

Operating Safely

During COVID-19:

How to Build Customer and Employee Trust

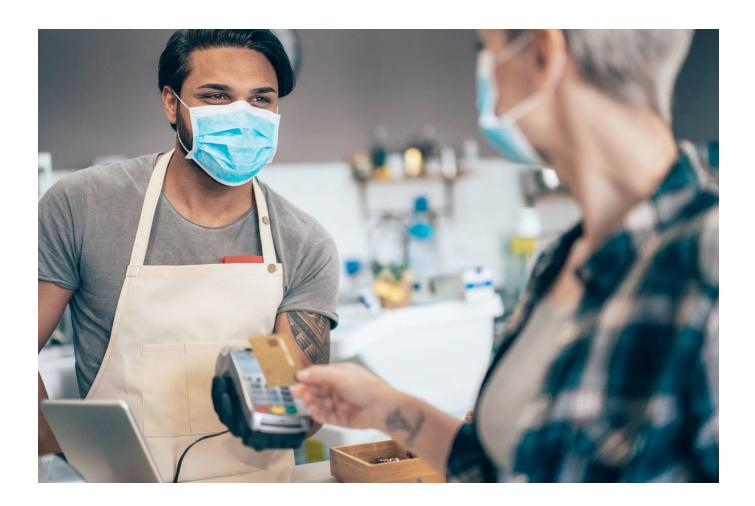




Table of Contents

Table of Contents	2
Problem: Eroding Trust	3
Problem: COVID Vaccine Effectiveness & Availability	6
Problem: Temperature Screening	6
Problem: Diagnostic Testing	7
Problem: COVID Sanitation & EHS	7
Problem: Regulatory Compliance	8
Problem: Managing COVID-19	9
Solution: MTRX K1	10
Solution: MTRX L1	12
Solution: MTRX KLD	14
Solution: Building Trust & Confidence	15
Beyond COVID	15
References	17



Problem: Eroding Trust

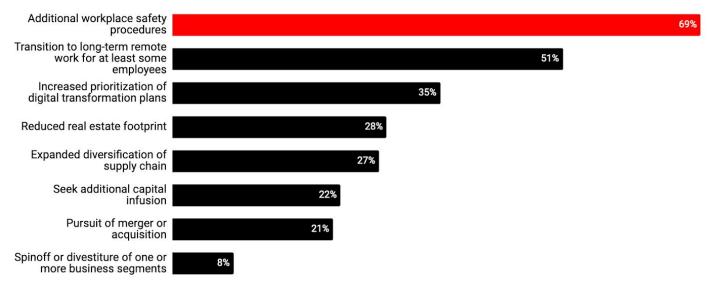
The cost of shutting down for COVID-19 has cost organizations 16 trillion dollars (Hiltzik, 2020). For example, shutting down automotive factories to conduct contact tracing and sanitize facilities has

resulted in \$2 billion in losses and is equivalent to the cost of building the Tesla Gigafactory in Berlin. In the retail industry, shutdowns related to COVID-19 have resulted in losses of foot traffic and significant losses in revenue, while the grocery and pharmacy industries have seen unprecedented spikes in demand for household goods. Demand fluctuations across industries have made order fulfillment challenging thus tarnishing the relationships between businesses. These fluctuations have also contributed to numerous disruptions to the production of parts or components which are

1.	2.
Uncertainty and fear about COVID is creating "stay put" mindset globally	There is a trust issue on return to the workplace – employees want multiple safety precautions and consistent communications

necessary for a wide variety of products. Consequently, this has created cash flow problems in many industries. These demand fluctuations and business disruptions have created a perfect storm which has eroded the confidence and trust that businesses have with each other, and the trust consumers have with businesses.

CORPORATE STRATEGY CHANGES TO BE IMPLEMENTED BY THE END OF 2020

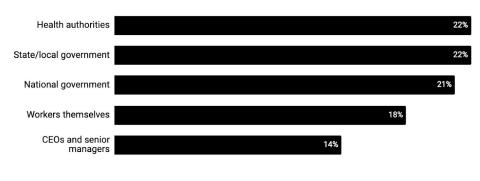




One of the key factors to remaining profitable during COVID-19 is the ability to regain consumer and employee trust (Hartmann, N., & Lussier, B., 2020). Without trust, employees will not show up to work, nor will consumers engage in normal business in person (Zak, 2017). Some employees are scared to return to work out of fear of contracting COVID-19 (Carlisle, 2020). A balancing act ensues between an employer that is at

