

CDC's recommendations for implementation of mitigation strategies for Massachusetts, based on current situation with COVID-19 transmission



On March 10, 2020, the Governor of Massachusetts declared a State of Emergency to Respond to COVID-19. This coincided with the implementation of many interventions aimed at community mitigation included in the CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>). The Governor announced guidance for Executive Branch employees in order to prevent and mitigate the spread of COVID-19.

The most recent recommendations from Massachusetts can be found at:

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>

The following describes CDC recommendations for community interventions in Massachusetts.

Bottom Line Up Front:

At this time, the majority of the cases of COVID-19 are related to a single cluster associated with a conference at a hotel in Boston, MA. However, because of the extent of national and international travel related to Universities and technological companies in Massachusetts, the risk of additional travel-related introductions, and community transmission within large local meetings/conferences, of COVID-19 is increased. Due to the current level of COVID-19 transmission already in Massachusetts, and the likelihood of additional spread, CDC recommends certain community mitigation activities to help slow the spread of COVID-19 into the community and to protect vulnerable members of the community. CDC recommends the following interventions be implemented at this time (Table). These recommendations may be updated, if necessary, based on any changes in the current local situation.

The goals for using mitigation strategies for Massachusetts are to reduce the spread of COVID-19 in the community and to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A).
- The healthcare workforce and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality caused by COVID-19 and minimize social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy.

Implementation emphasizes:

- Emphasizing individual responsibility for implementation of recommended personal-level actions,

- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at risk of severe illness such as older adults and persons with serious underlying health conditions (e.g., Dialysis patients, congestive heart failure, emphysema)
- Focusing on settings that provide critical services to implement recommended actions to protect critical infrastructure and individuals at risk of severe disease
- Minimizing disruptions to daily life to the extent possible

Table. Community mitigation strategies for Massachusetts

<p>For Every Individual and Families at Home</p>	<ul style="list-style-type: none"> • Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if you become symptomatic. • Practice personal protective measures (e.g., hand washing). • Create a household plan of action (https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf) • Know about emergency operations plans for schools/workplaces of household members. • Individuals at risk of severe illness should considering staying at home and avoiding gatherings or other situations of potential exposures, including travel, church attendance, social events with 10 or more people.
<p>For Every School/Childcare Facility</p>	<ul style="list-style-type: none"> • Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. • Review and update emergency operations plan (including implementation of social distancing measures) or develop plan if one is not available. • Students at increased risk of severe illness should consider implementing individual plans for distance learning (e-learning). • Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
<p>For Every Assisted Living Facility, Senior Living Facility, and Adult Day Programs</p>	<ul style="list-style-type: none"> • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. • Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in all buildings. • Consider temperature and respiratory symptom screening of attendees, staff, and visitors. • Consider restricting visitors to long-term care facilities.

Every Workplace	<ul style="list-style-type: none"> • Use extensive telework and use of e-meetings to conduct business. • Cancel work-sponsored conferences, tradeshow, etc. • Review possible alternative work assignments for employees who are at high risk for severe disease (see appendix A) • Review, update, or develop workplace plans to include liberal leave and telework policies. <ul style="list-style-type: none"> ○ Consider 7-day leave policies for people with COVID-19 symptoms ○ Consider alternate team approaches for work schedules. ○ Encourage staff to telework (when feasible), particularly individuals at increased risk of severe disease. • Work with all local employers to ensure all workers have the financial support to stay home with any respiratory symptoms • Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean and disinfect frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in building. • Limit large work-related gatherings (e.g., staff meetings, after-work functions). • Cancel non-essential work travel.
Every Community and Faith-Based Organization	<ul style="list-style-type: none"> • Enforce limited numbers of persons on public transportation trains and buses. • Encourage persons who have underlying conditions or are older to use alternatives to public transportation if feasible. • Cancel large gatherings (e.g., >250 people), and smaller gatherings that may bring persons together from multiple parts of the country. • For gatherings that are smaller and not cancelled, conduct screening of persons attending. • Monitor local information about COVID-19 in your community. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • For organizations that serve high-risk populations, consider cancelling gatherings of more than 10 people. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.

Healthcare Settings and Healthcare Providers (Including Outpatient, Nursing Homes/Long-Term Care Facilities, Inpatient, Telehealth)	<ul style="list-style-type: none"> • Promote telemedicine practices to support rural communities. • Consider reducing schedule of elective procedures. • Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; limit unnecessary healthcare visits • Encourage HCP to stay home and notify healthcare facility administrators when sick. • Actively monitor HCP absenteeism and respiratory illness among HCP and patients. • Consider implementing temperature/symptom checks for staff, visitors, limit visitor movement in the facility. • Actively monitor PPE supplies • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g. designated clinics for people with fever, surge tent for overflow triage, offsite testing locations) • Cross train HCP for working in other units to support staffing shortages
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Appendix A: Underlying medical conditions that may increase the risk of severe illness from COVID-19 for individuals of any age.

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease