COVID-19 Update
Avoid the Surge

Maryland Department of Health

Maryland Primary Care Program

Program Management Office

22 July 2020

Many visitors to the Ocean City boardwalk opted not to wear masks Tuesday despite signs recommending them.

JERRY JACKSON/BALTIMORE SUN

'A perfect storm'

COVID-19 virus remains among us.

Harm reduction, testing, contact tracing, and face coverings

Physical distancing and hand hygiene are the "**medicine**"

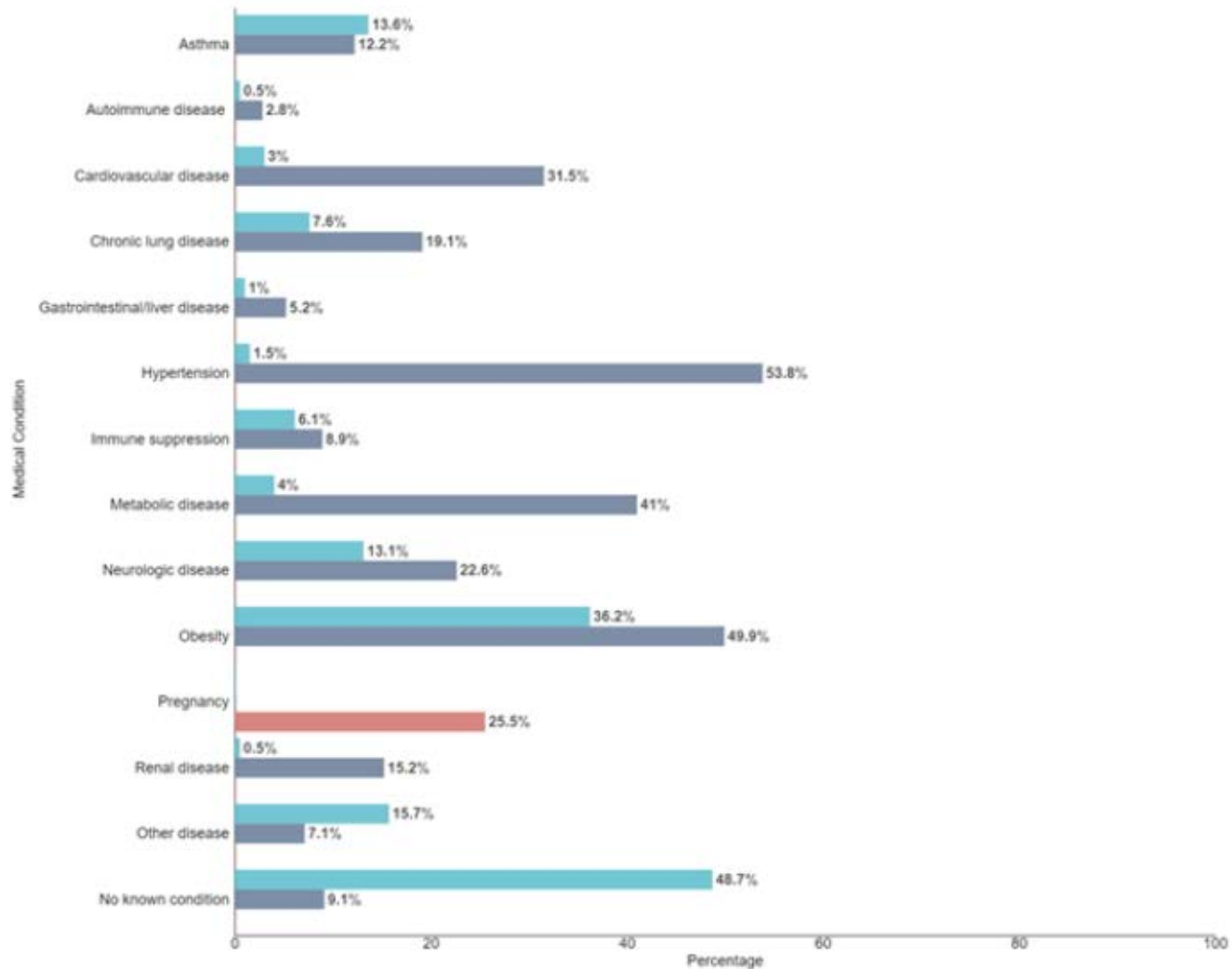**Maryland**
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Agenda