THERE IS NO CONSENSUS ON THE AUTHORITY FOR RETURN TO WORKPLACE DECISIONS

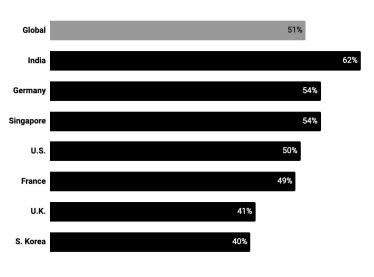
Percent of employees who say each should lead in making the return to work decision



risk of shutting down their businesses or permanently damaging strategic business relationships or losing market access and customers entirely (Buehler et al., 2020). The key factor to resuming business operations begins with providing a safe and healthy work environment for employees. A survey conducted by Edelman Trust Barometer indicated that a significant majority of employees do not believe that it is safe to travel to the workplace, or reenter the workplace, across all sectors and industries (Barometer, E. T., 2020). **The need to build trust among vendors, employees, and customers is a top strategic priority among leaders across industries (Silverman, 2020).**

A lack of employee and consumer trust originates from several driving forces. One of the main driving forces is that there is not a single source of trusted information among employees and consumers (Barometer, E. T., 2020). The lack of a central authority for trusted information and uncertainty related to COVID-19 makes it difficult for employers to implement policies that are aimed at ensuring organizational sustainability while ensuring that employees and customers feel safe to conduct business. In fact, CEOs and Senior Managers are the least trusted source of information for workplace safety decisions related to the COVID-19 pandemic (Barometer, E. T., 2020), and most employees do not deem their workplaces to be safe. This presents both a significant

ONLY HALF OF EMPLOYEES DEEM OFFICE SPACES SAFE



Percent that trust corporate offices are safe given the current situation

challenge, and an opportunity, for the leaders of organizations to take action to restore the confidence of their employees and customers alike.

Š

ore

3

MULTIPLE PRECAUTIONS ARE NEEDED FOR EMPLOYEES TO FEEL PROTECTED

Percent of employees who feel each action is required to ensure the workplace is safe in terms of preventing the spread of the coronavirus

----				e	Jar		Pre	ā
	Global 7	U.S.	U.K.	France	Germar	India	S. Kore	Singapo
Mandatory use of masks	59	53	43	65	50	(71)	80	72
Maintaining strict social distancing	57	47	57	56	(51)	69	65	67
Reduced occupancy in the workplace	45	42	51	42	41	53	33	53
All employees checked for fever	44	46	44	27	16	64	58	63
Limit any non-essential travel	40	33	36	44	37	48	51	45
Keeping telework available as an option	37	36	28	42	29	48	35	47
Maintaining flexibility for those with unique needs	35	35	43	21	29	48	29	41
Reduced occupancy on elevators	35	32	32	27	34	48	26	46
Plastic shields between work areas	34	30	46	28	27	49	24	29
Nothing will make my workplace safe	2	3	1	2	4	-	6	2
	nber of precautionary ts employees want to see happen:	3.6	3.8	3.5	3.2	5.0	4.0	4.6

Regaining employee and consumer confidence and trust can be accomplished. Organizations must impose enforceable workplace policies and make investments into solutions that effectively mitigate the COVID-19 threat. Solutions that help enforce mandatory mask use, maintain social distancing, monitor occupancy levels, improve workplace sanitation, and ensure that employees are healthy can improve employee and ultimately consumer trust (Blumenthal, 2020). COVID-19 solutions and technologies that are effective, consistently used, and highly visible are the most effective in restoring employee and consumer confidence (Charumilind, Craven, Lamb, and Wilson, 2020)



Problem: COVID Vaccine Effectiveness & Availability

Employees, customers, and the public at large needs a vaccine to prevent further spread of this debilitating disease. The World Health Organization estimates that roughly 10% of the population has been infected with COVID-19 (WHO, 2020). In the United States, roughly 2% of the population has been infected with the virus (Huff, 2020). Herd immunity is typically achieved when greater than 70% of the population has been either infected with the virus or have been immunized (Ward, 1920). However, there is great uncertainty and increasing doubt that herd immunity can ever be achieved with COVID-19 due to three factors (Sandman, P. M., & Lanard, J., 2020): 1. COVID-19 does not confer long lasting immunity in people that have contracted the disease (WHO, 2020); 2. The COVID-19 vaccine will likely confer partial immunity similar to the flu vaccine (Neff, 2020); and, 3. 50% of the population has stated that they will not get the vaccine if one becomes available (Tyson, Johnson, & Funk, 2020). Additionally, there is not enough global manufacturing and distribution capacity to manufacture 7 billion vaccines instantaneously or rapidly. Despite what the media has reported, the US will likely only receive 5 million vaccines by August 2020. This means that any vaccine that is at least partially effective, safe, and manufactured, will take a significant amount of time to be delivered to the masses. This means that herd immunity will not be achieved in 2021. This paints a troubling picture and makes going back to normal not likely within the next 1 to 2 years.

