

Strategies to Slow the Spread of COVID-19 in Minnesota

To protect the public's health and slow the rate of transmission of COVID-19, events as described below should be postponed or canceled across the state of Minnesota until further notice. The following is intended to provide general guidance for mitigation strategies. Organizers or settings may need to take into consideration unique risks and make decisions that are protective of their communities.

MDH recommends postponing and canceling:

- Large events where 250 people or more would gather, including but not limited to:
 - Concerts.
 - Conferences.
 - Professional, college, and school performances or sporting events.
- Smaller events (fewer than 250 people) that are held in crowded auditoriums, rooms, or other venues that do not allow social distancing of 6 feet per person.
- Events with more than 10 people where the majority of participants are at higher risk for severe illness from COVID-19, including gatherings such as those at:
 - Retirement facilities.
 - Assisted living facilities.
 - Developmental homes.
 - Support groups for people with health conditions.

MDH encourages K-12 schools to remain open unless directed to close by MDH. See [CDC: Resources for K-12 Schools and Childcare Programs \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html) for additional resources.

For information for specific groups of people, see CDC's guidance at:

- [Recommendations for People at Higher Risk and Special Populations \(www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html)
- [Coronavirus Disease 2019 Information for Travel \(www.cdc.gov/coronavirus/2019-ncov/travelers/index.htm\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.htm)

MDH recommends implementing the following mitigation strategies.

These have been adapted from [CDC: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission \(www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf).

Individuals and families at home

What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19.

Start now:

- Monitor local information about COVID-19 in your community.
- Practice personal protective measures (e.g., keep social distance when in public and wash hands frequently, especially when in public spaces).
- Put household plan into action.
- Individuals with underlying medical conditions* should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.

Continue these activities:

- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know the signs and symptoms of COVID-19 and what to do if symptomatic:
 - Stay home when you are sick.
 - Call your health care provider's office before you go in.
 - Limit movement in the community.
 - Limit visitors.
- Know what additional measures people at high risk and who are vulnerable should take.
- Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily).
- Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community.
 - Consider getting a two-week supply of prescription and over the counter medications, food and other essentials to keep at home. Know how to get food delivered if possible.
 - Establish ways to communicate with others (e.g., family, friends, co-workers).
 - Establish plans to telework, what to do about child care needs, and how to adapt to cancellation of events.
- Know about emergency operations plans for schools/workplaces of household members.

Schools and child care

What child care facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19.

Start now:

- Implement social distancing measures:
 - Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering.
 - Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times).
 - Limit inter-school interactions.
 - Consider distance or e-learning in some settings.
- Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).
- Order short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
- For students with underlying medical conditions* consider implementing individual plans for distance learning, or e-learning.
- Direct sick students and staff to stay home until they are symptom-free for at least one day.
- Incorporate hand-washing into the daily routine. Reinforce respiratory hygiene (e.g., coughing into an elbow).

Continue these activities:

- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at their school/child care site.
- Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.
- Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there are moderate levels of COVID-19 transmission or impact.
 - Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.
 - Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.
- Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).
- Encourage personal protective measures among staff/students (e.g., stay home when sick, hand-washing, respiratory etiquette).
- Clean and disinfect frequently touched surfaces daily.

- Ensure hand hygiene supplies are readily available in buildings.

Assisted living facilities, senior living facilities and adult day programs

What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19.

Start now:

- Implement social distancing measures:
 - Reduce large gatherings (e.g., group social events).
 - Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times).
 - Limit programs with external staff.
 - Consider having residents stay in the facility and limit exposure to the general community.
 - Limit visitors, and implement visitor screening.
- Screen attendees, staff, and visitors' temperature and respiratory symptoms.

Continue these activities:

- Know where to find local information on COVID-19.
- 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 residence when sick, hand-washing, respiratory etiquette).
- Clean frequently touched surfaces daily.
- Ensure hand hygiene supplies are readily available in all buildings.

Workplaces

What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19.

Start now:

- Encourage staff to telework (when feasible), particularly individuals with underlying medical conditions*.
- Implement social distancing measures:
 - Increase physical space between workers at the worksite.

- Stagger work schedules.
- Decrease social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.).
- Limit large work-related gatherings (e.g., staff meetings, after-work functions).
- Limit non-essential work travel (domestic and international).
- Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).
- Require workers who are ill to stay home.
- Provide accommodation (e.g., telework or separate office) for individuals with underlying medical conditions*.

Continue these activities:

- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.
- Review, update, or develop workplace plans to include:
 - Liberal leave and telework policies.
 - Consider seven-day leave policies for people with COVID-19 symptoms.
 - Consider alternate team approaches for work schedules.
 - Encourage employees to stay home and notify workplace administrators when sick. Workplaces should provide non-punitive sick leave options to allow staff to stay home when ill.
 - 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.

Community and faith-based organizations

What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19.

Start now:

- Implement social distancing measures:
 - Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals with underlying medical conditions*.

- Consider offering video/audio of events.
- 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.
- Cancel large gatherings (e.g., more than 250 people, though threshold is at the discretion of the community) or move to smaller groupings.
- For organizations that serve high-risk populations, cancel gatherings of more than 10 people.

Continue these activities:

- Know where to find local information on COVID-19 and local trends of COVID-19 cases.
- Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic.
- Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.).
- Review, update, or develop emergency plans for the organization, with special consideration for individuals at increased risk of severe illness.
- 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.

Health care settings and health care providers (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth)

What health care settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19.

Start now:

- Continue to follow regulatory guidance from CMS and MDH.
- Implement changes to visitor policies to further limit exposures to health care providers (HCP), residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc.
- Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary health care visits.
- Actively monitor 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 clinic, surge tent).
- Consider allowing asymptomatic exposed HCP to work while wearing a facemask.
- Begin to cross train HCP for working in other units in anticipation of staffing shortages.

Continue these activities:

- Provide health care personnel, including staff at nursing homes and long-term care facilities and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities).
- Develop systems for phone triage and telemedicine to reduce unnecessary health care visits.
- Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use.
- Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed.
- Assess visitor policies.
- Assess HCP sick leave policies. Health care facilities should provide non-punitive sick leave options to allow HCP to stay home when ill.
- Encourage HCP to stay home and notify health care facility administrators when sick.
- In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions.
- Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).

*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)

STRATEGIES TO SLOW THE SPREAD OF COVID-19 IN MINNESOTA

- **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].

Minnesota Department of Health
Infectious Disease Epidemiology, Prevention and Control
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
email@state.mn.us
www.health.state.mn.us

03/13/20

To obtain this information in a different format, call: 651-201-5414