- ❖ Today's Morbidity and Mortality Data
- ❖ National Cases Surge
- ❖ The Five Things to Do
- ❖ Viral Transmission
- ❖ HHS Telemedicine Training
- ❖ CDC Update
- ❖ Future Webinars Info
- ❖ Guest Speaker
- ❖ Q & A
- ❖ Resources Appendix

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Morbidity and Mortality Update

	New Cases (7/21)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		3,819,139 (7/21)		140,630 (7/21)
Maryland	627	80,172	15.0%	3276

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	16.36	18.79	17.21	15.23	10.67	6.69	6.09
Case rate (per 100,000)	1626.66	1842.66	1779.39	1408.82	1261.72	1406.28	2241.40
% of cases hospitalized	5.59	8.07	11.42	18.68	27.69	38.75	31.59
Rate hospitalized (per 100,000)	90.93	148.73	203.27	263.19	349.35	544.89	708.12

Underlying Conditions - CDC

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 7/22/2020

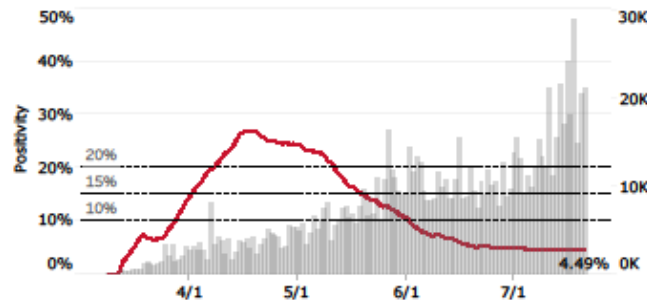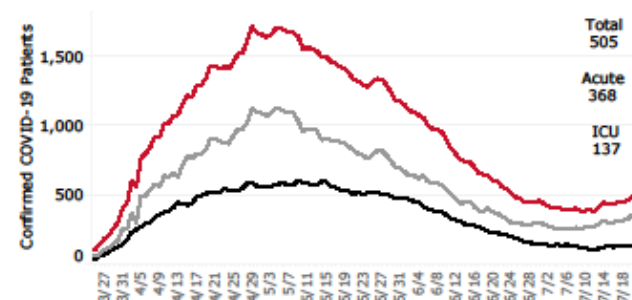| 80,172	21,021	1,000,179	3,276
confirmed cases	tests reported 7/21	cumulative tests	confirmed deaths
+627	4.23%	4.49%	+4
cases reported on 7/21*	daily positivity reported 7/21	7-day avg. positivity** reported 7/21	deaths reported on 7/21

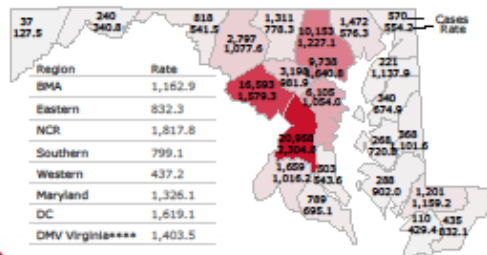## 7-Day Avg. Percent Positive Testing** and Total Testing Volume

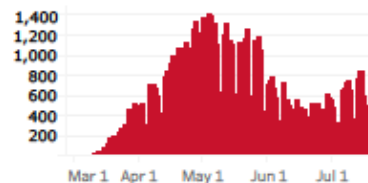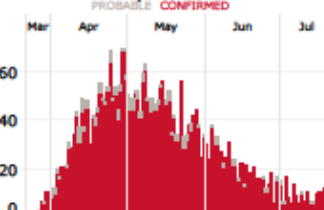## Statewide Acute/ICU Beds Occupied by COVID Patients

Total 505
Acute 368
ICU 137

Cases and Rates by County of Residence

Region	Rate
BMA	1,162.9
Eastern	832.3
NCR	1,817.8
Southern	799.1
Western	437.2
Maryland	1,326.1
DC	1,619.1
DMV Virginia****	1,403.5

