CDC's Recommendations for the next 30 days of Mitigation Strategies for Seattle-King, Pierce, and Snohomish Counties based on current situation with widespread COVID-19 transmission and affected health care facilities

Note: Seattle-King and Pierce Counties have recently implemented many interventions consistent with CDC's recently posted guidance (https://www.cdc.gov/coronavirus/2019-ncov/community/index.html).

Seattle-King County's own interventions are detailed at https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/protection.aspx

The following describes CDC recommendations for evidence-base community interventions for the situation in Seattle-King, Pierce, and Snohomish Counties and will be the roadmap for other counties as needed.

Bottom Line Up Front:
Due to widespread transmission in Seattle, Washington, CDC recommends extensive community mitigation activities to support slowing the spread of respiratory virus infections. 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. Given the widespread community transmission in Seattle, WA, and the extensive involvement of health care facilities, especially nursing facilities at the epicenter, substantial interventions for both community (Table) and health care settings (appendix A) should be implemented at this time, based on the urgency of protecting the health care system with expected rise in cases by slowing the spread within the community.

Goals
The goals for using mitigation strategies for Seattle-King, Pierce, and Snohomish Counties at this time are to protect:
- Individuals at risk for severe illness, including persons of any age with underlying health conditions including immune suppression and especially seniors with underlying health conditions (See Appendix B).
- The healthcare workforce and critical infrastructure workforces

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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., people requiring dialysis, or those with congestive heart failure or 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 Seattle-King, Pierce, and Snohomish Counties

Every Individual and Family at Home	- Monitor local information about COVID-19 in your community. - Practice personal protective measures (e.g. hand washing). - Put household plan into action - Ensure 30 day supply of all medicines. - Individuals at risk of severe illness should stay at home avoiding gatherings or other situations of potential exposures, including travel, church attendance, social events with 10 or more people - Other individuals without such risk factors should adapt to disruptions in routine activities (e.g., school and/or work closures) by using remote participation such as telework where feasible or online classes or home study (E-learning).
Every School/childcare	- Schools should arrange for students at risk of severe illness to be able to implement individual plans for distance learning, e-learning. - Implement social distancing measures, e.g.: - Cancel large gatherings (e.g., assemblies) - Postpone athletic contests (basketball, football games) in the absence of spectators - Limit all classroom mixing - Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) - Limit inter-school interactions of all types - Consider distance or e-learning in schools with higher risk populations (.e.g, greater proportion of special needs children) - Regular health checks (e.g., temperature and respiratory symptom screening on arrival at school) of students, staff, and visitors. - Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing - Extend spring break by an additional two weeks to be made up at the end of the standard term. - Cancellation of all school-associated congregations, particularly those with participation of high-risk individuals. - Consider implementing distance learning if feasible
Every assisted living facility, Senior living facility and adult day program	- Implement social distancing measures, e.g.: - Cancel large gatherings (e.g., group social events with 10 or more people) - Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) - Limit programs with external staff - Daily upon arrival temperature and respiratory symptom screening of attendees, staff. - Staff should wear masks and wash hands thoroughly before entering and after exit of room of inhabitants

	• Consider suspension of new admissions to facilities • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing • Longer-term closure or quarantine of facility until situation resolves. • Suspend visitor access but arrange for alternate means for family members to communicate (e.g., staff assist with phone calls or videoconferences with visitors). • Exceptions for end-of-life family visits need to be considered, with limited access of visitors to other areas or people in the facility and these patients should be in a different areas to ensure other clients are not exposed to outside guests.

Every Workplace	• Encourage staff to telework
	• Expand sick leave policies
	• Implement social distancing measures, e.g.:
	   o Spacing workers at the worksite
	   o Staggering work schedules
	   o Decreasing social contacts in the workplace (limit in-person meetings)
	   o All break areas must accommodate distancing with regular disinfection of all eating surfaces
	• Eliminate large work-related gatherings (e.g., staff meetings, after-work functions)
	• Postpone non-essential work travel
	• Regular health checks on arrival each day (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings.
	• Implement extended telework arrangements (when feasible)
	• Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals and to encourage individuals to stay home if they are sick.
	• Cancel work-sponsored conferences, tradeshows, etc.

