



**Consejo Interterritorial**  
SISTEMA NACIONAL DE SALUD

# Coordinated response actions to control the transmission of COVID-19

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*This document has been prepared by the Board of Alerts and Preparedness and Response Plans, passed by the Commission on Public Health of the Interterritorial Board of the Spanish National Health System and agreed by the Plenary of the Interterritorial Board of the Spanish National Health System.*

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## 1. Introduction

The COVID-19 pandemic has been, and still is, the biggest health challenge faced in the last century. Its scope has forced a vast majority of countries to adopt exceptional measures and has stressed the health systems and global health products markets, generating a significant social and health crisis of huge economic impact.

In the current transmission scenario, the basic hygiene and prevention measures must still be observed, as well as all the measures included in Spanish Royal Decree-Law 21/2020, of 9 June, on the urgent prevention, containment and coordination measures to address the COVID-19 health crisis, and the developing regional regulations, in order to guarantee the control of the transmission and ensure a shared response by all the health authorities.

In addition, the ***Early Response Plan in a COVID-19 Pandemic Control Scenario***, passed by the Interterritorial Board of the Spanish National Health System, on 16 July, sets forth the preparedness and response actions to be guaranteed in case of an increased transmission of SARS-CoV-2. Said *Plan* establishes that the autonomous communities must have contingency plans to reinforce the capacities at the healthcare levels (hospital and primary care), as well as at the public health level, and be ready to address any scenario of increased transmission, assuming that there is not one single approach for the management of the COVID-19 cases and outbreaks and that the risks of each territory must be assessed according to their specificities.

Within the scope of the Plan, the Ministry of Health is working in coordination with the autonomous communities, monitoring the response to the pandemic and its evolution on a daily basis, with the aim of securing the capacities that will allow to detect new outbreaks and transmission increases and act accordingly.

Thus, once the first pandemic wave has been overcome, the epidemiological situation is dynamic and different in every territory, where different transmission scenarios that may require different control measures coexist.

This document on ***Coordinated response actions to control the transmission of COVID-19*** contains the technical development of the indicators included in the *Early Response Plan*, and sets the framework of action for a proportional response at different alert levels defined after a risk assessment process, based on the epidemiological and healthcare and public health capacity indicators.

The indicators, levels and measures proposed in this document shall be of reference for scenarios of increased transmission and reduction risks .

The indicators included herein, as well as the risk levels and measures proposed, are constantly revised according to the knowledge and experience acquired on the management of the pandemic and the new information and scientific evidence concerning the behavior of the virus.

## 2. Goals

The goals of this document are:

- To recommend common criteria for the interpretation of the basic indicators in the National Health System to assess each territory, in order to detect risk levels for the population.
- To establish alert levels that will determine proportional actions at SARS-CoV-2 transmission risk level and that can be adapted to the situation and context of each territory. These actions aim to guarantee a sufficient coordination among territories, notwithstanding the capacity of the autonomous regions to take additional measures that may be deemed appropriate.

### 3. Risk assessment

The decision of escalating the intensity of the response actions must be based on a risk assessment within the context of the Alert and Early Response System. This risk assessment must be a continuous process, establishing the scenario of the territory and early detecting the signs showing/indicating that the scenario may be changing. In addition, the risk assessment shall allow to undertake de-escalation measures when the evolution of the indicators permits so.

The risk assessment must consider the specific characteristics of the **territorial unit** being assessed: autonomous community, province, island, municipality, department, health area, health basic zone or similar, taking into account the concurrence of specific circumstances, such as those concerning mobility in big conurbations. The assessment must consider the indicators related to the **epidemiological situation, the healthcare capacity and the public health capacity**, the characteristics and vulnerability of the exposed **population at greater risk** and the possibility of taking **prevention and control measures**, such as pharmacological measures with partial or complete interventions affecting part of or the entire assessed territory.

Table 1 defines the main indicators for **risk assessment** and thresholds are established in order to determine if the risk is low, medium, high or very high based on each of them. It is worth noting that no indicator can give a complete outlook of the epidemiological situation by itself. Aside from these indicators, the autonomous communities shall use all those considered significant within their contexts in order to carry out this assessment.

Putting these indicators into context according to the territory and the characteristics of the population being assessed is essential, as well as having detailed information of the cases that will permit to interpret the transmission dynamics. Thus, appendix 1 includes a group of additional indicators that complement those in table 1, helping value and describe the situation of the epidemic and the management and response capacities in further detail.

The monitoring indicators have been selected because they help capture the most important aspects of the epidemiological situation and the response capacities based on scientific evidence, international standards, and the experience gained by the health administrations in our country throughout their evolution. Following the recommendations of the European

Council, the European Center for Disease Prevention and Control (ECDC)<sup>1</sup> has established an accumulated impact threshold in 14 days of 25 cases per 100,000 inhabitants to consider that the risk starts to increase, and a limit higher than 150 to consider that the risk is very high. In Spain, we have established an additional threshold, with an impact higher than 250 per 100,000 inhabitants, to point out extreme risk situations in which additional actions are necessary if those implemented in case of impacts of more than 150 cannot control the transmission. Similarly, the European Council<sup>2</sup> has recommended to set the positivity limit of tests from which the transmission risk is increased at 4%. As for traceability, the WHO has published that at least 80% of the cases must be correctly traced to reach a controlled epidemiological situation<sup>3</sup>.

Specific scientific evidence on the thresholds that points out the different risk situations for many of these indicators is still limited and, therefore, said thresholds should be adjusted as further information on the behavior of each indicator is available or as new national and international scientific evidence is generated.

Apart from the indicators presented, an individual assessment of the situation at the territory assessed shall be conducted and other possible indicators shall be considered, including qualitative indicators and those regarding equity on health and social vulnerability. In order to establish the risk level of a territory, the indicators must be interpreted in a dynamic way and both the **trend** and the **speed of change** must play a specific role in this assessment.

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<sup>1</sup> <https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>

<sup>2</sup> [Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic](#)

<sup>3</sup> <https://apps.who.int/iris/rest/bitstreams/1277773/retrieve>

Table 1. Risk assessment indicators

Indicators	Calculation method	Risk assessment					Information source	
		New normal	Low	Medium	High	Very high		
<b>SECTION I: Transmission level assessment</b>								
T1	Cumulative Incidence of cases diagnosed in 14 days <sup>1</sup>	Confirmed cases (per diagnosis date) in 14 days *100,000 / population	≤25	>25 to ≤50	>50 to ≤150	>150 to ≤250	>250	Mandatory individual reporting (SIVIES)
T1'	Cumulative Incidence of cases diagnosed in 7 days <sup>1</sup>	Confirmed cases (per diagnosis date) in 7 days *100,000 / population	≤10	>10 to ≤25	>25 to ≤75	>75 to ≤125	>125	Mandatory individual reporting (SIVIES)
T2	Cumulative Incidence in people 65-year-old or higher diagnosed in 14 days <sup>1</sup>	confirmed cases who are ≥ 65 years old (per diagnosis date) in 14 days *100,000 / population ≥ 65 years old	≤20	>20 to ≤50	>50 to ≤100	>100 to ≤150	>150	Mandatory individual reporting (SIVIES)
T2'	Cumulative Incidence in people 65-year-old or higher diagnosed in 7 days <sup>1</sup>	confirmed cases who are ≥ 65 years old (per diagnosis date) in 7 days *100,000 / population ≥ 65 years old	≤10	>10 to ≤25	>25 to ≤50	>50 to ≤75	>75	Mandatory individual reporting (SIVIES)
T3	Weekly global positivity rate of PDIA <sup>2</sup>	Number of positive tests in 7 days *100 / Number of tests performed in 7 days	≤4%	>4% to ≤7%	>7% to ≤10%	>10% to ≤15%	>15%	Laboratory-based reporting (SERLAB)
T4	Percentage of cases with traceability <sup>3</sup>	Number of confirmed cases with traceability * 100 / Total number of confirmed cases diagnosed in the last 7 days	>80%	≤80% to >65%	≤65% to >50%	≤50% to >30%	≤30%	Mandatory individual reporting (SIVIES) and information from the autonomous communities
<b>SECTION II: Level of use of healthcare services due to COVID-19</b>								
A1	Occupation rate of hospital beds by COVID-19 patients <sup>4</sup>	Number of hospital beds occupied by COVID-19 patients / Total number of available hospital beds	≤2%	>2% to ≤5%	>5% to ≤10%	>10% to ≤15%	>15%	National reporting of healthcare capacity data
A2	Occupation rate of critical care beds by COVID-19 patients <sup>4</sup>	Number of critical care beds occupied by COVID-19 patients / Total number of a critical care beds available	≤5%	>5% to ≤10%	>10% to ≤15%	>15% to ≤25%	>25%	National reporting of healthcare capacity data

<sup>1</sup>The accumulated impact must be calculated with consolidated data, removing the days for which such consolidation is not considered sufficient. For the diagnosis date, the PDIA positive result date will be used, as established by the [Strategy of early detection, monitoring, and control of COVID-19](#).

<sup>2</sup>Active infection diagnostic tests (PDIA, such as PCR or antigen tests), according to the provisions of the [Strategy of early detection, monitoring, and control of COVID-19](#).

<sup>3</sup>Cases with traceability are those that, according to the information in SIVIES, had known contact with a previously confirmed case. If data is available, cases that are associated to an outbreak are also considered to have traceability. This percentage must be calculated with consolidated data, removing the days for which such consolidation is not considered sufficient.

<sup>4</sup>The territorial unit for this indicator will be the province, island, or autonomous community, as laid down in each territory. To calculate the available beds for the denominator, only the beds available for immediate use will be considered for the assessment, as communicated to the Ministry according to resolution of 19 June 2020 establishing information on the assistance capacity and needs for material resources of the healthcare system.

When territorial units with a population of less than 10,000 need to be assessed, territories may be grouped, i.e. in health areas, integrated assistance management units, etc. in order to assess them and take joint measures.

The assessment of municipalities and small territories, especially with populations under 5,000, shall always be conducted locally and based on the context and situation of each place. In this sense, instead of establishing risk levels, measures specifically adapted and addressed at the characteristics of the epidemiological and risk situation of each territory must be taken.

For cases in these small territories, apart from the general indicators in table 1, the following indicators shall be considered , as well as those deemed necessary by the autonomous community for a better assessment:

- The number, trend and change rate of the cases diagnosed in the last 7 and 14 days.
- The proportion of new cases associated to outbreaks.
- The secondary attack rate.
- The existence of hot spots (due to the number of outbreaks, their characteristics, and their control situation; to the impact on social and healthcare residences or highly vulnerable populations...).

#### 4. Definition of alert levels

The combination of the result of the indicators in table 1 shall place the territory assessed at one of the four alert levels according to the following:

**Alert level 1:** at least two indicators in section I<sup>1</sup> and one in section II are at low level.

**Alert level 2:** at least two indicators in section I<sup>1</sup> and one in section II are at medium level.

**Alert level 3:** at least two indicators in section I<sup>1</sup> and one in section II are at high level

**Alert level 4:** at least two indicators in section I<sup>1</sup> and one in section II are at very high level.

<sup>1</sup>Only one of the two general indicators for accumulated impact will be considered for section I, both for the global accumulated impact and the impact on ≥65-year-olds. If there are no notification delays, the accumulated impact in 7 days will be used and, if there are any delays, the accumulated impact in 14 days will be used.

The final decision regarding which alert level will be assigned to/will be chosen for the territory assessed shall not solely be based on the risk level resulting from the indicators, it may be modulated with the upward trend of the indicator and its change rate, as well as with a qualitative assessment including the capacity of response and the socio-economic, demographic and mobility characteristics of the territory assessed.

The autonomous communities, in coordination with the Ministry, shall periodically revise the evolution of the indicators to decide whether the alert level shall be maintained or modified. In general terms, increasing the alert level shall be advised after considering that the information is sufficiently solid and the aforementioned conditions are met. In order to consider reducing the alert level, the indicators must remain at a lower risk level for at least 14 days.

## 5. Response actions

A series of **actions** to be established at the territorial unit assessed are proposed for each alert level. A consensus at the technical level has been reached concerning the actions suggested, considering the experience gained throughout the pandemic at the national level and the evidence obtained from the outcomes of international studies implemented in different countries .

The epidemiological studies on the behavior of the disease show that the infection mainly spreads through direct contact and long exposure to virus-containing respiratory droplets, as well as through the inhalation of airborne viral particles and direct or indirect contact with infected droplets<sup>4</sup>. Enclosed and crowded spaces, as well as spaces with poor ventilation and where distancing and hygiene and prevention measures are not observed, favor transmission. The likelihood of infection is considerably higher in such situations<sup>5,6</sup> compared to open spaces and spaces with proper ventilation.

According to the data available in Spain on the main transmission environments of the outbreaks, almost one third of them take place in a social environment, especially in gatherings with family and friends that do not live in the same household<sup>7</sup>, and, to a lesser extent, at the workplace, mainly indoors, i.e. at home or in enclosed spaces, in many cases not properly ventilated, where people speak out loud, sing and do not make good use of the mask, or when activities that are not compatible with its continuous use take place, such as eating, drinking or practicing sports. To this regard, the following are considered effective: limiting the number of people who gather and do not live in the same household, especially indoors, the recommendation to interact in social bubbles structured in stable household groups (SHGs), and the recommendation to stay home (*#Stayhome*)<sup>8</sup>.

In light of such evidence, it is recommended to promote any activities that can be carried out outdoors and that do not require strict capacity limitations, as well as to promote the limitation of the capacity or the closure of businesses where proper ventilation and compliance with prevention and hygiene measures cannot be guaranteed.

The implementation of this kind of measures and the development of assistance and public health capacities have proved to be effective in the control of the epidemic, although none of them can completely reduce the risk.

The implementation of such measures to reduce the spread of the disease must include an assessment of their impact on the health and wellbeing of the population, society, and economy. It is worth noting that, although strict individual lockdown measures for an extended period of time have greatly reduced the transmission of the virus and the number of deaths due to COVID-19, they have had an important impact on the physical and emotional wellbeing of people due to social isolation<sup>9</sup>, besides the problems derived from the impact on the

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<sup>4</sup> [CDC: Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission](#)

<sup>5</sup> [Closed environments facilitate secondary transmission of coronavirus disease 2019 \(COVID-19\)](#)

<sup>6</sup> [Clusters of Coronavirus Disease in Communities, Japan, January–April 2020](#)

<sup>7</sup> [Update no. 230. Coronavirus disease \(COVID-19\). 16.10.2020. Ministry of Health.](#)

<sup>8</sup> [Rapid Review der Wirksamkeit nicht-pharmazeutischer Interventionen bei der Kontrolle der COVID-19-Pandemie. Robert Koch-Institut, 28.9.2020.](#)

<sup>9</sup> [PHE: Direct and indirect impacts of COVID-19 on excess deaths and morbidity, 15 July 2020](#)



economy. However, shorter or partial closure periods have also proven useful to reduce the transmission of the virus and have a far lower impact on the wellbeing of people, both adults and children<sup>10</sup>.

The autonomous communities shall decide what measures will be implemented and when, and such information shall be provided to the Ministry of Health before their implementation. The autonomous communities, in coordination with the Ministry, shall periodically review the epidemiological situation to assess, keep or modify the alert level and the measures applied. Each autonomous community must carefully monitor the indicators on their territories, in environments with high vulnerability such as social and health environments, and strengthen the response capabilities in the affected area, including monitoring and assistance protocols in such environments.

Table 3 shows the response measures suggested according to the different alert levels. Such measures must always include and reinforce the measures established by Royal Decree-Law 21/2020 and the development regional regulations, especially those in reference to social distancing and preventing and hygiene measures. Apart from the general considerations, the proposed measures have been divided into three sections, considering the risk profile associated to the different exposure environments.

Besides following level 3 measures, alert level 4 shall involve exceptional measures that may include additional restrictions. If the adoption of these measures requires to activate the mechanism provided by Article 4 of Organic Law 4/1981 of 1 June regarding the state of alert, emergency and siege, the President of the autonomous community will request the Government to declare the state of alarm, pursuant to Article 5 of Organic Law 4/1981 of 1 June.

Those businesses and services considered essential by the health authorities shall remain open or operating at all the alert levels.

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<sup>10</sup> [PHE: Non-pharmaceutical interventions \(NPIs\) table, 21 September 2020](#)