Daily Cases
by Specimen Collection Date

Daily Deaths
PROBABLE CONFIRMED

All case-related counts on this dashboard are of individual people infected with COVID-19.
Report date: the day a case was reported to the Maryland Department of Health.
Specimen date: the day the initial lab specimen was collected.
BMA: Baltimore Metro Area; NCR: National Capital Region. DMV: DC, Maryland, and Virginia Area
Rates calculated using total confirmed cases and 2019 population estimates. Rates do not exclude recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
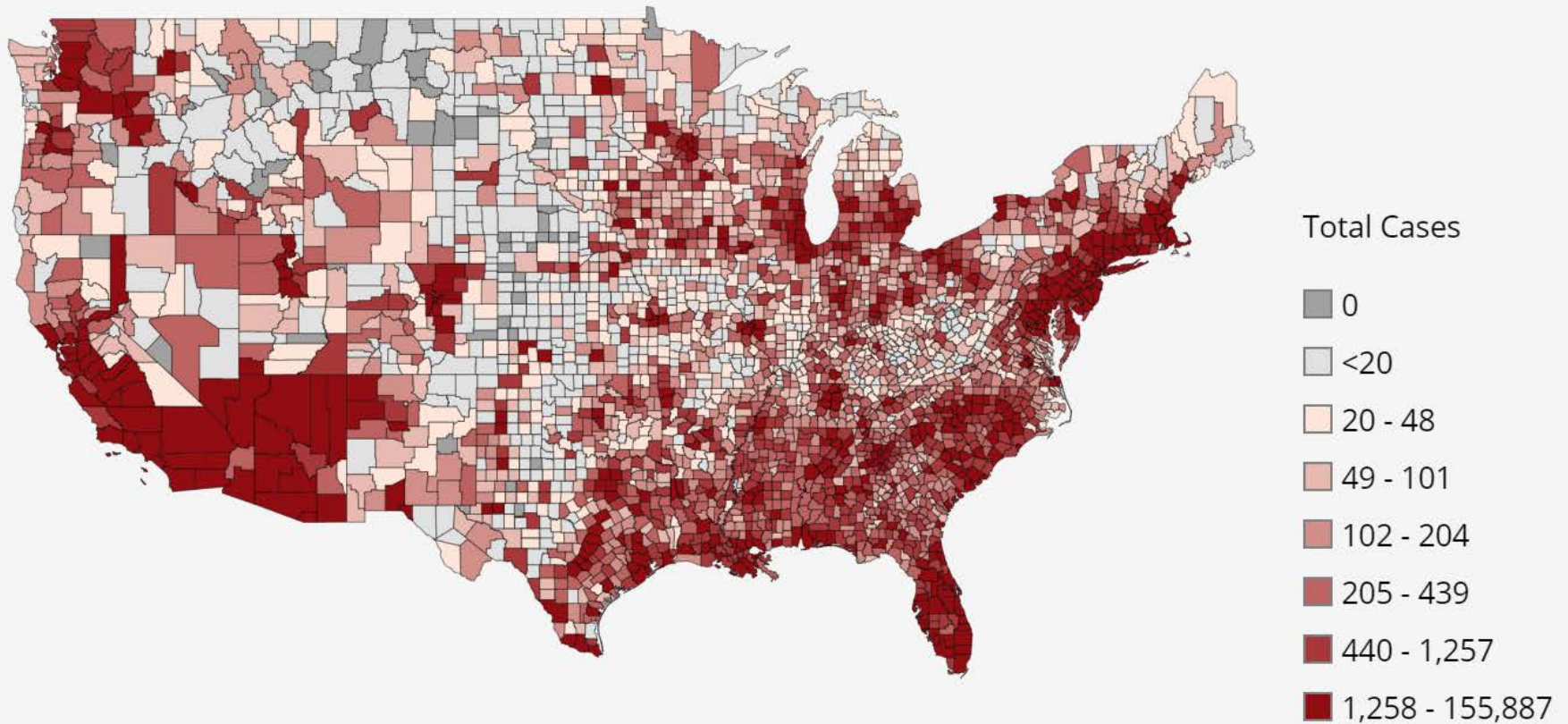*Daily case increase uses report date.
**Positivity calculated using a 7-day rolling average
***DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

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Maryland's Overall COVID-19 Status

❖ Recent spike in new cases: 860 on July 20

❖ Testing widely available 20,000+ per day

❖ Low 7-day rolling average positive rate, increasing in under 35-year olds

❖ Long delays in reporting test results from commercial labs

❖ Statewide contact tracing program

❖ Sufficient hospital surge capacity

❖ Variable daily deaths amid rising acute/ICU beds occupied by COVID patients

❖ 5 counties' health officers ask MDH to resume inside restrictions on bars and restaurants