Problem: Temperature Screening

Temperature screening alone is not an effective screening tool for COVID-19, and creates a false sense of security to employers, employees, and customers (Moeller, 2020). According to the CDC, only 56% of severe cases admitted into the hospital had a fever when admitted. 80% of less severe cases of COVID-19 may not exhibit a fever. Additionally, many factors can affect the body's temperature such as, age, hormones, time of day, activity level, or other chronic diseases. In fact, many people that do not have COVID-19 will have fevers due to chronic conditions like cancer or ambient temperatures (Pasikhova, Y., Ludlow, S., & Baluch, A., 2017).

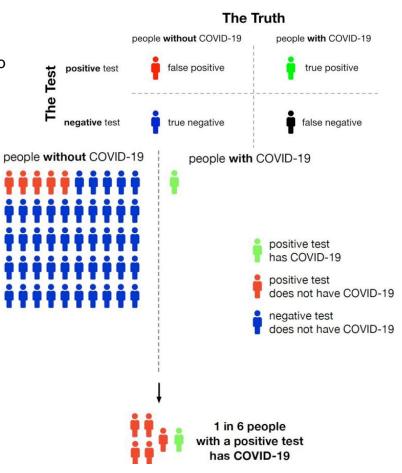
Additionally, handheld temperature devices also put two or more people into contact with each other. This is a disease transmission risk as people infected with COVID-19 will come into contact with the person taking the temperature. Consequently, the person taking the temperatures at a checkpoint could contract the disease themselves, or potentially spread the disease to other people having their temperature taken.

The benefits to handheld temperature devices is that they are inexpensive and easy to acquire. They may also be sufficient to meet the minimum regulatory requirements. However, commercially available thermometers are typically not accurate (FDA, 2020). False positives (people that appear to have high temperatures and do not have COVID-19) and false negatives (people that appear to have normal temperatures and in fact have COVID-19) can wreak havoc by eroding trust among customers and employees falsely identified as having COVID-19, and by allowing people sick with COVID-19 to enter a facility, which inevitably leads to more disease transmission, causes costly facility shutdowns for enhanced cleaning, and decreases trust among employees and customers. **A screening tool that combines multiple health metrics is needed to prevent and mitigate COVID-19**.



Problem: Diagnostic Testing

In an attempt to restore confidence among employees, customers, and students, organizations have resorted to diagnostic testing as a solution to build trust that going to businesses or attending class in person is safe. Unfortunately, organizations solely relying on diagnostic testing are experiencing testing supply shortages and many are paying a premium to ensure that they have adequate testing materials. For example, colleges, and universities in the United States are spending millions of dollars testing their students and staff (Smola. 2020). Professional sports teams and other types of live entertainment are relying heavily on diagnostic testing to ensure that athletes, performers, and the fans are safe (New York State Department of Health. 2020). However, the limits in diagnostic testing are becoming apparent as athletes, performers, and customers have all contracted COVID-19 with diagnostic testing in place (Murray et al., 2020). This is due to the fact that rapid tests (a.k.a. antibody tests) for COVID-19 have a high (20%) false

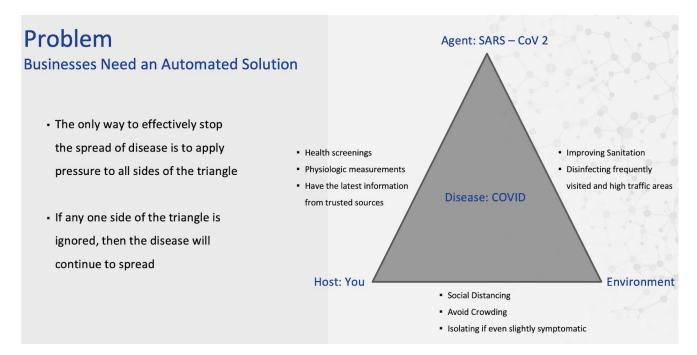


negative rate (Texas Department of State Health Services, 2020), and the more accurate PCR test takes a minimum of 2 days for the test to process and the results to be returned (FDA, 2020). These problems with, and misuse of, diagnostic testing come with a high price tag and erode trust and decrease safety. The misuse and failure of diagnostic tests further erode confidence that employers and consumers have in the precautionary measures being taken by organizations.

Problem: COVID Sanitation & EHS

Customers and employees need to be able to trust that organizations are doing everything they can to ensure that facilities are clean and safe, which is a daunting and costly process due to the characteristics of COVID-19. COVID-19 is an aerosol that can be transmitted via contact with objects, oral ingestion, or by inhalation (Ari, A, 2020). After a business or organization has been notified that someone with COVID-19 entered one of their facilities, the facility manager or owner has ultimately only one choice: to shutdown and clean and disinfect the entire facility (CDC, 2020). By the time this notification has been received it is often much too late as the disease has already been spread throughout the facility (on surfaces, in the air, and transmitted to other people).





Entire facilities are typically shut down to be cleaned because there is a lack of information about who came into contact with the infected person and there is also a lack of information about where the infected person traveled in the facility (CDC, 2020). This creates fear and employees are scared to go to work and customers are scared to participate in normal activities. A better alternative is targeted information that allows organizations to focus sanitation efforts where potentially infected people have been.

Problem: Regulatory Compliance

Compliance with government regulations builds trust among employers and employees. Organizations must now comply with a myriad of government rules and regulations. Additionally, many organizations have chosen to abide by several government recommendations which are not required by law, but are good public health policy (mask wearing in some jurisdictions). Many governments have implemented guidelines or policies that restrict occupancy indoors, require face mask use, or mandate social distancing. Similarly, various governing bodies have disseminated recommendations for cleaning and sanitation of facilities. Typically, if an employee becomes sick with COVID-19, or if the health department notifies an organization that a person that COVID-19 was in their facility, then the organization is required to immediately act. This usually consists of closing down the facility so that the facility can be deeply cleaned and disinfected. Organizations must also inform employees who are likely to have had contact as well as the person's supervisor that an employee has tested positive for COVID-19, while not violating the privacy of the person who has COVID-19. Organizations should identify employees or customers who may have had contact with the infected individual and notify them that they were potentially exposed to the disease so that they can self-isolate and monitor themselves for any symptoms of the disease. An effective and secure screening tool with instant contact tracing will enable businesses to comply with the many local and national regulations related to COVID-19.



Problem: Managing COVID-19

Problem

COVID-19 has shut down society globally



Temperature Only Screening Systems are Ineffective

- Only 60% of people admitted to the hospital with COVID-19 have a fever above 37 °C (98.6 °F)
- Temperature only systems will mistakenly identify people as being ill that may not have COVID (chronic conditions like cancer)
- Many sick people without fevers will enter the facilities and will contaminate the workplace and will infect coworkers



Organizations Have Limited or No Data

- Sick people that do not have temperatures or symptoms will pass through a checkpoint
- Organizations are forced to shutdown and sanitize entire facilities since they do not know where sick persons traveled
- When sick people get into the building contact tracing becomes difficult and time consuming



There is No Substitute

- There is shortage of medical professionals
- Using humans to take temperatures puts more people at risk
- Alternatives are too costly or time prohibitive

Currently, there are no available solutions that make it simple for organizations to proactively prevent and identify COVID-19 related threats to their business, or to efficiently respond to COVID-19 once it enters their facilities. **Having real-time situational awareness of the health of the people entering their premises, the cleanliness of the facility, and maintaining regulatory compliance is the difference between remaining operational and closing down normal business operations.** When employees and customers see and believe that all of these tasks are executed correctly, then businesses can remain profitable.



Solution: MTRX K1

Customer and employee trust is irreplaceable. Protecting the health of your organization, employees, and customers is critical. The MTRX K1 monitors the health of your customers and employees so they feel safe and confident. The K1 simply accomplishes this by providing revolutionary health scanning technology that integrates seamlessly within any organization.



The K1 was designed to be highly flexible to meet any customer's unique needs. Healthcare providers, government offices, critical infrastructures, retirement communities, manufacturers, corporate offices, schools, universities, and live sport and entertainment providers are just a few examples of the types of organizations that use the MTRX K1. The MTRX K1 is a free standing, ADA compliant, device. Using object classification technology, the K1 can be used to determine if employees or customers are wearing masks. The K1 can also be programmed with mandatory screening questions which are required in some jurisdictions.

