailored for each community*.

Use of a color-coded advisory system that communicates risk-based and sector-specific interventions enables each community to appropriately act and react to local changes in day-to-day exposure, risk, and capacity. Once established, such a system empowers responsive, locally-driven and regionally-aligned action, indicating appropriate requirements and recommendations for the medical community, local government, businesses, schools, community-based organizations, and members of the public. A color-coded system for each sector in a community enables decision-makers to know when it is safe to open and what measures are required to protect employees, clients, and the public.

Local governments can generate their internal guidance on whether to permit concerts or festivals, to allow schools to operate, or to anticipate increased demands on services. The public will understand, based on their age and health condition, what actions are required to decrease their risk of infection. Understanding that lockdown precautions vary from mild to oppressive measures, the proposed framework includes five phases of societal function, including: steady (no lockdown), guard, high, critical, and full lockdown (Figure 1). Sectors in the center columns would need to enter their own sector-specific, modified guidelines for easing or restricting of lockdown.

## COVID-19 Lockdown Easing and Restricting Color Framework for Local Government

This model aligns closely with the new [Opening Up America Again](#) guidelines that were developed by the U.S. Government.

INCREMENTAL EASING/RESTRICTIONS CAPACITY BASELINE										
Decreasing Risk	Local Govt 	Medical 	Private Sector 	NGOs & CBOs 	Schools 	Public 	Security 	Local Govt 	Increasing Risk	
Increasing Public Health Coping Capacity 	STEADY								New cases elsewhere in State	Decreasing Public Health Coping Capacity 
	GUARD US Phase 3	14 days sustained reduction							New local cases	
	HIGH US Phase 2	14 days sustained reduction							3 days increasing local cases	
	CRITICAL US Phase 1	14 days sustained reduction							3 days increased local cases	
	LOCK DOWN	14 days sustained reduction								

**Figure 1:** Baseline criteria for incremental easing or restricting of lockdown by local government

### Baseline

Knowledge of baseline conditions in the following areas is essential to inform any increasing or lifting of lockdown. Movement towards or away from full lockdown activates each set of measures, including those guided by law and statute.

- Epidemiological information, coordination and communication
- Medical treatment and surge capacity
- Operational coordination and management mechanisms
- Testing availability and sentinel surveillance using population sampling
- Contact tracing, monitoring, and control
- Personal protective equipment (PPE) availability, procurement and distribution
- Workforce to manage related social support services
- Local and state epidemic control task forces to establish local and state-applicable guidelines for each color-coded Health Condition (HEALTHCON) level of action, inclusive of both recommendations and requirements.

### 1. Steady (no lockdown)

The world experiences pandemics every year in the form of influenza, and the goal of pandemic control is ideally eradication. When eradication is not possible, the goal is achieving a steady state, where risk of infection or the consequences of infection are low, and society can function in a fairly open manner. This

state includes active surveillance of respiratory illness trends in all local communities with data being available to monitor at state and national levels. If a change in risk is detected by analyzing national infection patterns, an incident alert enables local task forces to reconvene to adjust the protection posture as guided by the color-coded framework.

### **2. Guard (mild lockdown)**

When a risk emerges in country but is still not extant in a local community, all uninfected communities should immediately move to Guard status. Guard reflects a low but present risk to the local population and enables society to be on alert while continuing to function normally with measures in place prevent or reduce the risk of transmission of introduced or asymptomatic cases. Members of the public, especially more vulnerable populations, may voluntarily apply recommended protection measures. Workplaces, public areas, and most services remain open or active with recommendations made on social distancing practices. Schools remain open with increased protective measures in place. These might include staggered schedules, restrictions on congregation, limiting non-student participation at school events, increased in-class distancing, and reduced contact. Medical facilities operate normally but increase protective measures to manage patients presenting with flu-like symptoms.