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COVID-19 Outbreak US Hotspots

Total Cases

- 0
- <20
- 20 - 48
- 49 - 101
- 102 - 204
- 205 - 439
- 440 - 1,257
- 1,258 - 155,887

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CDC Covid Data Tracker

USA: Cases increase as Testing Increases

New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.
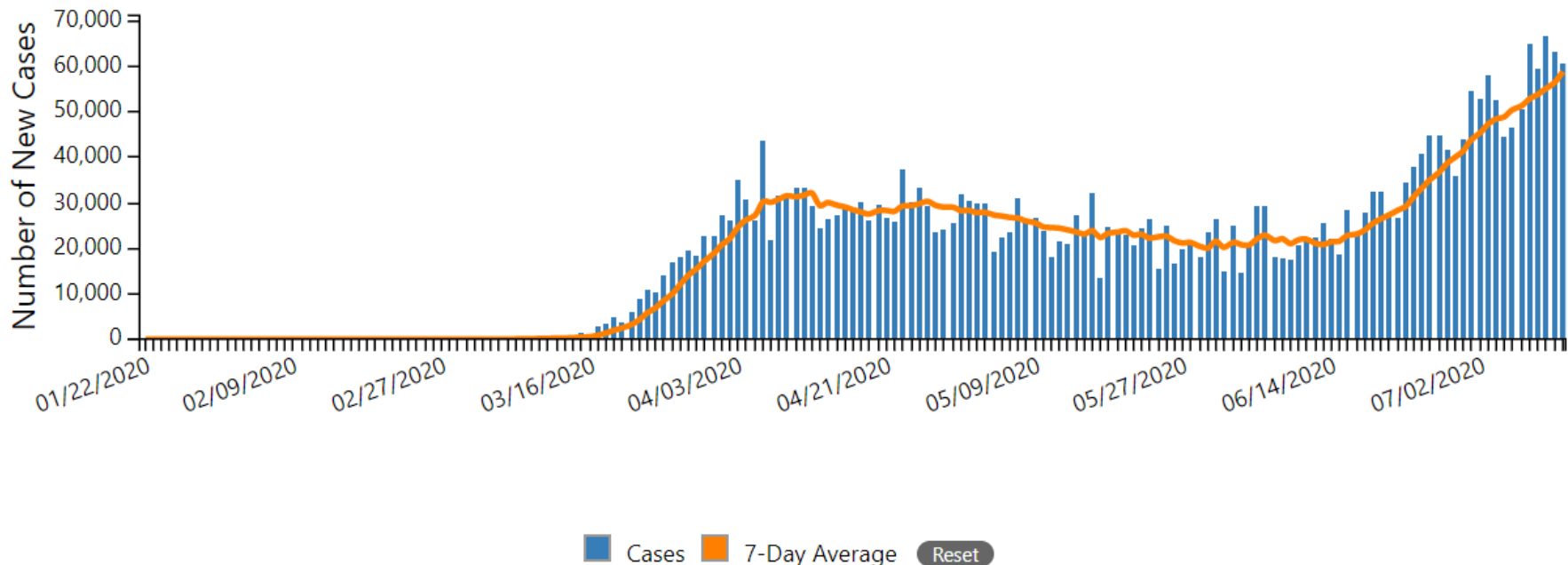
CDC data- 7-14-20

