



Developmental Disabilities Administration (DDA) Updates

Bernard Simons, DDA Deputy Secretary

August 27, 2021



Agenda



- Opening Remarks
- Deputy Secretary Update
- COVID-19 Regional Update
- Tameka Browne- Infection Preventionist/Nurse Consultant, Infectious Disease Epidemiology and Outbreak Response Bureau, MDH
- Rebecca "Becky" Perlmutter- Healthcare Associated Infections (HAI) Coordinator, Infectious Disease Epidemiology and Outbreak Response Bureau, MDH
- Questions



Deputy Secretary's Opening Remarks

- The DDA's highest priority is the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers
- The DDA is committed to transparency with all of our stakeholders to ensure we are all working with the same information to support our shared missions
- Thank you for your continued support in joining me during these webcast so that we can stay in-touch and be able to provide you with the most current information



Deputy Secretary's Update

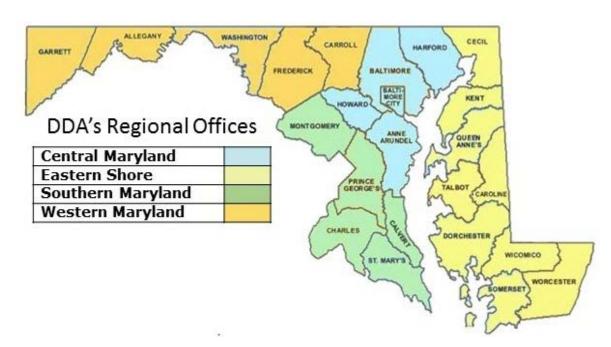
- The Maryland Department of Disabilities and the Developmental Disabilities Administration (DDA) join others throughout the United States in marking September 12th through September 18th, 2021 as Direct Support Professionals (DSP) Recognition Week and plan to honor these outstanding Marylanders
- Help us by nominating an outstanding DSP for recognition. If chosen, your nominee will be recognized during the month of September
- As Direct Support Professionals on the front lines, these dedicated heroes are the key difference between community participation and isolation for those with disabilities. Tell us about the special DSP in your life! <u>Download the nomination form here.</u>





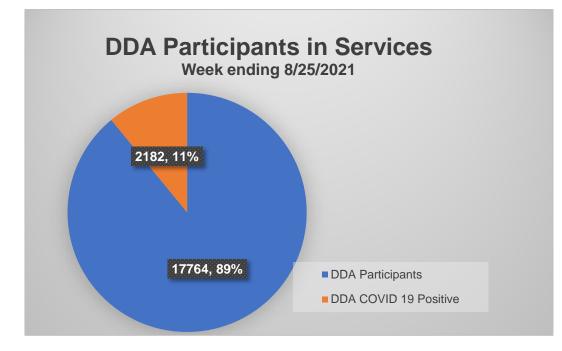
COVID-19 Regional Updates

- **SMRO** Onesta Duke <u>onesta.duke@maryland.gov</u>
- **ESRO** Kim Gscheidle <u>kimberly.gscheidle@maryland.gov</u>
- **CMRO** Nicholas Burton <u>nicholas.burton@maryland.gov</u>
- WMRO- Cathy Marshall cathy.marshall@maryland.gov