Every Community and Faith-based Organization	• Implement social distancing. Reduce activities (e.g., religious services, group congregation), especially for organizations with individuals at risk of severe illness. Consider offering video/audio of events. • Determine methods to continue providing support services to individuals at risk of severe disease (services, meals, checking in) while limiting group settings and exposures • Cancel large gatherings (e.g., >250 people) or move to smaller groupings. • Professional and college sporting events as well as concerts or any large crowd entertainment events should be cancelled or broadcast without audience participation. • For organizations that serve high-risk communities, cancel gatherings of more than 10 people and stagger access to support services. • Move faith-based and community gatherings of any size to video-accessible venues or postpone/cancel.

Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth)**	- Institute temperature/symptom checks for staff, visitors, limit visitor movement in the facility - Implement triage before entering facilities (e.g. parking lot triage, front door); phone triage and telemedicine; limit unnecessary healthcare visits - Actively monitor HCP absenteeism and respiratory illness among HCP and patients - 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) - Permit asymptomatic exposed HCP to work while wearing a facemask - Cross train HCP for working in other units to support staffing shortages - Restrict all visitors from facility entry to reduce facility-based transmission; exceptions for end-of-life visitors but restrict such visitors' movements within the facility. - Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask) - Cancel elective and non-urgent procedures - Establish cohort units or facilities for large numbers of patients - Consider requiring all HCP to wear a facemask when in the facility depending on supply - Consider suspension of new admissions to facilities

** Appendix with more detail for long term care facilities

Appendix A: CDC Recommendations for Seattle-King, Pierce, and Snohomish Counties, WA Strategy for Long-term Care Facilities

Background:

Given their congregate nature and resident population served (e.g., older adults with multiple co-morbidities), all long-term care facilities are at the highest risk of being affected by COVID-19. If infected, residents are at highest risk for morbidity and mortality and, based on early experience, have the potential to decompensate quickly.

Ill healthcare personnel (HCP) or visitors are the most likely sources of introduction of COVID-19 into the facility. To protect this fragile population, aggressive efforts toward visitor restrictions and screening of HCP for fever and respiratory symptoms when they report to work are recommended, even before COVID-19 is identified in a community or facility.

Objectives:

- Protect healthcare personnel (HCP) to maintain a functioning healthcare system
- Minimize morbidity and mortality
- Minimize transmission

Plan:

- **Testing:** Establish central location and process for referring ill HCP for COVID-19 testing
- **Training:** Perform remote regional infection prevention and control trainings for long-term care personnel. Emphasis on:
  - HCP monitoring
  - Selection and use of recommended PPE
    - Use of Standard, Contact, and Droplet Precautions with eye protection for any undiagnosed respiratory infection for which airborne precautions is not otherwise recommended (e.g., tuberculosis)
  - Visitor restrictions
  - Active checks for fever and respiratory symptom for patients, residents, and HCP
  - Restrictions on resident movement and activities
- **Visitor Restrictions: Restrict all visitation to long-term care facilities and other congregate healthcare settings**
  - Exceptions might be allowed for end-of-life situations. In this situation, the visitor should wear a facemask and eye protection and be restricted to the resident's room.
- **HCP Monitoring and Restrictions:**
  - Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) from entering the building
  - Screen all HCP at the beginning of their shift for fever and respiratory symptoms
    - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home
    - Ill HCP should be prioritized for testing
    - HCP who work in multiple locations may pose higher risk and should be monitored for exposure to facilities with recognized COVID-19 cases
  - Implement universal facemask use for HCP while in the facility
  - Consider having HCP wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of presence of symptoms
- **Resident Monitoring and Restrictions:**
  - Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
    - If positive for fever or symptoms, implement recommended IPC practices
  - Restrict residents to their room (except for medically necessary purposes)
    - If they leave their room they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others)
  - Cancel group field trips and activities, including communal dining
  - Have a low threshold to transfer residents with fever or acute respiratory illness to a higher level of care
- **Managing PPE Shortages:** When PPE supplies are limited, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks) – e.g., changing facemask every 2 hours while at work unless wet or soiled.
- **Reporting to the Health Department:** Notify the health department about anyone with COVID-19 or if facility identifies 2 or more residents or HCP with respiratory infection within 72 hours.

Appendix B: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)

- **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis

- **Chronic liver disease as defined by your doctor**. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.

- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)

- **Current or recent pregnancy** in the last two weeks

- **Endocrine disorders** (e.g., diabetes mellitus)

- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)

- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)

- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen

- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].