Viral Transmission Risks

❖ Droplets vs. aerosol

❖ Viral particles required for infection

❖ Masks and face shields work

❖ Youthful sense of immortality and behavior spread the virus

❖ Susceptible - Infectious – Recovered progression
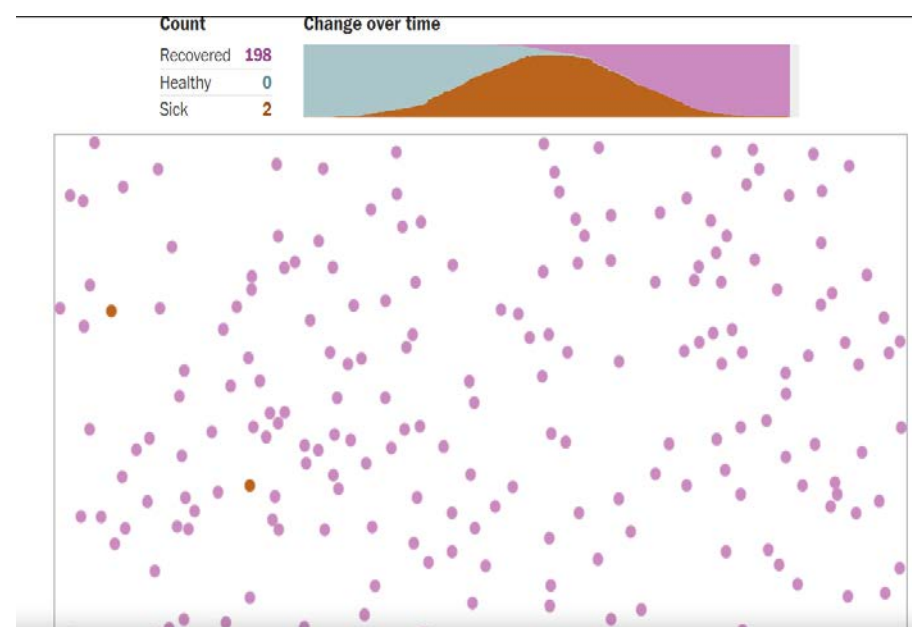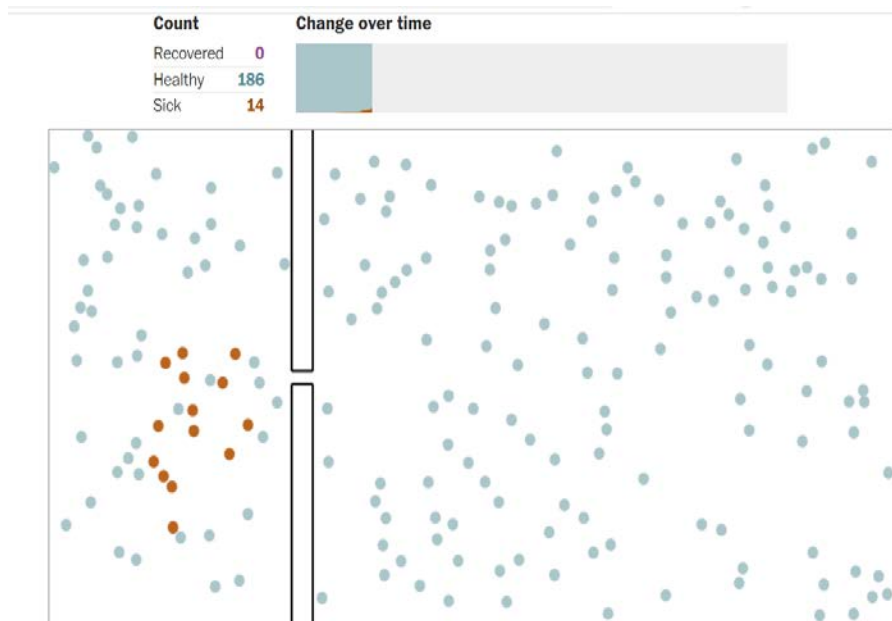
Testing Marylanders in Primary Care

❖ Testing in offices serves patients and normalizes the process

❖ Testing or referring patients for testing is key to keep the State safe

❖ Testing in office or sending patients for a test at another site is effective screening

❖ Specimen collection continues to evolve from nasopharyngeal sampling to the current simplified nasal sampling

❖ Testing will continue to evolve with Point of Care tests and rapid "Viral Protein" methods

❖ Antibody tests may become important as they become validated and understood in terms of clinical implications

❖ **FDA Issues First Emergency Authorization for Sample Pooling in COVID-19 Diagnostic Testing** – July 18, 2020

Contact Tracing Overview

❖ Providers should make sure their patients' phone numbers are updated in the electronic medical record before ordering a test

❖ Providers should advise tested patients to monitor their telephones closely for 72 hours after specimen collection, as they will receive a contact tracing call from MD COVID (240-466-4488) if positive

❖ [MDH Contact Tracing Information for Healthcare Providers](#)

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Airborne Transmission of COVID-19

❖ Respiratory droplets are larger than aerosols which rapidly drop to the ground due to gravity, usually 3-6 ft from the human source

❖ Aerosols are smaller particles which rapidly evaporate in air, leaving behind droplet nuclei small and light enough to remain suspended in air for hours (analogous to pollen)

