MSHN
Mid-State Health Network

Tier	Description	Mitigation Response
1	Few regional cases without clear evidence of community transmission. Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Each agency should consider developing a patient registry where patients are assigned based on risk factors (i.e. compromised immune, pregnant, metabolic syndrome, medically fragile, elderly). Develop protocols for care delivery to high-risk patients contained on the registry (i.e. manage at home if possible, increase telehealth). Continue to develop and implement local contingency management strategies at each CMHSP; ensure that disaster response preparedness includes monitoring medical equipment supplies and designate skeleton crews to maintain critical operations. Clean and disinfect frequently touched surfaces daily. Reinforce protective measures including handwashing, respiratory etiquette (i.e. sneeze or cough into bend of arm). Ensure hand hygiene supplies are readily available. Assess visitor and sick leave policies. Ensure leave policies include telework, 7-day leave for people reporting COVID-19 symptoms and consider alternate team approaches for work schedules. Assess facility infection control programs, including personal protective equipment (PPE) and supplies and optimize PPE use. Monitor PPE supplies. Provide tools and guidance needed to support decisions to care for persons in home. Encourage healthcare professionals to stay home and notify agency when sick, per policy. Consider cross-training healthcare professionals working in other units to address potential staffing shortages. Heavy focus on continuing to escalate prevention efforts, continue operations but limit optional groups, and increase social distance in interactions. Monitor and observe contacts as advised in guidance to maximize containment around cases. Reassure to crease panic/anxiety. For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing.

		Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources. Encourage health care professionals to develop phone triage and telemedicine practices. Initiate phone triage and telemedicine practices.
2	Evidence of community transmission.	Limit all but the most critical outpatient visits, maintain 24/7 operations. Utilize telehealth where possible. Work at home for identified functions. Implement changes to visitor policies to limit exposure. Consider temperature/symptom checks for visitors, limit visitor movement through a facility. Send individuals with signs and symptoms compatible with COVID-19 for testing. Reassure to decrease panic. Consider regular health checks (e.g. temperature and respiratory symptom screening) of staff and visitors. Limit non-essential work travel. Stagger work schedules. Implement triage before entering facilities to rapidly identify and isolate persons with respiratory illness (e.g. phone triage before patient arrival, triage upon arrival). Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance. Initiate phone triage and telemedicine practices.
3	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Continue education and prevention measures and continue screening. Restrict/limit visitors. Cancel non-urgent services. CMH clinic to screen scheduled patients via phone 24 hours prior to their appointments for any respiratory symptoms and contact with same.

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		Consider requiring all healthcare professionals to wear a facemask when in the facility.
4	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.	Essential Services ONLY. Screening of individuals. Consider closing or scaling back some 24/7 operations, consider uses of technology and working with hospitals to have staff see patients in locations (such as ERs) where appropriate personal protective equipment is available. Encourage health care professionals to more strictly implement phone triage and telemedicine practices. Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals. Cancel non-essential travel. Update supply list on daily report-create centralized master list of available supplies. For essential services: Use skeleton teams (the fewest staff to perform the essential function) placed on a rotating schedule and do not cross teams in order to decrease potential opportunity for exposure. Continue all steps in previous tiers as indicated.

Sources:

CDC document: "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission."
https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf

MSHN Regional Medical Directors Emergency Meeting -3/12/2020, edited 3/15/20 – Inclusion of item in Tier3; edited 3/23/20 additions to Tier 4