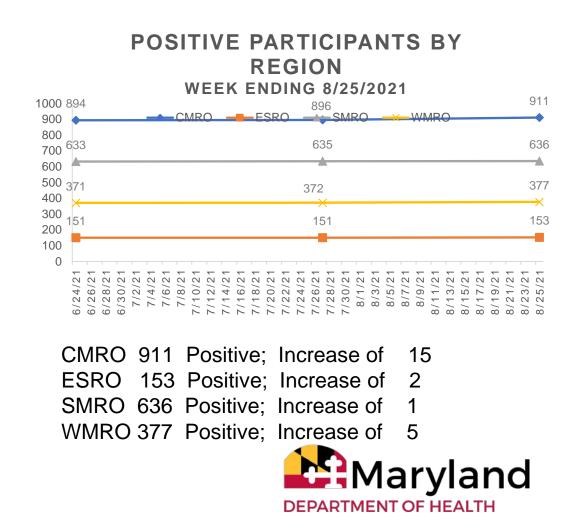




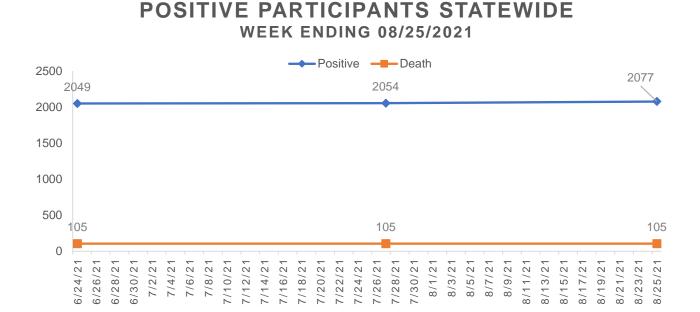
DDA Tracking



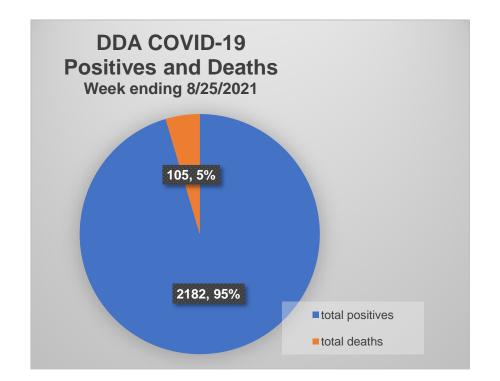
There are 17,764 people supported in services by the DDA of which 11% (2,182) have tested positive for COVID-19.



DDA Tracking



There have been 2,182 participants reported as having tested positive for COVID-19 of which there have been 105 deaths.

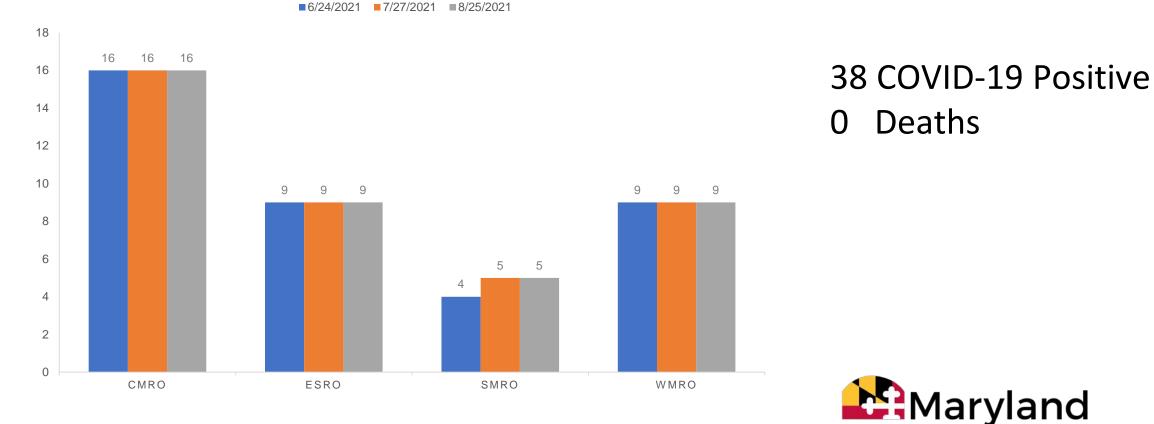


The 105 deaths represents approximately 5% of all (2182) participants that tested positive.



DDA Tracking

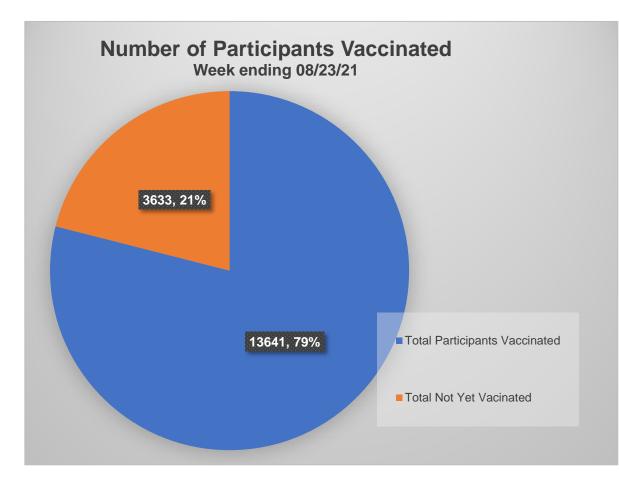
PARTICIPANTS IN SELF-DIRECTION WEEK ENDING 08/25/2021



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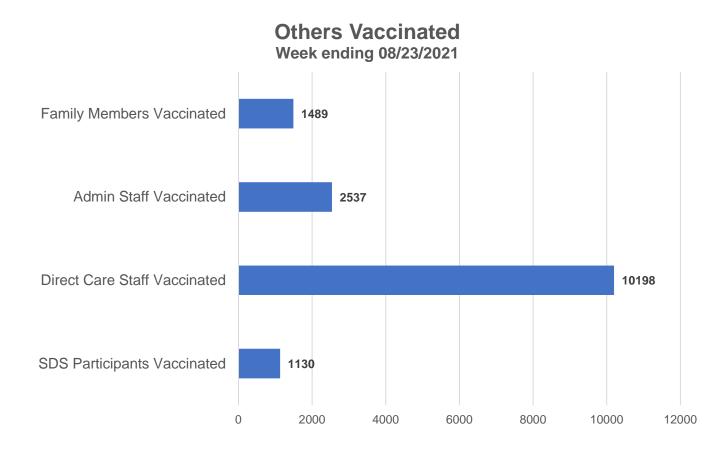
Vaccination Tracking



- Of the 17,274 participants that the agencies reported intending to have vaccinated, 13,641 (79%) have been vaccinated,
- **3,633 (21%)** have not received a vaccine
- There have been 137
 vaccination clinics held by the provider agencies. There are no upcoming clinics scheduled



Vaccination Tracking



Others vaccinated include:

- 1,489 Family Members
- 2,537 Administrative staff
- 10,198 Direct Support Staff
- 1,130 Self Directed Participants (Increase of 517)





Infection Prevention & Control Training: Preventing the Spread of COVID-19

Infectious Disease Epidemiology and Outbreak Response Bureau Maryland Department of Health

Webinar Presenters from MDH

- Tameka Browne- Infection Preventionist/Nurse
 Consultant
- Rebecca "Becky" Perlmutter- Healthcare Associated
 Infections (HAI) Coordinator

Questions? MDH.IPCOVID@maryland.gov



Webinar Agenda

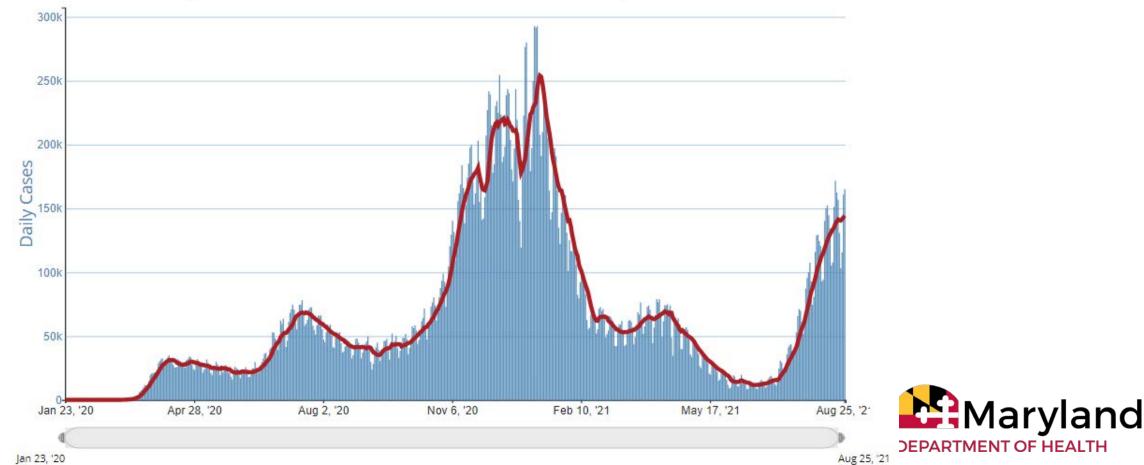
- Why Now? The Current COVID-19 Situation
- What is Delta?
- Infection Control Basics
- FAQs