❖ Experimental data support the possibility that COVID-19 can be transmitted by aerosols even without aerosol-generating procedures such as intubation and noninvasive positive pressure ventilation

❖ COVID-19-infected people may constantly produce droplets and aerosols, but most of these emissions are not infecting other people

❖ Still limited knowledge on COVID-19 transmission, but the body of currently available evidence suggests COVID-19 is not transmitted via aerosol, especially in well-ventilated spaces

❖ Keeping at least 6 feet apart from other people; wearing medical masks, high-quality cloth masks, or face shields when closer than 6 feet; hand hygiene; environmental cleaning and maximizing indoor ventilation should adequately minimize COVID-19 spread

JAMA 7/13/20

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Five things you can do to avoid the surge

1. **Identify all your high-risk patients**—use the COVID Vulnerability Index (CVI) in CRISP, your EHR, and your intuition

2. **Reach out to every patient on those lists – next slide**

3. **Provide vulnerable patients with expanded care** through telemedicine and special accommodations if they need face-to-face care

4. Test all patients, every visit

5. **Stay current, stay safe**—stay current by keeping up to date with CDC guidelines and case rates in your area. For up-to-date information, visit CDC, MDH, and MDPCP sites. Stay safe by taking all necessary infection control precautions while seeing patients

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Messaging your Patients

- ❖ **COVID-19 (Coronavirus) is highly contagious and dangerous; you need to stay away from it**

- ❖ **Because of your underlying medical condition, you are at higher risk for a serious illness, hospitalization, or even death from COVID-19 if you get infected with it**

- ❖ **Wear face masks when in public**

- ❖ **Avoid crowds and large gatherings**

- ❖ **Always try to keep at least 6 feet away from others**

- ❖ **Be aware that even asymptomatic people can carry and spread the virus to you**

- ❖ **You are safer at home**

- ❖ **To the extent possible, do outdoor rather than indoor activities such as dining, etc.**

- ❖ **You should be especially cautious around people who have been in crowds; have recently traveled out of Maryland, including relatives; and caregivers and children who have been in school or daycare settings**

- ❖ **I will continue to provide care for you through telemedicine if you choose and when appropriate**

- ❖ **I will make special accommodations to see you in our office if you need face-to-face care. If you are seen in the office, we will also offer a Covid-19 test**

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CDC Update: Isolation Guidelines

❖ Need to self-quarantine > everyone who has been in close contact with someone who has COVID-19

  (Includes people who've had COVID-19 and those who've taken an antibody test and have antibodies to the virus)

❖ Close contact means:
  ➢ Being within 6 ft for at least 15 mins of someone who has COVID-19
  ➢ You cared for someone sick with COVID-19
  ➢ You touched, hugged or kissed the infected person
  ➢ You shared eating or drinking utensils
  ➢ They sneezed, coughed or somehow got respiratory droplets on you

❖ Do:
  ➢ Stay home for 14 days after your last contact with a COVID-19-infected person
  ➢ Watch for fever, cough, shortness of breath, or other symptoms of COVID-19
  ➢ If possible, stay away from others, especially people at higher risk of getting sick from COVID-19

Additional CDC information: Duration of Isolation and Precautions for Adults with COVID-19

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Heroes Health Initiative

You are doing so much for *others*. Heroes Health is to support *you*.

Download Heroes Health to your smart device:

GET IT ON Google Play

Download on the App Store

Welcome to the Heroes Health Initiative

Heroes Health is a free mobile application from the UNC School of Medicine that allows healthcare workers and first responders to track their mental health and access mental health resources. We invite healthcare workers and first responders to join independently or through their employers:

👥 I am a Healthcare Worker   **🏢 I am an Organizational Leader**

Heroes Health empowers healthcare workers to care for themselves and each other

Anonymously let your organization know how they're doing

Track your wellness with weekly, 5-minute surveys

Access mental health resources specific to your organization

HHS Telemedicine Training - [Register](#)

CME Accreditation and Designation

❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at **fberry@medchi.org**

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CME Disclosures and Evaluation

❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.

❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.