**Table 3: Proposed response actions for alert levels 1, 2 and 3.**

		Alert level 1	Alert level 2	Alert level 3
<b>Summary of the epidemiological situation</b>		<i>Complex outbreaks or limited community transmission</i>	<i>Widespread sustained community transmission with growing pressure on the healthcare system</i>	<i>Uncontrolled and sustained community transmission that exceeds the response capacity of the healthcare system</i>
<b>General considerations</b>	<b>Healthcare and public health capacities</b>	<ul style="list-style-type: none"> <li>• Activities targeted at strengthening the capacities adjusted to current needs in order to ensure the appropriate surveillance, control and monitoring of cases and contacts.</li> <li>• Ensuring the appropriate isolation of cases and quarantine of contacts including the necessary social resources and the availability of areas fitted out to that effect.</li> <li>• Considering procedures that allow the relocation and reallocation of the personnel's professional duties.</li> <li>• Activities targeted at strengthening healthcare capacities in primary and hospital care settings.</li> <li>• Ensuring the review and update of the contingency plans' effectiveness when facing a rapid increase of cases.</li> <li>• At all levels, social support measures and intersectoral actions must be implemented and communication and actions targeted at achieving the citizens' involvement must be strengthened in order to implement the recommended measures.</li> </ul>		
	<b>Measures on social and family relations</b>	<ul style="list-style-type: none"> <li>• Recommendation to interact in social bubbles structured into stable household groups (SHGs).</li> <li>• Gatherings up to a maximum of 15 people, except for SHGs, insisting on the fact that social distancing, prevention and hygiene measures must be followed.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendation to interact in social bubbles structured into stable household groups (SHGs).</li> <li>• Gatherings up to a maximum of 10 people, except for SHGs, insisting on the fact that social distancing, prevention and hygiene measures must be followed.</li> <li>• Recommendation to stay home.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting possible social contacts outside of SHGs as much as.</li> <li>• Gatherings up to a maximum of 6 people, except for SHGs, insisting on the fact that social distancing, prevention and hygiene measures must be followed.</li> <li>• Recommendation to stay home.</li> <li>• Considering the limitation of opening hours until 23:00 h. for non-essential businesses.</li> </ul>
	<ul style="list-style-type: none"> <li>• Observing interpersonal distancing and the compulsory use of face masks in public spaces, except for those exemptions set forth in Royal Decree-Law 21/2020.</li> <li>• Prohibition of smoking on the street when the safety distance cannot be kept.</li> <li>• Prohibition of smoking at pavement cafés.</li> <li>• Prohibition of eating or drinking in public spaces when the safety distance cannot be maintained and outside the SHG.</li> </ul>			



		Alert level 1	Alert level 2	Alert level 3
<b>General considerations</b>		<ul style="list-style-type: none"> <li>Recommendation for the population to download the app Radar-Covid or to keep a record of all close contacts in order to facilitate contact tracing.</li> </ul>		
	<b>Mobility</b>	<ul style="list-style-type: none"> <li>Recommendation to limit non-essential travel outside the assessed territorial unit.</li> </ul>		<ul style="list-style-type: none"> <li>Recommendation to the population to leave their home only when necessary, avoiding enclosed spaces where activities that are not compatible with the use of face masks are being carried out and where large crowds gather.</li> <li>Considering restrictions to coming in and out of the assessed territorial area, except for essential activities.</li> </ul>
	<b>Work</b>	<ul style="list-style-type: none"> <li>Promoting telework as much as possible.</li> <li>Meetings celebrated at common areas within the workplace shall be governed by the instructions set forth at the corresponding level.</li> <li>Promoting staggered shifts at those workplaces where employees must be present to develop their activities.</li> </ul>		<ul style="list-style-type: none"> <li>Going to work under exceptional circumstances, for specific activities and meetings, always provided that social distancing and prevention and hygiene measures are followed.</li> </ul>
	<b>Collective and public transport</b>	<ul style="list-style-type: none"> <li>Promoting bicycle or walking transportation.</li> <li>Increasing frequencies as much as possible in order to ensure the lowest occupancy.</li> <li>Ensuring an adequate air circulation.</li> <li>No more than 2 passengers per row inside taxis and VFH, except for EHG, and the seat next to the driver shall remain unoccupied.</li> <li>Avoiding rush hours, except when developing essential activities and commuting to work or to educational centers.</li> </ul>		
	<b>Wakes, burials and funeral</b>	<ul style="list-style-type: none"> <li>Limiting capacity to 75% indoors (50</li> </ul>	<ul style="list-style-type: none"> <li>Limiting capacity to 50% indoors (30</li> </ul>	<ul style="list-style-type: none"> <li>Limiting capacity to 1/3 indoors (10</li> </ul>



		Alert level 1	Alert level 2	Alert level 3
<p><b>HIGH RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– close and long-term contact</li> <li>– enclosed spaces</li> <li>– poor and inadequate ventilation</li> <li>– large crowds</li> <li>– activities that are not compatible with the use of face masks</li> </ul>	<b>ceremonies</b>	<p>people maximum), provided that the safety distance can be ensured.</p> <ul style="list-style-type: none"> <li>• No limitations in open spaces, provided that the safety distance can be ensured.</li> </ul>	<p>people maximum), provided that the safety distance can be ensured.</p> <ul style="list-style-type: none"> <li>• No limitations in open spaces, provided that the safety distance can be ensured.</li> </ul>	<p>people maximum), provided that the safety distance can be ensured.</p> <ul style="list-style-type: none"> <li>• Limiting capacity to 20 people in open spaces, provided that the safety distance can be ensured.</li> </ul>
	<b>Other ceremonies (weddings, christenings...) and places of worship</b>	<ul style="list-style-type: none"> <li>• Ceremonies: 75% of the capacity cannot be exceeded in enclosed spaces (with a maximum of 50 people).</li> <li>• Places of worship: 75% of the capacity cannot be exceeded in enclosed spaces.</li> <li>• No limitations in outdoor spaces, provided that the safety distance can be ensured.</li> </ul>	<ul style="list-style-type: none"> <li>• Ceremonies: 50% of the capacity cannot be exceeded in enclosed spaces (with a maximum of 30 people).</li> <li>• Places of worship: 50% of the capacity cannot be exceeded in enclosed spaces. Offering services via telematic means or television.</li> <li>• No limitations in outdoor spaces, provided that the safety distance can be ensured.</li> </ul>	<ul style="list-style-type: none"> <li>• Ceremonies: If possible, postponing their celebration until the epidemiological situation improves. 1/3 of the capacity in enclosed spaces (10 people maximum), provided that the safety distance can be ensured.</li> <li>• Places of worship: 1/3 of the capacity cannot be exceeded in enclosed spaces. Offering services via telematic means or television.</li> <li>• Limiting capacity to 20 people in outdoor spaces, provided that the safety distance can be ensured.</li> </ul>
	<b>Nursing homes</b>	<ul style="list-style-type: none"> <li>• Limiting residents' stays outside.</li> <li>• Limiting visits, ensuring social distancing, prevention and hygiene measures.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting visits, ensuring social distancing, prevention and hygiene measures and providing supervision.</li> </ul>	
	<b>Other social and healthcare centers (daycare centers, centers for people with disabilities, etc.)</b>	<ul style="list-style-type: none"> <li>• Limiting residents' stays outside.</li> <li>• Limiting visits, ensuring social distancing, prevention and hygiene measures.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting residents' stays outside.</li> <li>• Limiting visits, ensuring social distancing, prevention and hygiene measures and under supervision.</li> <li>• Considering the limitation of the capacity unless the activity needs to be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>• Ceasing the activity unless the activity needs to be maintained.</li> </ul>



		Alert level 1	Alert level 2	Alert level 3
<p><b>HIGH RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– close and long-term contact</li> <li>– enclosed spaces</li> <li>– poor and inadequate ventilation</li> <li>– large crowds</li> <li>– activities that are not compatible with the use of face masks</li> </ul>	<p><b>Recreation centers for seniors (senior citizens' social clubs) and youngsters (children's play-centers, youth centers...)</b></p>	<ul style="list-style-type: none"> <li>• Operating at 75% of its internal capacity. Its activity is only allowed if users are sitting around tables and ensuring a distance of at least 2 meters between the chairs of different tables.</li> <li>• Maximum capacity of 10 people per table or group of tables.</li> </ul>	<ul style="list-style-type: none"> <li>• Operating at 50% of its internal capacity. Its activity is only allowed if users are sitting around tables and ensuring a distance of at least 2 meters between the chairs of the different tables.</li> <li>• Maximum capacity of 6 people per table or group of tables.</li> </ul>	<ul style="list-style-type: none"> <li>• Ceasing the activity unless the activity needs to be maintained.</li> </ul>
		<ul style="list-style-type: none"> <li>• Ensuring the proper ventilation of indoor areas.</li> <li>• Face masks must be worn at all times, except when eating or drinking.</li> </ul>		
	<p><b>INDOOR AREAS of hospitality and catering establishments (bars, cafés and restaurants –including those located in hotels-)</b></p>	<ul style="list-style-type: none"> <li>• Operating at 75% of its internal capacity.</li> <li>• Maximum capacity of 10 people per table or group of tables. Ensuring a distance of at least 2 meters between the chairs of different tables.</li> </ul>	<ul style="list-style-type: none"> <li>• Operating at 50% of its internal capacity.</li> <li>• Maximum capacity of 6 people per table or group of tables. Ensuring a distance of at least 2 meters between the chairs of different tables.</li> <li>• Prohibiting service at the bar.</li> </ul>	<ul style="list-style-type: none"> <li>• Health authorities must consider the closure of the establishments' indoor areas and, alternatively, the reduction of the capacity to the bare minimum and prohibition of service at the bar.</li> </ul>
		<ul style="list-style-type: none"> <li>• Ensuring the proper ventilation of indoor areas.</li> <li>• Face masks must be worn at all times, except when eating or drinking.</li> <li>• Eliminating self-service or buffet style dining.</li> </ul>		
		<ul style="list-style-type: none"> <li>• Establishments may offer takeaway, home delivery and drive thru services at all alert levels. For takeaway services, safe distancing and prevention measures must be followed.</li> </ul>		



		Alert level 1	Alert level 2	Alert level 3
<p><b>HIGH RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– close and long-term contact</li> <li>– enclosed spaces</li> <li>– poor and inadequate ventilation</li> <li>– large crowds</li> <li>– activities that are not compatible with the use of face masks</li> </ul>	<p><b>INDOOR AREAS of sport centers and facilities (which fall outside the scope regulated by the High Council for Sports)</b></p>	<ul style="list-style-type: none"> <li>• Sports centers and facilities: 75% of the capacity, ensuring safe distancing and ventilation. Closed if these cannot be ensured.</li> <li>• Group activities will respect the limited number of people set forth for this level.</li> </ul>	<ul style="list-style-type: none"> <li>• Sports centers and facilities: 50% of the capacity, ensuring safe distancing and ventilation. Closed if these cannot be ensured.</li> <li>• Group activities will respect the limited number of people set forth for this level.</li> </ul>	<ul style="list-style-type: none"> <li>• Sports centers and facilities: 1/3 of the capacity, ensuring safe distancing and ventilation. Closed if these cannot be ensured.</li> <li>• Group activities will respect the limited number of people set forth for this level.</li> </ul>
	<p><b>Student residences</b></p>	<ul style="list-style-type: none"> <li>• Opening of common areas at 75% of their capacity, always ensuring that social distancing, prevention and hygiene measures are followed and promoting the use of well-ventilated areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Opening of common areas at 50% of their capacity (including lunchrooms, where shifts can be established) and always ensuring that social distancing, prevention and hygiene measures are followed.</li> </ul>	<ul style="list-style-type: none"> <li>• Opening of common areas at 1/3 of their capacity (including lunchrooms, where shifts can be established) and always ensuring that social distancing, prevention and hygiene measures are followed.</li> <li>• Prohibiting visitors.</li> </ul>
	<p><b>Establishments such as bingo halls, casinos, arcades, gambling halls and betting shops</b></p>	<ul style="list-style-type: none"> <li>• Operating at 75% of its internal capacity.</li> <li>• Maximum capacity of 10 people per table or group of tables. Ensuring a distance of at least 2 meters between the chairs of the different tables.</li> </ul>	<ul style="list-style-type: none"> <li>• Operating at 50% of its internal capacity.</li> <li>• Maximum capacity of 6 people per table or group of tables. Ensuring a distance of at least 2 meters between the chairs of the different tables.</li> <li>• Prohibiting service at the wet bar.</li> </ul>	<ul style="list-style-type: none"> <li>• Health authorities must consider the closure and, failing that, the reduction of the capacity to the strict minimum; prohibition of service at the wet bar.</li> </ul>
	<p><b>Nightclubs, nightlife establishments</b></p>	<ul style="list-style-type: none"> <li>• Closed</li> </ul>		