U.S.: COVID-19

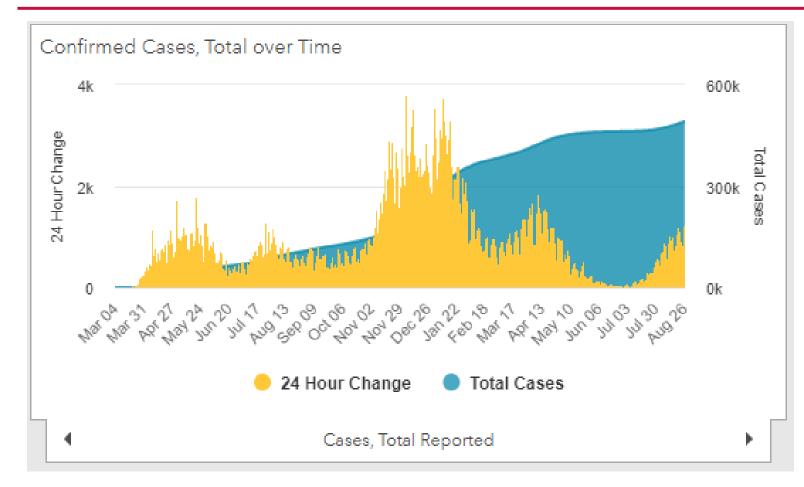
https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases, Accessed 8/27/21

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC

Maryland: COVID-19



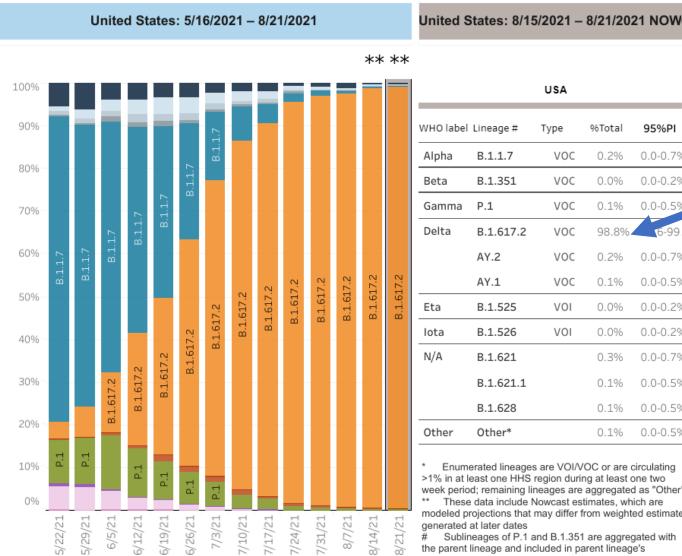
8/27/21 New Cases: 1,373

7-day Average % of new PCR positives<u>Not</u> Fully Vaccinated: 73%



US: Delta Variant

https://covid.cdc.gov/covid-data-tracker/#variant-proportions accessed 8/27/21



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		USA		
WHO label	Lineage #	Туре	%Total	95%PI
Alpha	B.1.1.7	VOC	0.2%	0.0-0.7%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.5%
Delta	B.1.617.2	VOC	98.8% 6-99	
	AY.2	VOC	0.2%	0.0-0.7%
	AY.1	VOC	0.1%	0.0-0.5%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
lota	B.1.526	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.3%	0.0-0.7%
	B.1.621.1		0.1%	0.0-0.5%
	B.1.628		0.1%	0.0-0.5%
Other	Other*		0.1%	0.0-0.5%

Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other" ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimate generated at later dates

Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's





Variants

- Variants are expected in an outbreak of a virus
- COVID-19 Variants cause similar symptoms as original viruses
- All tests detect current variants of COVID-19 but will not tell you what strain you have

https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html



Delta - B.1.617.2

First identified: India

Spread: Spreads much faster than other variants

Severe illness and death: May cause more severe cases than the other variants

Vaccine: Infections happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Some breakthrough infections are expected, but remain rare. However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others. Learn more <u>here</u>. All vaccines are particularly effective against severe illness, hospitalization and death.

Treatments: Certain monoclonal antibody treatments are less effective against this variant

What is Delta Variant?