❖ Please complete an evaluation at: COVID-19 Update Evaluation

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Announcements

❖ Learn from our [Frequently Asked Questions page](#)

❖ Future Webinars

➢ Wednesdays - alternating between Behavioral Health and Minority Health guest speakers

➢ Next week – Nilesh Kalyanaraman, MD; Health Officer, Anne Arundel County

❖ Today – K. Hogan Pesaniello, MD (Snow Hill, MD)

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Sleep Hygiene

Hogan Pesaniello, MD

Board Certified, Psychiatry

BCIA certified Neurofeedback

hoganpesaniello.weebly.com

757 894 3118

A different paradigm:

<u>self regulation</u>
affects
<u>brain regulation</u>
affects
<u>sleep regulation</u>

<u>They all affect each other!</u>

Optimize these:
(Each affects the other)

- Sympathetic/parasympathetic flexibility and baseline state (Usually, **bring arousal down.)**

- **Self-regulation** of the autonomic nervous system (Utilize conscious windows into that regulation, teaching relaxation methods and training with biofeedback, mindfulness, etc.)

- **Stress resilience** (more flexible and able to bounce back)

- **Physical status** (fitness, weight and health)

- **Sleep Hygiene** (thinking and behaviors that help sleep onset and maintenance)

Minimize these

- <u>Medical Disorders </u>that reduce sleep

    (allergies, GERD, sleep apnea, pain)

- <u>Mental Disorders </u>that reduce sleep

    (anxiety, depression, attention disorders)

- <u>Behaviors that reduce sleep</u>

    (sleep hygiene)

Optimize Sleep Hygiene

- **<u>Consistent</u>** bedtime and awakening

- **<u>Remove electronic devices</u>** (TV, computer, smartphone)

- **<u>Avoid large meals</u>** in evening

- **<u>Exercise</u>** (regularly, earlier in dayat least, 4hr b4 bed)

Sleep hygiene, Ctd.

- **Sleep when sleepy**, if you can't sleep after a good try, get up, do something calming or boring (read a phone book) then try again.

- **Avoid stimulants** (caffeine, nicotine, chocolate, B-vitamins), after early afternoon, at least 4-6 hours. **Avoid alcohol** 4-6 hrs.(It interrupts sleep quality)

- Use the **bed just for sleeping and sex**.

Sleep Hygiene, Ctd.

- **<u>NO naps</u>**: If have to nap, nap less than an hour before 3

- **<u>Sleep Rituals</u>**: Power Down on tasks (make a list for worries or tasks) then use stretching, breathing, sit calmly, contemplate to further power down.

- **<u>Bathtime</u>**: a hot bath 1-2 hrs before bedtime

- **<u>No Clock-watching</u>**, especially turning on lights to check.

- **<u>Track sleep:</u>** Use a sleep diary or a wearable device to

Sleep hygiene, Ctd.

- **Manage blue light**: Get blue light during the day (if older, avoid it early in day, but get exposure in mid-late afternoon) This will optimize the melatonin surge, which dissipates and flattens with excessive blue. Use night bulbs, filters on devices, glasses

- **Eat Right**, avoid large late meals. maybe a light snack or warm glass of milk for tryptophan

Sleep hygiene, ctd.

- <u>The right space:</u> **<u>the bedroom should be quiet, comfortable, cooler, dark</u>**, with curtains and or an eyemask to block out early morning blue light, and earplugs if there is noise outside

- **<u>Keep daytime routine the same</u>**. Avoiding activities because of insomnia can reinforce the insomnia

Power up your Inner Sleeper

- **Warm your hands and feet**: Imagine the sensation of warmth, moving through hands,feet
- **Slow breath: 5-6 a minute**, soft, quiet, smooth, exaggerating the exhale longer if preferred.
- **Release body** as if floating on back in water
- **Visualize a hypnotic image** (waves, rain, clouds, underwater grass, a quiet snowfall at night…)
- **Put self in safe place**: bubble, seashore, God's hands. (no "worried praying")

Questions and Answers

Please type into the Questions box on the right side of your screen.