		Alert level 1	Alert level 2	Alert level 3	
<p><b>MEDIUM RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– Controlled contact</li> <li>– well-ventilated enclosed spaces</li> <li>– open spaces with large crowds</li> <li>– activities that are compatible with the continuous use of face masks</li> </ul>	<p><b>Conferences, meetings, business meetings, conferences, seminars, and other professional events</b></p>	<ul style="list-style-type: none"> <li>• Maximum capacity of 75% and 50 attendants, always guaranteeing social distancing, hygiene and prevention measures.</li> <li>• Avoid crowds in rest areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum capacity of 50% and 30 attendants, always guaranteeing social distancing, hygiene and prevention measures.</li> <li>• Avoid crowds in rest areas.</li> <li>• Recommendation to hold the event online, especially for activities aimed at essential personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• Online only.</li> </ul>	
	<p><b>Business premises, provision of services, and street markets</b></p>	<ul style="list-style-type: none"> <li>• <b>Business premises:</b> 75% of capacity. If social distancing cannot be ensured, only one customer will be allowed in the premises.</li> <li>• <b>Street markets:</b> 75% of the stalls that are usually authorized.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Business premises:</b> 50% of capacity. If social distancing cannot be ensured, only one customer will be allowed in the premises.</li> <li>• <b>Street markets:</b> 75% of the stalls that are usually authorized if the market is outdoors.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Business premises:</b> 1/3 of capacity. If social distancing cannot be ensured, only one customer will be allowed in the premises.</li> <li>• <b>Street markets:</b> 50% of the stalls that are usually authorized if the market is outdoors.</li> </ul>	
			<ul style="list-style-type: none"> <li>• Home pick-up and delivery services will keep operating, always respecting social distancing and hygiene and prevention measures.</li> </ul>		
	<p><b>Academies, driving schools, other non-formal education centers (including activities promoted by the administrations)</b></p>	<ul style="list-style-type: none"> <li>• 75% of capacity.</li> <li>• Instruction may be in person as long as social distancing, hygiene and prevention measures are respected.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommending online learning.</li> <li>• 50% of capacity.</li> <li>• Instruction may be in person as long as social distancing, hygiene and prevention measures are respected.</li> <li>• Assessing attendance of vulnerable people.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommending online learning.</li> <li>• 1/3 of capacity.</li> <li>• Instruction may be in person as long as social distancing, hygiene and prevention measures are respected.</li> <li>• Suspending activities attended by vulnerable people.</li> </ul>	
<p><b>Hotels, hostels, and other accommodations</b></p>	<ul style="list-style-type: none"> <li>• Opening of common areas: 75% of their capacity, always ensuring that social distancing, prevention and hygiene measures are followed and promoting the use of well-ventilated areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Opening of common areas at 50% of their capacity, always ensuring that social distancing, prevention and hygiene measures are followed and promoting the use of well-ventilated areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Opening of common areas at 1/3 of their capacity, always ensuring that social distancing, prevention and hygiene measures are followed and promoting the use of well-ventilated areas.</li> </ul>		
		<ul style="list-style-type: none"> <li>• People from different household groups cannot sleep in the same room in hostels.</li> </ul>			



		Alert level 1	Alert level 2	Alert level 3	
<p><b>MEDIUM RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– Controlled contact</li> <li>– well-ventilated enclosed spaces</li> <li>– open spaces with large crowds</li> <li>– activities that are compatible with the continuous use of face masks</li> </ul>	<p><b>Physical activity or sports in non-professional groups</b></p>	<ul style="list-style-type: none"> <li>• For such sport events, assess the risk according to the protocols and procedures of the National Sports Council (<a href="#">Protocol of Action for the return of State non-professional competitions for the season 2020/2021</a>).</li> <li>• Social distancing, prevention and hygiene measures must be guaranteed at all times pursuant to <a href="#">Decree-law 21/2020</a> and applicable regional regulations.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-professional and non-federated sports events are allowed as long as the social distancing, prevention and hygiene measures are guaranteed and the maximum capacity is of 50%.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-professional and non-federated sports events are allowed as long as the social distancing, prevention and hygiene measures are guaranteed and the maximum capacity is of 1/3, provided that it is outdoors.</li> <li>• Enclosed space.</li> <li>• Assessing the suspension of sports that involve physical contact.</li> </ul>	
		<ul style="list-style-type: none"> <li>• Non-professional and non-federated sports events are allowed as long as the social distancing, prevention and hygiene measures are guaranteed and the maximum capacity is of 75%.</li> </ul>			
			<ul style="list-style-type: none"> <li>• Locker rooms and showers: monitor access to ensure social distancing, hygiene and prevention measures.</li> </ul>		
	<p><b>Professional and federated sports training</b></p>		<ul style="list-style-type: none"> <li>• For such sport events, assess the risk according to the protocols and procedures of the National Sports Council (<a href="#">Protocol of Action for the return to training and to federated and professional competitions</a>).</li> <li>• Social distancing and prevention and hygiene measures must be guaranteed at all times pursuant to <a href="#">Decree-law 21/2020</a>.</li> </ul>		
	<p><b>OUTDOOR AREAS of hospitality and catering establishments (bars, cafés and restaurants –including those located at hotels-)</b></p>		<ul style="list-style-type: none"> <li>• For groups of customers, which shall remain separated and seated, subject to gathering conditions (15 people).</li> </ul>	<ul style="list-style-type: none"> <li>• Outdoor capacity of 75% for groups of customers, which shall remain separated and seated, the conditions for gatherings apply (10 people).</li> </ul>	<ul style="list-style-type: none"> <li>• Outdoor capacity of 75% for groups of customers, which shall remain separated and seated, the conditions for gatherings apply (6 people).</li> <li>• Limiting customers' last entrance to 22:00 and the closing time to 23:00.</li> </ul>
			<ul style="list-style-type: none"> <li>• Tables ensuring a distance of at least 1.5 meters between the chairs of different tables.</li> <li>• Face masks must be worn at all times, except when eating or drinking.</li> </ul>		
<p><b>Cinemas, theaters,</b></p>		<ul style="list-style-type: none"> <li>• Maximum capacity of 75%, provided that a distance of one seat-apart in the same</li> </ul>		<ul style="list-style-type: none"> <li>• Maximum capacity of 50%, provided</li> </ul>	





		Alert level 1	Alert level 2	Alert level 3
<p><b>MEDIUM RISK</b></p> <p><b>Situations that involve:</b></p> <ul style="list-style-type: none"> <li>– Controlled contact</li> <li>– well-ventilated enclosed spaces</li> <li>– open spaces with large crowds</li> <li>– activities that are compatible with the continuous use of face masks</li> </ul>	<p><b>auditoriums, big top circuses and similar spaces, as well as venues and establishments intended for cultural performances and events</b></p>	<p>row, in the event of assigned seats, or of 1.5 meters, in the case of non-assigned seating, can be ensured between the different household groups</p> <ul style="list-style-type: none"> <li>• Numbered tickets.</li> <li>• Pre-assigned seats.</li> <li>• Recommendation to avoid eating or drinking during the show.</li> </ul>		<p>that a distance of one seat-apart in the same row, in the event of assigned seats, or of 1.5 meters, in the case of movable seats, can be ensured between the different household groups.</p>
	<p><b>Celebration of other cultural and public attendance events (indoors and outdoors)</b></p>	<ul style="list-style-type: none"> <li>• For all cultural events, assessing the risk according to the document <a href="#">Recommendations for mass events and activities in the context of new normal due to COVID-19 in Spain</a>.</li> <li>• Social distancing, prevention and hygiene measures must be guaranteed at all times pursuant to <a href="#">Decree-law 21/2020</a>.</li> </ul>		
	<p><b>Libraries, archives, museums, exhibition halls, monuments and other cultural facilities</b></p>	<ul style="list-style-type: none"> <li>• No restrictions of capacity, ensuring social distancing, prevention and hygiene measures.</li> <li>• For group activities, the conditions for gatherings apply (15 people).</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum capacity of 75% for each of the rooms and public spaces.</li> <li>• For group activities, the conditions for gatherings apply (10 people).</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum capacity of 50% for each of the rooms and public spaces.</li> <li>• For group activities, the conditions for gatherings apply (6 people).</li> </ul>
	<p><b>Swimming pools and beaches</b></p>	<ul style="list-style-type: none"> <li>• Social distancing between the different household groups. Insisting on the fact that social distancing, prevention and hygiene measures must be followed.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting the capacity of swimming pools to 75%.</li> <li>• Limiting access to beaches. Control of capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting the capacity of outdoor swimming pools to 50% and to 1/3 for indoor swimming pools.</li> <li>• Accessing to beaches to go for a walk or to do sports, observing social distancing, prevention and hygiene measures. Limiting operating hours.</li> </ul>



		Alert level 1	Alert level 2	Alert level 3
<b>LOW RISK</b>  <b>Situations that involve:</b> – Controlled contact – open spaces – good ventilation – limited and/or controlled crowds – activities that are compatible with the continuous use of face masks	<b>Parks and outdoor recreational areas</b>	<ul style="list-style-type: none"> <li>• Open, ensuring social distancing, prevention and hygiene measures.</li> <li>• Prohibiting alcohol consumption and monitoring the gathering measures established for each phase for their compliance.</li> <li>• Recommendation to close these areas at night, if possible.</li> </ul>		
	<b>Educational centers</b>	<ul style="list-style-type: none"> <li>• Applying the guidelines laid down in <i>Preventive, Hygiene and Health Promotion Measures to combat COVID-19 for educational centers in the academic year 2020-2021</i></li> <li>• Applying the recommendations concerning the <a href="#">university community in the academic year 2020-2021</a> and the <a href="#">educational centers that develop vocational education practical training in their premises</a>. In person education, pursuant to the declaration on coordinated public health actions against COVID-19 for educational centers in the academic year 2020-21</li> <li>• Educational centers will remain open for the whole academic year, ensuring the school lunch service, as well as the teaching support service to minors with special needs or from socially vulnerable families.</li> <li>• In the event of outbreaks or uncontrolled transmission, and before closing the educational center, hybrid learning or schedule adjustments will be considered in order to limit contacts as much as possible.</li> </ul>		
	<b>Individual physical activity</b>	<ul style="list-style-type: none"> <li>• Allowed outdoors, ensuring social distancing, prevention and hygiene measures.</li> </ul>		



## 6. Appendixes

**Appendix 1. Other epidemiological and capacity indicators** (These indicators and their thresholds will be updated as required according to the evolution of the data and the epidemiological situation).