The K1 takes over 450,000 measurements per second of the heart rhythm, respiration rhythm, and multipoint temperature of the person being scanned. This is a significant advantage over any other technology on the market. The combination of millimeter wave scanners, time of flight sensors, microphones, and thermal sensors enables the system to measure the physiology (temperature, respiration rhythm, heart rhythm) in greater detail compared to any gold standard measuring device. Over a period of 9 seconds, the system analyzes over 4 million independent physiologic measurements to evaluate the person's health. The K1 system then analyzes the combination of these measurements to determine whether or not a person is healthy or potentially has an infectious disease like COVID-19. The K1 also uses machine learning to help discern between different infectious diseases like the flu, the common cold, or COVID-19, or chronic conditions which cause people to have temperatures like cancer or Crohn's disease. Compared to other temperature taking or screening technology, this significantly reduces the amount of false positives and false negatives during employee or customer screening. This enables your business to stay open and regains the trust and confidence of your organization's most crucial stakeholders.





By default, the K1 does not collect any identity or personal identifying information. However, some organizations may require that health screening is verified and linked to identity based on organizational policy or to comply with government regulation. To provide added value to these customers, the K1 has the ability to link to identity in various ways. The K1 can use facial recognition technology to link health evaluation data to a person's identity, or the K1 can integrate with employee ID badges, tickets to events, or the MTRX L1 (i.e., Bluetooth, RFID, QR codes, NFC, barcodes). In these use cases the K1 is more powerful. After several repeated measurements of the individual, the K1 compares the measurements of the person against their past measurements. This enables the K1 to determine when the person is not healthy compared to their own baseline of measurements. If the K1 determines that there is something abnormal with the person's health (compared to their baseline), then the system notifies the individual that they should seek medical attention for professional medical evaluation. This is a significant and revolutionary change to how we evaluate a person's health, and is the ultimate solution to building trust and confidence among employees and customers.

Part of gaining the confidence and trust of employees and customers is ensuring that their information and data are protected. At MTRX, strong security has been incorporated into every design and engineering process. The K1 and the MTRX KLD can be integrated with backend authentication systems like Oauth and Federation is enabled through the use of open industry standards and openly published specifications, so that organizations can achieve interoperability for their unique use cases. SIEM tools are also an important part of the MTRX data security ecosystem. SIEM aggregates data from multiple systems and analyzes that data to catch abnormal behavior or potential cyberattacks. SIEM tools provide



а

central place to collect cyber attack events and alerts. The K1 and the MTRX KLD use SIEM integration to uniquely register each K1 which establishes strong encrypted communications between the K1 and the MTRX KLD.



Solution: MTRX L1

Customer and employee trust is irreplaceable. Protecting the health of your organization, employees, and customers is critical. The MTRX L1 monitors the movement of your customers and employees so that your organization can feel safe and confident. The L1 simply accomplishes this by providing customer and employee movement information to efficiently manage facility sanitization, prevent overcrowding, and provide instant contact tracing.

Unfortunately, no solution to prevent the spread of COVID-19 is 100 percent effective. Even with a system that is 99.9 percent effective, 1 out of 1,000 times that system will make the wrong decision. That is why it is important to have proactive and reactive solutions to build employee and consumer confidence. The way to proactively prevent COVID-19 is by making sure that your organization's facilities are clean; maintaining the proper levels of sanitation is a continual process.

One way to ensure that facilities are being cleaned properly is to employ the MTRX L1. The L1 can determine when specific locations within the facility need to be cleaned based on the amount of time that spaces are occupied,

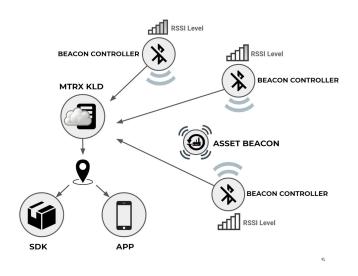
and the movement of people through the facility to efficiently manage facility sanitization, prevent overcrowding, and provide instant contact tracing. The L1 simplifies the facility health management process by notifying facility managers or janitorial staff that specific locations need to be cleaned. When the system identifies locations that need to be cleaned it sends a notification to the facility managers via our mobile application, MTRX

 All Alerts 	
tive Alert CLEANT	TEAMMISS, Clean Team Missed Area
etails	
User Zone Group Type Beacon Timestamp Video	Clean Team Missed Area Cafeteria CLEANTEAMMISS X-Tracking-ID 29 Jul 2020 12:56:00 pm
r Zone: Cafeteria	

