

# The Second Wave of COVID-19

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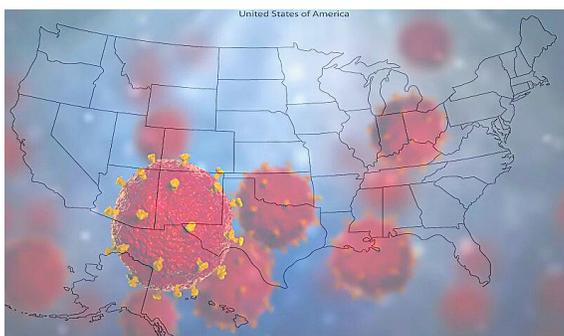
Executives, decision makers, HR management, and legal advisors at every tier of business will be asked to help shape our new normal. You will be asked to manage fears and expectations of the unknown future while showing a higher level of measured heroism to your peers, staff, and work families.

Note: The purpose of this article is to leverage your position through familiar action and possibilities while laying out some essentials and guidelines for what is on the horizon.

“What’s past is prologue,” said Shakespeare over 400 years ago. The Bard’s pithy saying still rings true today. Although the COVID-19 pandemic may seem and feel like something new and strange to us, it’s not new or strange at all. It happened a 100 years ago. The “Spanish” flu pandemic of 1918, so called because newspapers in Spain were the only periodicals in the world that acknowledged the global outbreak, was a dress rehearsal for today’s COVID-19 crisis. Did we learn from it?

In 1775, Paul Revere famously rode through the New England countryside shouting “The British are coming.” Unbeknownst to the Bostonian patriot, British troops were already in the Massachusetts countryside lying in wait. Likewise, COVID-19 is already in America, waiting for the country to return to the new normal of social interactions.

Hidden Enemy



1918 Spanish Flu “Pandemic of all Pandemics”



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Lindon Lilly has 35 years of experience in the legal support and security services industries, 30 years of experience protecting high-profile individuals, 20 years of experience in law enforcement, and is a licensed private investigator by the California Bureau of Security and Investigation Services. As a law enforcement officer, he spent almost two decades providing specialized training on blood-borne pathogens, universal precautions, and HIV/Hepatitis. Lilly has received numerous letters of recognition, including from Joint Agency Task Forces and the California State Assembly. He is also trained/certified in conflict resolution by Cornell University and COVID-19 contact tracing by Johns Hopkins University.

Using the history of the Spanish flu pandemic, which began in March 1918, as our guide can prepare us for what is on the horizon with the pandemic of our time, COVID-19. It was the second wave of the Spanish flu that had the highest mortality rate and largest economic impact. People grew sick of social distancing and wearing face masks as they dragged on into the summer of 1918. As World War I ended in late November of that year, people took to the streets to celebrate. (Compare the Black Lives Matter protests of 2020.) Consequently, in just two months during the autumn of 1918, over 195 thousand Americans died because the nation had let its guard down. As the year concluded, some businesses had declined in revenue by between 40% and 70%.

Fast forward a hundred years to today. Can arrogant assumptions informed by medical advancements and technology lull us into a false sense of security that we now have a greater capacity to overcome pandemics? Contrary to popular wisdom, we may now be less able to overcome pandemics in America due to a much larger population than a hundred years ago (hence, more population density) and modern transportation, which entails greater mobility (and thus more chances to spread a pathogen) for our current population. For this reason, COVID-19, like any other virus, needs only one vector (carrier) to travel across country in a single day to spread and infect millions of hosts (victims). Breakfast in New York, lunch in Chicago, dinner in Denver, and a “petri dish martini” night cap in Los Angeles.

The second wave of COVID-19 will have the ability to come up from behind and surprise us as we return to our traditional American short-term memory cycles of its safe now... Those who prepare themselves individually, and organizations that equip themselves collectively, will not only be the last man (or woman for that matter) standing, but can, and will, achieve victorious outcomes.

Lessons learned from the Spanish flu Pandemic:

- During the Spanish flu pandemic, people stopped social distancing too early, leading to a second wave of infections that was deadlier than the first, according to epidemiologists.
- The Spanish flu killed many young adults who were otherwise healthy. Likewise, many young people today are getting sick from COVID-19, and some are dying.
- Many unproven remedies were thrown at the Spanish flu in 1918, such as quinine and bootleg liquor during the Prohibition. Similarly, COVID-19 is being treated today with various concoctions, from “newly developed drugs to oils and herbs,” according to a Stanford University research post. The source added that “the therapy was much less scientific than the diagnostics, as the drugs had no clear explanatory theory of action.”

“We’re tired of this house arrest,” some complain. “We long for a return to normalcy.” But a return to normalcy won’t be quick or easy. It will take forethought and preparation. All businesses and institutions must rethink their business models to adapt to the new normal. For example, even now during sheltering-in-place, businesses that have adapted to life online are surviving—even thriving. Similarly, other institutions must reassess how they relate to their stakeholders, not just their customers. Really, it’s about asking fundamental questions regarding the underlying assumptions of their business propositions.

The new normal entails developing a prevention protocol that abides by regulations, directives, and recommendations of federal, state, and local governments.

## **Prevention Protocol during a Pandemic**

### *Communication*

It’s important to talk to all your employees, as a lack of communication can create fear and confusion. Be aware of workers’ concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Place COVID-19 signage (English and Spanish) in clear and visible areas for employees to review:

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- OSHA Alert: Prevent Worker Exposure to COVID-19
- CDC: Symptoms of Coronavirus Disease 2019
- CDC: COVID-19 Facts Sheet
- CDC: Steps to Help Prevent the Spread of COVID-19 If You Are Sick
- CDC: Stop the Spread of Germs
- CDC: Stop Germs, Wash Your Hands
- <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

### **Wise Practices**

- If possible, have office staff work from home.
- Consider altering the office setup by separating employees' workstations/desks if multiple people work in the office at the same time.
- Everybody at the facility should wear a face mask.
- Practice social distancing by staying at least 6 feet away from others and avoiding groups of more than 10 people.
- Develop a safe-distance plan for all site visitors, deliveries, and customers.
- Do not share pens, electronic devices, or desks/workstations.
- If a desk/workstation is shared, make sure it is disinfected throughout the day.
- Replace hand-shaking etiquette with Japanese style head bow.

In the spirit of team building, employers should frame action plans regarding their employees as goals to take care of their work families.

Construct a business contingency plan in case an employee tests positive for COVID-19. For instance, inform staff of the plan to go from 50% open to 25% open, to shelter-in-place, back to 25%, back to 50%, and eventually back to 100%.

A long-term second wave strategy is a must for organizational continuity and survival.

Consider using multiple shifts. In example, some companies have in-person work that is split into an every-other-day or day-split model, so if someone on one team contracts COVID-19, her or his whole team can stand down while the other team still operates

You can also use different business model base ratios of manpower to product or productivity levels.

Example 1: A business reduction of 20% customers can be serviced with 70% manpower or workforce.

Example 2: A workforce reduction of 30% will need 40% less facilities or worker production tools and implements.

Some other sections that should be included but tailored to your individual organizations are:

- Have Infection Control perform inspections and create an infection control list of items that need disinfecting
- Inspect the facility by conducting walk-throughs and pay attention to employees and their health.
- Talk to your employees to see how they are doing.
- If you detect somebody is ill, tell the individual to go home to recover.
- Have a contingency plan for when an employee tests positive for COVID-19.
- Post instructions on good hygiene and basic infection control practices in the common areas.
- Implement a pandemic protocol review process.

# The Nut Hunt

*Squirrels are on a nut hunt, for winter is on the way. There is no time to play because these nuts will keep them alive all winter.*

**What are the things in your organization that can be gathered or modified before the second wave?**

## ***Further Considerations***

1) Online meeting software small businesses use:

- a. Zoom: user-friendly video conferencing and messaging software for any device.
- b. Zoho: software suite for running businesses (i.e., sales and marketing, email and collaboration, finance, human resources, IT and help desk, business intelligence, and custom solutions).
- c. Nextiva: business phone system that allows teams to work remotely.
- d. GoToMeeting: allows employees to connect and work with anyone, from anywhere, and on any device.
- e. Skype for Business: a Microsoft platform that offers chat, online meetings, and calling.
- f. RingCentral: business communications platform that connects employees with customers through message, video, and calling.
- g. Join me: one-stop shop used for screen sharing, audio conferencing, social media, one-on-one coaching, remote training, email, video bubbles, ad hoc meetings, and website testing
- h. Amazon Chime: communications service that lets users meet, chat, and place business calls using a single application.
- i. Cisco Webex: video conferencing, team collaboration, webinar, online training, cloud calling platform.
- j. Adobe Connect: software for creating information and general presentations, online training materials, web conferencing, learning modules, and user desktop sharing.
- k. Blue Jeans: secure video conferencing (i.e., video, audio, web conferencing, livestream interactive events like townhalls, Cloud Video Interop with access to Microsoft).
- l. Fuze: business cloud communications platform for calling, meetings, and contact center services.
- m. Free Conference Call: free conferencing platform that offers audio conferencing, video conferencing, screen sharing, recordings, and global access.
- n. Vonage: cloud communications provider offering communications APIs, unified communications, and contact center services.
- o. Jive Voice: remote office VoIP phone service that unifies video conferencing, phones, and messaging

2) Occupant rates used for office space or work sites based on square footage

3) Research data used for new considerations moving forward, CDC Coronavirus Disease Coronavirus Disease 2019 (COVID-19)

4) Organization local gatekeepers and employees designated to police the new policies and procedures moving forward

5) Legal process used to mitigate and protect organizational liabilities and exposures moving forward

6) Removable and disposable plastic covering for copiers and other community-use equipment; including, but not limited to, door handles, restroom disinfectant wipes, staircase rails, and disinfectant procedures and supplies

7) Use of forehead thermometers 8) Policies for the wear of latex or rubber gloves and face masks consistent with CAL OSHA, CDC, and the Surgeon General

18) Policies for the wear of latex or rubber gloves and face masks consistent with CAL OSHA, CDC, and the Surgeon General.

**Reference: Centers for Disease Control and Prevention (CDC), Equal Employment Opportunity Commission (EEOC), Division of Occupational Safety and Health (OSHA), World Health Organization (WHO), and California Consumer Privacy Act (CCPA)**

**Legal Disclaimer**

This interim guide is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC), along with Federal, State, and Local authorities are routinely and consistently updating information. This guide is based on available information at the time of its publication. This guide does not supplant or replace the guidelines and/or recommendations set forth by the CDC and/or Federal, State, and Local guidelines, laws, ordinances, or directives. This guide does not constitute medical advice. For advice on your specific situation, it is recommended that you engage a qualified professional directly. This material is for informational purposes only and does not contain legal or business advice. California Active Shooter Preparedness Training neither represents nor warrants that the information contained herein is appropriate or suitable for any specific business or legal purpose. Readers seeking resolution of specific questions related to COVID-19 should consult the guidelines, directives and/or recommendations set forth by the CDC and/or Federal, State, and Local guidelines. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page and provided by Federal, State, and Local authorities.