- The Delta variant is more contagious: The Delta variant is highly contagious, more than 2x as contagious as previous variants
- Some data suggest the Delta variant might cause more severe illness than previous strains in unvaccinated persons. In two different studies from Canada and Scotland, patients infected with the Delta variant were more likely to be hospitalized than patients infected with Alpha or the original virus strains



Delta and Vaccines

- Vaccines in the US are highly effective, including against the Delta variant
- No vaccine is 100% effective and some fully vaccinated people will become infected (called a breakthrough infection) and experience illness
- For such people, the vaccine still provides them strong protection against serious illness and death



CDC: County View

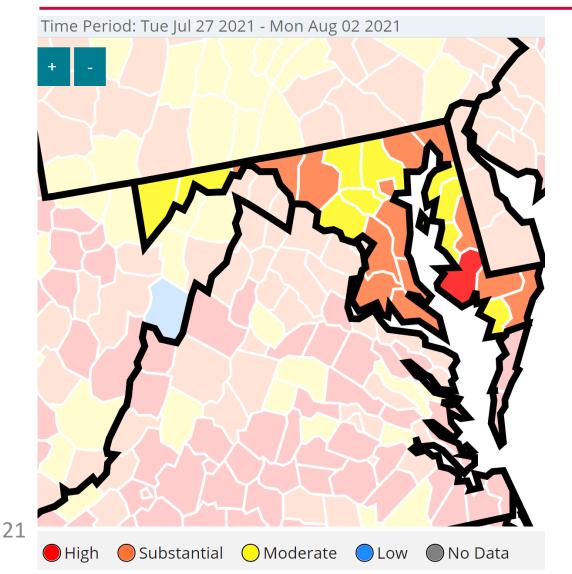
https://covid.cdc.gov/covid-data-tracker/#county-view

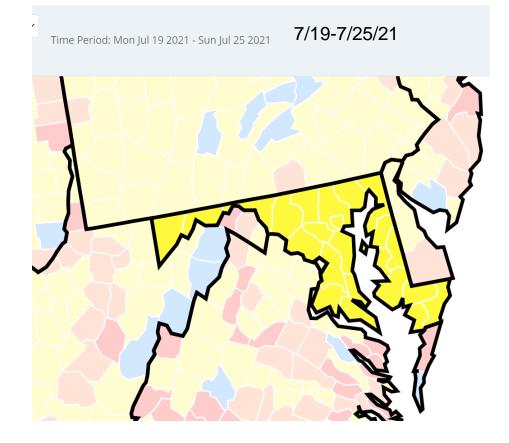
Indicator - If the two indicators suggest different transmission levels, the higher level is selected	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs ¹ that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%



US: CDC County View

https://covid.cdc.gov/covid-data-tracker/#county-view Accessed 8/4/21 and 7/28/21







An Overview

- COVID-19 cases are increasing in our community
- Outbreaks in congregate living settings are also increasing- more outbreaks and larger outbreaks are being reported

The Delta variant is the most common variant of SARS-CoV-2, the virus that causes COVID-19, spreading in the United States, and it spreads more easily than prior variants. COVID-19 vaccination is our most effective strategy to prevent infection and severe disease among nursing home residents and healthcare personnel.



Delta variant is surging in the U.S.

Stay vigilant to prevent the spread of the virus and protect staff and residents in long-term care facilities.

STAFF AND VISITORS SHOULD TAKE THESE STEPS:

- » **Get vaccinated** as soon as possible.
- » Wear a mask even if you are vaccinated.
- » **Stay home** if you feel ill.
- » **Get tested** if you have COVID-19 symptoms.



cdc.gov/coronavirus

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CDC recommends urgent action:

- Get vaccinated as soon as possible. Residents, staff, and visitors should be fully vaccinated to prevent the spread of COVID-19.
- Wear a mask regardless of vaccination status:
 - » Nursing home staff should continue to use source control when around residents.
 - » Visitors should use a mask (source control) when in the public areas of the facility (such as hallways and common areas). It is also safest to use a mask when visiting privately with residents.
 - » Residents should be encouraged to wear a mask when outside of their room, especially when unvaccinated or when in counties with high rates of COVID-19.
- Stay home if you feel ill: Do not go to work or visit a nursing home if you have symptoms of COVID-19 or feel ill.
- Get tested: Anyone with symptoms of COVID-19 or known exposure, regardless of vaccination status, should receive a viral test immediately.