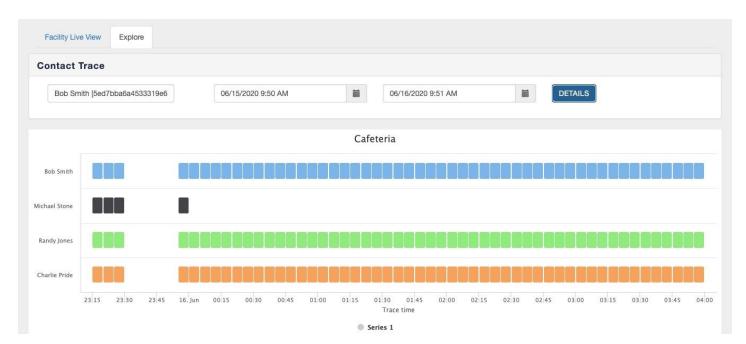
KLD, and via SMS text. The L1 can also determine if and when a location was cleaned, and summarizes this information for efficient facilities management or regulatory audits. If an organization is notified that a person with COVID-19 visited their facility, then managers can quickly query the MTRX KLD to identify which specific locations in the facility need to be cleaned. **With this information there is no need to shutdown the entire facility for cleaning.**



Preventing overcrowding also helps build a sense of security, and also effectively prevents disease transmission (Huff. 2020). In some venues and facilities. preventing overcrowding is top priority and enforcing social distancing policy can be difficult. The L1 helps prevent overcrowding by analyzing the number of people in specific locations in real-time. If a specific location becomes too crowded, then the system sends a notification to the facility managers via our mobile application, MTRX KLD, and via SMS text. This enables facility managers to have real-time situational awareness and maintain control over the health of the facility.



Together, the L1 and MTRX KLD system automates the contact tracing process by recording each employee's or customer's close contacts and locations. If an organization is notified that a person infected with COVID-19 was at their facility, then the L1 and MTRX KLD is able to immediately identify everyone who came in contact with that person. Since COVID-19 is a disease transmitted through the air and by contact with objects, it is critical to identify employees or customers that spent time in areas in the facility that the infected person visited. This enables organizations to optimize their COVID-19 testing and containment strategy, and provides certainty to people that visit facilities.





Solution: MTRX KLD

Customer and employee trust is irreplaceable. Protecting the health of your organization, employees, and customers is critical. The MTRX KLD analyzes all of the information gathered by MTRX's connected devices and intuitively communicates system status and alerts. This enables your organization to have effortless real-time situational awareness so your organization can maintain enterprise continuity and operate confidently.

MTRX is always finding ways to provide additional value to our customers and having real-time situational awareness of individual and facility health can minimize risk, increase business sustainability, and ultimately save lives. Both the MTRX K1 and L1 systems transfer data to the MTRX KLD for advanced processing, analysis, and negative event alerts.

For example, the K1 transfers the results of each person's scan to the KLD. Then, the KLD aggregates and analyzes de-identified scan result data so that our customers can track and analyze the health of everyone at their facility. Aggregated information enables the MTRX KLD to detect when an abnormal amount of people entering a facility has been detected as potentially being unhealthy and triggers an alert to our customers. These alerts provide our customers with an advanced warning of COVID-19 outbreaks in near-real time, and are significantly faster than other existing infectious disease outbreak detection methods (a.k.a., biosurveillance) (Huff, 2020). With this valuable information, organizations can make objective risk-based decisions and enable our customers to get ahead of infectious disease outbreaks. Another advantage of the MTRX KLD is it's multi-tenant architecture. With the KLD, large organizations are able to view aggregate data at any scale across facilities. Disease mitigation strategies are most effective when more people have access to valid and accurate information. Customers that purchase a KLD subscription, or purchase K1 or L1 systems, are able to see a generalized view of aggregate de-identified health scan results across all of MTRX's K1s so that they have real time situational awareness of the operational environment. The MTRX KLD enables organizations to make well informed risk-based decisions by reducing uncertainty. Currently, there is no other product or service that provides this capability to the pandemic threat.

Knowing the limitations of any technology is key to leveraging it correctly, and the MTRX K1 and KLD is not a substitute for diagnostic testing (commonly referred to as PCR or antibody tests). Comparatively, the MTRX KLD and laboratory tests have different strengths and weaknesses. Diagnostic tests for diseases, including diagnostic tests for COVID-19, currently have higher specificity than the KLD and K1 systems. However, the KLD and K1 is synergistic to diagnostic testing as it can identify when someone is potentially unhealthy or infected with COVID-19, before a diagnostic test would typically be performed. Other advantages of the KLD and K1 are that the system makes data collection and analysis effortless. Also, the KLD and K1 communicates critical aggregate health information instantly, and costs significantly less than diagnostic tests, is significantly faster than diagnostic tests, and is infinitely scalable.



Solution: Building Trust & Confidence

Customer and employee trust is irreplaceable. Protecting the health of your organization, employees, and customers is critical. MTRX is the solution to your organization's everyday health.