Indicator	Calculation method	Risk assessment					Information source
		New normal	Low	Medium	High	Very high	
<b>Assessment of the transmission level</b>							
Time-trend of diagnosed cases (always interpret within the context of the incidence in the territory)	Number of confirmed cases from day 1 to 7 before the date – number of confirmed cases from day 8 to 14 before the date * 100 / Number of confirmed cases from day 8 to 14 before the date	Downward or stable trend over the last 4 weeks	Fluctuates with no sustained increases	Low-level sustained increases (<25%)	Intermediate sustained increases (25-50%) or isolated increase of high magnitude (>50%)	High sustained increases (>50%) or isolated increase of very high magnitude (>100%)	Mandatory individual reporting (SIVIES)
Weekly test positivity rate* in suspected cases in primary care (PC)	Suspected cases in PC (consultation last week) with positive test results*100 / suspected cases in PC (consultation last week) with available test results	≤6%	>6 to ≤10%	>10 to ≤20%	>20 to ≤30%	>30%	Weekly aggregate reporting to the Ministry of Health
Effective reproduction number ( $R_t$ )	Mean number of secondary cases per detected case, calculated using the case series by date of symptom onset, on days 5 to 15 before the date	≤ 1	>1 to ≤1.1	>1,1 to ≤1.5	> 1.5 to ≤2	>2	Mandatory individual reporting (SIVIES). Indicator calculated by autonomous communities
<b>Assessment of diagnostic capacity</b>							
Number of suspected cases per confirmed case over 7 days	Number of suspected cases (PC and hospitals) over 7 days / Number of confirmed cases over the same 7 days	≥10	<10 to ≥7	<7 to ≥ 4	<4 to ≥2	<2	Reporting to the Ministry of Health by autonomous communities and SIVIES
Proportion of suspected cases in primary care (PC) with diagnostic test* performed	New PC suspected cases with test performed over 7 days x 100 / new PC suspected cases over 7 days (by consultation date)	>90%	<90 to ≥85%	<85 to ≥80%	<70 to ≥80%	<70%	Weekly aggregate reporting to the Ministry of Health



Testing rate*	Total number of performed tests (PDIA*) *100.000 / Total population	≥1,500	<1,500 to ≥1,000	<1,000 to ≥800	<800 to ≥600	<600	Laboratory-based notification (SERLAB)
Number of tests* performed per confirmed case over 7 days	Total number of tests performed over 7 days/ Total number of cases confirmed over 7 days	≥30	<30 to ≥20	<20 to ≥10	<10 to ≥5	<5	SERLAB, SIVIES
Diagnosis delay	Median in days between symptom onset and diagnosis date, in confirmed cases	≤1day	>1 to ≤2 days	>2 to ≤5 days	>5 to ≤8 days	>8 days	Mandatory individual reporting (SIVIES).
Time to diagnosis	Median in days between consultation date and diagnosis date, in confirmed cases	≤1day	>1 to ≤2 days	>2 to ≤3 days	>3 to ≤4 days	>4 days	Mandatory individual reporting (SIVIES).
<b>Assessment of severity</b>							
COVID-19 hospitalization rate per 100,000 population over 7 days	Number of new hospital admissions due to COVID-19 over 7 days *100.000/ Population in the territory	≤10	>10 to ≤20	>20 to ≤30	>30 to ≤40	≥40	Reporting to the Ministry of Health by autonomous communities.
Proportion of hospital admissions due to COVID-19	Number of hospitalizations due to COVID-19 over 7 days*100/Total hospitalizations over 7 days	≤1%	>1 to ≤5%	>5 to ≤10%	>10 to ≤20%	≥20%	Reporting to the Ministry of Health by autonomous communities.
Percentage of COVID-19 hospitalized cases in the ICU	Number of COVID-19 confirmed cases in the ICU *100/ total hospitalized cases due to COVID-19 (assessed after 7 days)	≤5%	> 5 to ≤10%	>10 to ≤20%	>20 to ≤30%	≥30%	Mandatory individual reporting (SIVIES). Information provided by autonomous communities.
Lethality in confirmed cases	Percentage of deaths per weekly cohort (assessed 3 weeks after diagnosis).	≤0.5%	>0.5 to ≤1%	>1 to ≤3%	>3 to ≤5%	≥5%	Mandatory individual reporting (SIVIES)
Mortality rate over 7 days per million population	COVID-19 confirmed cases deceased over 7 days * 1.000.000 / Population in the territory	≤5	>5 to ≤10	>10 to ≤30	>30 to ≤50	>50	Mandatory individual reporting (SIVIES)
All-cause excess mortality over the last 2 weeks *	*Any mortality excess day over the last 2 weeks that can be included in an excess mortality period according to MoMo	≤1%	>1 to ≤3%	>3 to ≤13%	>13 to ≤25%	>25%	System for daily mortality monitoring (MoMo)



criteria is considered.							
<b>Transmission control capacity</b>							
Isolation or quarantine places at non-healthcare facilities	Isolation or quarantine spots at non-healthcare facilities *100 / new cases diagnosed in the 5 to 18 days prior to the date	≥7%	<7 to ≥5%	<5 to ≥3%	<3 to ≥1%	<1%	Need to collect ad hoc
Occupation of isolation or quarantine spots at non-healthcare facilities	Number of isolation or quarantine spots at non-healthcare facilities occupied on the date / Number of spots available at these facilities	≤25%	>25 to ≤50%	>50 to ≤70%	>70 to ≤90%	>90%	Need to collect ad hoc
Proportion of cases with contact tracing performed over the first 3 days after diagnosis	Number of cases diagnosed over the last 3 days with contact tracing performed*100 / total number of cases diagnosed over the last 3 days	≥ 90%	<90 to ≥80%	<80 to ≥70%	<70 - ≥60%	<60%	Mandatory individual reporting (SIVIES)
<b>Nursing homes</b>							
Nursing homes with new outbreaks over the last 7 days	Nursing homes with new outbreaks declared over the last 7 days *100/ number of nursing homes	≤1%	>1 to ≤3%	>3 to ≤5%	>5 to ≤10%	>10%	Weekly national notification of outbreaks , ad hoc data
Cases per outbreak in nursing homes over the last 7 days	Number of resident confirmed cases / number of outbreaks in nursing homes over the last 7 days	≤5	>5 to ≤10	> 10 to ≤15	> 15 to ≤20%	>20	Weekly national notification of outbreaks

\* Active Infection Diagnostic Tests (PDIA, included in the diagnostic strategy) such as PCR or antigen tests.