For staff and residents in the community

- If you are fully vaccinated, to maximize protection from the Delta variant and prevent possibly spreading it to others, wear a mask indoors in public if you are in an area of substantial or high transmission
- If you are not fully vaccinated and aged 2 or older, you should wear a mask in indoor public places
- In areas with <u>high numbers of COVID-19 cases</u>, consider wearing a mask in crowded outdoor settings and for activities with <u>close contact</u> with others who are not fully vaccinated

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html



Infection Prevention & Control Basics for COVID-19

- All of these must be followed, even if you have been vaccinated!
- •Hand hygiene
- Cleaning & Disinfection
- Social Distancing
- Masking
- •Symptom screening and testing when ill
- Infection Prevention Precautions & PPE use



Hand Hygiene

- •Hand hygiene means either washing hands with soap and water OR using alcohol-based hand sanitizer
- •Unless hands are visibly soiled, hand sanitizer is *preferred* over soap and water in most healthcare situations. It is easier to access, and therefore easier to do!
- Apply a palmful of hand sanitizer. Rub hands togethers to cover all surfaces to include between your fingers and wrist until your hands are dry. This should take around 20 seconds
- When performing hand washing wet your hands, lather with soap covering all surfaces, scrub for at least 20 seconds, rinse and dry your hands. Turn the faucet off using a paper towel

https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html







When to Wash Hands or use Hand Sanitizer **During Work**

- Use hand sanitizer: Use soap and water hand washing.
- When hands are visibly soiled
- After using the restroom
- Before eating
- After visiting someone with
- C. diff or norovirus infection, per facility instruction

- - Before entering the facility
 - Before entering the resident's room
 - After touching the resident's environment



- After exiting the resident's room
- Before and after adjusting mask or eye protection

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Cleaning & Disinfection

- Wipe off your clipboard, pen, and reusable eye protection before leaving the facility or sooner if it is visibly soiled
- There is no need to wipe off paper, cardboard, or other porous surfaces. Instead, ensure good hand hygiene after handling it





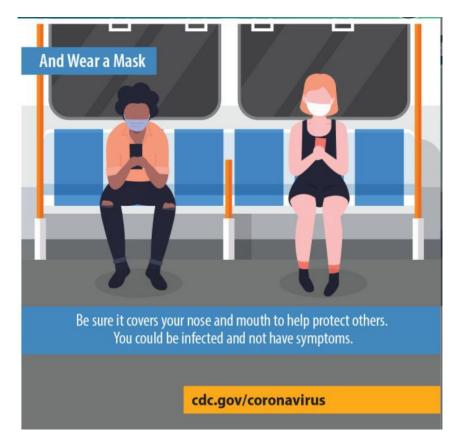
Social Distancing

- Stay at least 6 feet (about 2 arms' length) from other people, indoors and outdoors
- Remember that some people without symptoms may be able to spread COVID-19



Masking

- Masking protects you and others
- Always wear a (non-cloth) mask while on the grounds of a healthcare facility
- Do not remove your mask for pictures, to be easily heard, or to speak on the phone
- Always cover your nose and mouth





Symptom Screening

- Encourage staff if they have <u>symptoms of COVID-19</u> or have a sick family member at home, they should notify their supervisor and stay home
- Complete entry screening questions provided prior to entry into facility



cdc.gov/coronavirus

Standard vs. Transmission-Based

•Standard precautions (the infection prevention

and control basics just reviewed) are *always* used.

- •Transmission-Based Precautions like contact or droplet isolation are *sometimes* used to prevent the spread of a specific illness to others in a healthcare facility. It requires use of Personal Protective Equipment (PPE)
- •Follow posted isolation or "stop" signs in the healthcare facility and ask a staff member if any precautions are needed before entering the client's room.





What is Personal Protective Equipment (PPE)

"Specialized clothing or equipment worn by an employee for protection against infectious materials" - OSHA





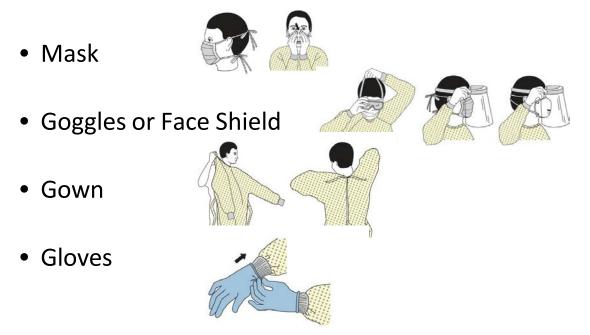
Types of PPE

- Gloves protect hands
- Gowns/aprons protect skin and/or clothing
- Masks protect mouth/nose
- Respirators protect respiratory tract from airborne infectious agents
- Goggles protect eyes
- Face shields protect face, mouth, nose, and eyes



Putting on PPE

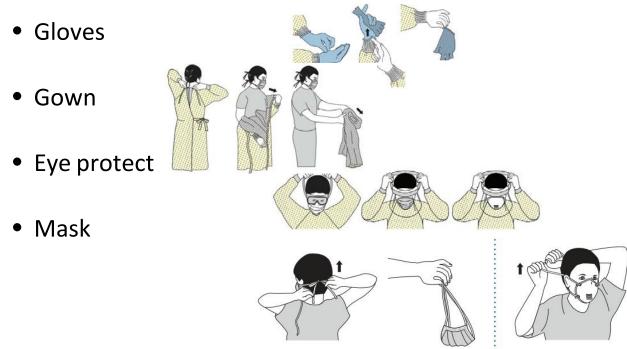
- Masks and eye protection should be worn before entering the facility.
- If additional PPE is required (like gowns or gloves), put it on in the hallway before entering a resident room.
- Order for Putting on PPE





Taking Off PPE

- If gowns or gloves are worn, they should be removed just *inside* the patient's room and thrown in the regular garbage can.
- Remove mask and eye protection only after leaving the facility unless soiled, wet or damaged and needs to be changed. If so, exit the room and stand at least 6 feet away from anyone else to switch out. Wash your hands after removing and before putting on a new one.
- Order for Removing PPE:





Avoid touching PPE!





What to do if a client tests positive?

- Report suspected or positive cases of COVID-19 in staff or residents to the <u>local health department</u>
- Create a plan for testing all other residents and staff
- Encourage GH residents with COVID-19 symptoms and their roommates and close contacts to self-isolate and limit their use of shared spaces
- Increase cleaning and disinfection of your home with <u>approved</u> <u>disinfectants</u>
- Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed https://www.cdc.gov/coronavirus/2019-ncov/community/grouphomes.html



Protecting Staff and Residents

- Keep staff at <u>higher risk</u> of severe illness from COVID-19 from close contact with residents who have suspected or confirmed COVID-19, if possible
- Exclude staff who have tested positive for COVID-19 until they can stop isolation
- Unvaccinated staff who have been exposed to COVID-19 should be excluded for 14 days after the exposure.
- All staff, regardless of vaccination status, should be excluded if symptomatic
- Screen residents, workers, and essential volunteers for <u>signs and</u> <u>symptoms</u> of COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html



Vaccination Updates

- Vaccination remains one of the most important tools to prevent the spread of COVID-19
- Vaccination is recommended for all people over the age of 12
 - Includes pregnant and lactating people
- Pfizer's COVID-19 vaccine "Comirnaty" received full FDA approval on 8/23/2021

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine



Vaccination Updates

- Most people who get mRNA vaccine need 2 doses
 - Individuals who are moderately to severely immunocompromised may need a 3rd dose to mount an effective immune response
 - Booster shots are NOT recommended for the general population right now
 - FDA is currently discussing the need for a booster dose (rumor has it that boosters will be recommended by September 20th 2021 for the general public, to be received 8 months after second dose)
 - If a booster dose received emergency use authorization from FDA, then the Advisory Committee on Immunization Practices (ACIP) will discuss recommendations for administration https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html



Questions?

 Email <u>mdh.ipcovid@maryland.gov</u> with any infection control questions



Upcoming Monthly Webinars

Please join us for our 2021 Webinar Series:

- September 24 at 1pm
- October 29 at 1pm
- November 19 at 1pm
- December 17 at 1pm

To register for the Monthly Webinars with Deputy Secretary Bernie Simons go to:

https://attendee.gotowebinar.com/regi ster/6873417036092171790

After registering, you will receive a confirmation email containing information about joining the webinar.



Questions