### **3. High (moderate lockdown)**

Once local infections exist, but transmission remains at a manageable level, communities move to High Status, which includes moderate lockdown measures aimed at resolving of all local infections while avoiding additional cases. Legal restrictions clamp down on some activities and citizens all practice strong social distancing. Personal protective measures are recommended, such as, self-isolation for the most vulnerable groups, and the use of PPE for all individuals in public areas. Businesses provide PPE for all employees that have interaction with other employees or customers, and initiate customer protection measures, such as, provision of wipes, checkout screens and sanitizing. Schools introduce trigger-response policies for infection control and increase sanitization procedures. For instance, the 1-2-1 policy may be used where if one student in a class tests positive, or two students in a school test positive, then all students in that grade or school must remain home for one month. Concerts and festivals are limited above a defined size, and restaurants, movie theaters, and other businesses that congregate people implement stricter social distancing codes based on facility size and seating arrangements. Law and order and other security agencies play an advisory role and do not resort to enforcement. Financial and social services support for vulnerable groups is initiated. Movement up or down from this level is triggered by a sustained lack of cases or additional positive cases, complemented by plans for each sector, and recommendations from the local emergency taskforce.

### **4. Critical (strong lockdown)**

Once active transmission is occurring, but models do not currently predict exceedance of medical capacity, a community moves to Critical Status with the aim of balancing suppression of transmission with protection of livelihood. Active cases, including those not requiring hospitalization, fall under mandatory monitored quarantine with testing of known contacts. Some service sectors where sustained congregation occurs cease operations. Examples include beauty salons, gyms, entertainment centers, bars, and

hospitality organizations. Where possible, businesses institute work-from-home measures while schools and universities move to online-learning. Public parks are closed, and public transportation is heavily curtailed with alternative measures offered where necessary. Essential services remain open with public-sector support, PPE, customer protection measures and sanitization for all staff. Medical facilities take measures to protect surge capacity including increased staff protection, canceling of all elective procedures, expedited discharge, and establishment of dedicated intake resources and facilities for suspected infected. Requirements are enforceable with active surveillance by law and order, and security services. Movement up or down from this level is triggered by a sustained lack of cases or additional positive cases, complemented by plans for each sector, and recommendations from the local emergency taskforce.

## 5. Lockdown (full lockdown)

If models predict that current rates of infection will overwhelm the medical capacity, any and all measures may be brought to bear to slow down transmission and reduce the burden on health services. Full lockdown includes the most restrictive measures. These may include: evacuations and airlifts, movement restrictions, community shutdown, business closure, ban on all sport, event cancellation, school closure, quarantine, limitations on travel, limitations on congregation, curfew, mandatory stay-at-home orders, ban on all public recreational activity, closure of public spaces, limitations on transportation, containment boundaries, and border closure. Enforcement takes a hard turn with ticketing and fines, but incarceration, which increases congregation, remains problematic.

## Concluding thoughts

The establishment of this system requires the development of planning standards. Each state, and every local government will need to establish a working framework based on their community demographics and features. As they strive to achieve a balance between livelihood and infection, they should aim for a high standard of care (Table 2).

NATIONAL				
National Infection Tracking Capabilities	National Public Health Direction & Coordination	Disaster Relief Fund Access		
STATE				
Identify Immune & Protect Vulnerable	Social Distancing Enforcement Mechanisms	Centralized Public Health Data	Capacity to Conduct Contact Tracing/Monitoring	PPE & Medical Equipment
LOCAL				
Local COVID-19 Task Force	Quarantine & Surveillance	Hospitals can treat all patients without resorting to crisis care	Community Wide Monitoring (fever testing)	

**Table 2:** Recommended standards of care at national, state and local levels of governance.

Planning standards, inclusive of templates, will ensure that the system is approachable, clear, stakeholder-driven, enforceable. Participation can be supported by linking access to social support grant and reimbursement funds to provisional (initially) or approved state and local frameworks. Federal support

must initially focus on establishing baseline information, namely testing capabilities, population sampling, and epidemiological analyses. This information informs the development of plans that allow movement between the phases of lockdown based on recognized whole-of-society needs and scientific evidence. Thus, providing a mechanism to balance societal needs that incorporates a community perspective.

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*The views expressed in these articles are those of the author and do not necessarily reflect the official policy or position of DKI APCSS, the U.S. Indo-Pacific Command, the U.S. Department of Defense, or the U.S. government.*