Burlington County Health Department

March 12, 2020

Summary

At this time, we are following the recommendation of Governor Murphy that organizations cancel or postpone mass gatherings of more than 250 people. Organizations may choose to cancel smaller gatherings depending upon their communities and their populations.

Background

As expected, the coronavirus situation is changing day by day and as we move into new phases of this pandemic we must adjust our guidance and response activities. Yesterday, the Commissioner of the New Jersey Department of Health announced that there was the first possible community transmission in the State of New Jersey. This moves us into a new phase of the response and while we have not documented community transmissions here in Burlington County yet, we wish to be proactive in preventing the spread within the county.

Using the CDC guidance for Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission, we are making the following recommendations in regards to mass gatherings and community activities. The goal of the mitigation strategies is to slow the transmission in the community. We have attached the full document that outlines mitigation strategies through each phase of the response. There are specific guidelines for the individuals and families at home, schools/childcare, assisted living, senior living facilities, adult day programs, workplace, healthcare settings, community and faith-based organizations.

General Assumptions

- These are recommendations and not mandates. Each community is unique, and appropriate mitigation strategies will vary based on the characteristics of each community and their populations.
- Consider all aspects of community that be impacted including populations most vulnerable to severe illness and those that may be more impacted socially and economically.

Individuals and Families

- Continue to monitor local information about COVID-19 in your community.
- Continue to practice personal protective measures such has handwashing and staying home when ill
- Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.

Schools and Childcare Facilities

- 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
  - Cancellation of school trips
  - 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).
- Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
- Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.

Assisted Living/Senior Living/Adult Day Programs

- 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 facility and limit exposure to the general community
  - Limit visitors, implement screening
- Temperature and respiratory symptom screening of attendees, staff, and visitors.
- Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.

Workplace

- Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.
- Implement social distancing measures: Increasing physical space between workers at the worksite
  - Staggering work schedules
  - Decreasing 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.
- Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).

Healthcare Settings

- Implement changes to visitor policies to further limit exposures to 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 healthcare 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.

Community and Faith-Based Organizations.

- Implement social distancing measures:
  - Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness.
  - 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., >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.