MTRX has the expertise and technology to help your organization regain the trust and confidence of your employees and customers. With our solution, both employees and customers feel safe re-engaging in normal activities. When your employees and customers are confident in the safety and security of the facility, customers gain trust in doing business which has a direct impact on business continuity, service delivery, and customer satisfaction. From participating in normal business operations in a safe environment, employees, customers, and organizations gain a sense of optimism. Businesses also gain trust, and a significant competitive advantage when they know that their business will stay open and continue to service them as a customer. This reduces supply chain interruptions due to fluctuations in demand. Employees and customers will know that businesses have implemented the best solution to protect their health and will value, respect, and organizations and businesses that have gone the extra mile to protect them.

The MTRX solution enables businesses to use data and science to make the best decisions possible to maintain employee and customer trust. The MTRX solution enables organizations to be vigilant in protecting their business, and helps businesses be able to make well informed decisions about operational safety, organizational health, and facility health. With MTRX, businesses and organizations are able to sustain operations and remain profitable. The protected workforce will be the envy of all other businesses and organizations.

Beyond COVID

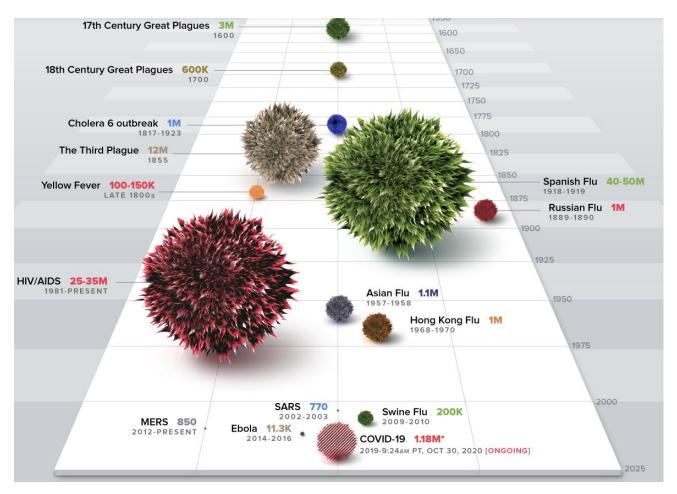
Our products simplify and expedite the collection, storage, and analysis of physiological data and health data, which significantly reduces costs to health care providers and managed care facilities.

The current health treatment paradigm is that a person gets sick, and then they go to their doctor. The healthcare provider then evaluates the sick patient to determine why they are sick by first measuring and evaluating the patient's physiology. This is an inefficient, costly, and often ineffective approach.

Instead, we should routinely measure a person's physiology, and then notify the person that something is wrong and try to help them determine what is wrong, before they get sick. Then, that person should go to the doctor to have that problem treated. Similar to pandemics, the most efficient and cost effective way to treat the patient is to catch the illness early, or prevent it from ever occurring, and this is what MTRX capability will provide in the near future.



Infectious diseases and pandemics will not be eliminated any time in the near future, and the threat of pandemics will always exist. The COVID-19 and Influenza pandemics have repeatedly demonstrated that **reacting** to pandemics is not an effective approach and costs organizations and society trillions of dollars and costs millions of people their lives. The best way to stop a pandemic is to **prevent it from ever happening**. To prevent these disasters, organizations, and society, need an affordable and scalable system that can systematically and efficiently evaluate a person's health and detect diseases in the population.



Beyond the threat of COVID-19 or other pandemics, seasonal influenza accounts for 111 million lost workdays in the United States each year. This costs an estimated \$16.3 billion in lost earnings (Molinari et al., 2007). With the MTRX solution, organizations can prevent the spread of the influenza and other infectious diseases in the workplace with regular health monitoring. Data is considered the new oil and MTRX enables organizations to harness remarkable amounts of health data from all of the MTRX integrated devices to make strategic and informed business decisions. **This enables organizations to maximize profitability and strengthens the everyday facility and organizational health.**



References

Ari, A. (2020). Practical strategies for a safe and effective delivery of aerosolized medications to patients with COVID-19. *Respiratory Medicine*, 105987.

Barometer, E. T. (2020). Trust and Coronavirus Special Report. Washington, DC, Edelman.

Blumenthal, Jennie (2020, May). How to restore confidence in travel during an uncertain time. PwC. Retrieved from <u>https://www.pwc.com/us/en/industries/consumer-markets/library/how-to-restore-confidence-in-travel-during-covid-19.ht</u><u>ml</u>.

Buehler, K., Conjeaud, O., Giudici, V., Samandari, H., Serino, L., Vettori, M., ... & White, O. (2020). Leadership in the time of coronavirus: COVID-19 response and implications for banks. *McKinsey Insights*.

Carlisle, M. (2020, May 6). Scared to Return to Work Amid the COVID-19 Pandemic? These Federal Laws Could Grant You Some Protections. Retrieved from <u>https://time.com/5832140/going-back-to-work-coronavirus-rights/</u>

Centers for Disease Control and Prevention (2020, May 6). Interim guidance for businesses and employers responding to Coronavirus Disease 2019 (COVID-19), May 2020. Retrieved from <u>https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html</u>.

Charumilind S, Craven M, Lamb J, Sabow A, Wilson M. (2020). When will the Covid-19 pandemic end? McKinsey and Company. New York; 2020. Retrieved from https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/when-will-the-covid-19-pandemic-e nd.

Hartmann, N., & Lussier, B. (2020). Managing the sales force through the unexpected exogenous COVID-19 crisis. *Industrial Marketing Management*.

Hiltzik, M. (2020, October 13). Column: COVID-19 will cost U.S. \$16 trillion, almost a full year's GDP. Retrieved from https://www.latimes.com/business/story/2020-10-13/covid-19-cost-16-trillion#:~:text=The%20total%20economic%20cost%20in,losses%2C%20comes%20to%20%2416%20trillion

Huff, A.G. (personal communication, November 10, 2020)

Moeller, S. (2020, August 4) Is temperature a good marker for COVID-19? Cape Cod Health News

Molinari, N. A. M., Ortega-Sanchez, I. R., Messonnier, M. L., Thompson, W. W., Wortley, P. M., Weintraub, E., & Bridges, C. B. (2007). The annual impact of seasonal influenza in the US: measuring disease burden and costs. *Vaccine*, *25*(27), 5086-5096.

Murray, M. T., Riggs, M. A., Engelthaler, D. M., Johnson, C., Watkins, S., Longenberger, A., ... & Villanueva, J. M. (2020). Mitigating a COVID-19 Outbreak Among Major League Baseball Players—United States, 2020. *Morbidity and Mortality Weekly Report*, 69(42), 1542.

Neff, T. (2020, May 28) Heard 'herd immunity' is the answer to the coronavirus problem? Not so fast. UCHealth Today

New York State Department of Health (2020, September 11). Interim guidance for professional sports competitions with no fans during the COVID-19 public health emergency. Retrieved from https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Professional_Sports_Competitions_With_No_Fans_Detailed_Guidelines.pdf.



Pasikhova, Y., Ludlow, S., & Baluch, A. (2017). Fever in patients with cancer. Cancer Control, 24(2), 193-197.

Sandman, P. M., & Lanard, J. (2020). COVID-19: the CIDRAP viewpoint. *The Center for Infectious Disease Research and Policy, available at: www. cidrap. umn. edu/covid-19/covid-19-cidrap-viewpoint.*

Silverman, S. (2020, August 24). Earning employees' trust leads to building a high-performance team. Retrieved from <u>https://www.bizjournals.com/bizjournals/how-to/growth-strategies/2020/01/earning-employees-trust-leads-to-building-a-high.html</u>

Smola, Jennifer (2020, April 26). COVID-19 pandemic costing Ohio colleges millions. The Columbus Dispatch.

Texas Department of State Health Services (2020, October 8). COVID-19 Testing: Molecular, Antigen, and Antibody Tests Explained. Retrieved from https://www.dshs.state.tx.us/coronavirus/docs/COVID19-TestingExplained.pdf.

Tyson, A., Johnson, C., & Funk, C. (2020). US public now divided over whether to get COVID-19 vaccine. *Pew Research Center: Science & Society.*

U.S. Food & Drug Administration (2020, April 23). Non-contact Infrared Thermometers. Retrieved from <u>https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers</u>

U.S. Food & Drug Administration (2020, October). Coronavirus Disease 2019 Testing Basics. Retrieved from <u>https://www.fda.gov/media/140161/download</u>.

Waldron, T., Wetherbe, J. (2020, April 1). Ensure That Your Customer Relationships Outlast Coronavirus. *Harvard Business Review*

World Health Organization (2020, October 5). Coronavirus disease (COVID-19) - Weekly EPI Update. Retrieved from <u>https://www.who.int/docs/default-source/coronaviruse/situation-reports/20201005-weekly-epi-update-8.pdf</u>

World Health Organization (2020, October 15). Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19. Retrieved from <u>https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19</u>

Zak, P. J. (2017). The neuroscience of trust. Harvard Business Review, 95(1), 84-90.