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Appendix

Resources and Links

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Scheduling In-Office Appointments

❖ Patient calls in for an appointment
- ➢ Reception screens patient on the phone using the [pre-visit screening template](#)
- ➢ Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
- ➢ Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits

❖ Check In
- ➢ Practice remote check in and limited front-desk contact
- ➢ Consider using a triage zone outside of office or main area;
- ➢ Or use a barrier at the front desk
- ➢ Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
  - • Ensure patients and staff do not cross between COVID and non-COVID areas
  - • Set aside a specific area for patients who come in for testing to wait and be triaged

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Scheduling In-Office Appointments

❖ Checking out
  ➢ Practice remote check out, limit front desk exposure;
  ➢ Or use a barrier at the front desk

❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

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Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate

2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
   i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
   ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
   iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests

3. **Social distancing must be maintained in all waiting areas**

4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**

5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html**
   i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
   ii. **Patients should wear a face covering whenever possible**

6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

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Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

Personal Protective Equipment (PPE) Sources and Requests

❖ Routed through Local Health Departments

❖ Priority as previously stated - may change over time

❖ Maryland PPE Manufacturers List – next slide

❖ **National and International PPE Supplier List**

❖ **PPE request forms and local contacts**

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State Launches Maryland PPE Network Supplier Portal

❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery

❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](), an online platform that helps connect Maryland suppliers with buyers in need of critical resources

❖ Large daily deliveries come into the state's warehouses

❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

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Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖ **How to enroll**
  ➢ Enroll online at MarylandHealthConnection.gov
  ➢ Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
  ➢ Download the free "Enroll MHC" mobile app to enroll on a phone/tablet.
  ➢ Navigators throughout the state can answer questions and enroll consumers by phone.

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Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
  - Administrative controls (e.g. staff training, reminders, and posters)
    - Minimize unnecessary contact with the respirator surface
    - Strict adherence to hand hygiene practices
    - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
  - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

Source

CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

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CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
    - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
    - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

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CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

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COVID-19 Testing Site Information

❖ Patients require a provider order for referral to testing sites

❖ Providers contact your local hospital or use the link below

❖ Sites are subject to host location restrictions and availability

❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – FAQs available here.

❖ Current list of testing sites, please click here

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CDC Guidelines for COVID Patient Management

❖ Healthy people can be monitored, self-isolated at home

❖ People at higher risk should contact healthcare providers early, even if illness is mild

❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact

❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease

❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

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Billing for End-of-Life Planning

❖ Billable event with AWV or Separate Encounter

❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

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Support for Patients at Home

❖ Food

➢ Meals on Wheels

❖ Caregivers

➢ Visiting nurses and caregivers

❖ Emotional support

➢ Support from family

➢ Phone calls and videochat to fight loneliness

➢ MD Department of Aging Senior Call Check Program

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Caregiver Services Corps (CSC)

❖ **OPEN for primary care providers STATEWIDE throughout Maryland's reopening!**

❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people **over 65 years old in their homes** to help with:

➢ Self-administration of medications

➢ Ambulation and transferring

➢ Bathing and completing personal hygiene routines

➢ Meal preparation and grocery or prepared meals delivery

➢ Teaching how to use video technologies to connect with loved ones and/or healthcare providers for telemedicine

❖ Healthcare providers should alert their patients they are being referred

❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

❖ Convention Center needs medical staff – Visit https://www.linkedin.com/jobs/view/1788387174

❖ Tents and Modular Units - including ICUs

❖ Expansion within facilities

❖ Professional student staffing

❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

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Opportunities to Volunteer and Serve

❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)

➢ https://mdresponds.health.maryland.gov/

➢ Complete Road to Readiness

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Staying Current - Sources

❖ CDC

❖ MDH COVID-19 information page

❖ MDPCP COVID-19 webpage

❖ Local Health Departments

❖ CONNECT

❖ Clinician Letters

❖ Multiple Resource Links in Appendix

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MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked here
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

$300 per eligible physician

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Federal Emergency Funds for Small Business

❖ Disaster Loan Assistance (from Small Business Administration)
  ➤ Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
  ➤ FAQs

❖ CARES Act (pending federal legislation)
  ➤ Sets up a $350 billion loan program for small businesses
  ➤ Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
  ➤ Maximum loan amount is $10 million
  ➤ Loans can cover payroll, rent, utilities, or existing debt obligations
  ➤ Interest rates cannot exceed 4%
  ➤ If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
  ➤ Loans will be available through the Small Business Administration and Treasury-approved banks, credit unions, and some nonbank lenders

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State Emergency Funds for Small Business

❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)

➤ Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs

➤ Award of up to $50,000 per applicant

➤ Will be quick deployable benefit and customizable to specific business needs

❖ [View the One-Pager](#)

❖ [COVID-19 Layoff Aversion Fund Policy](#)

❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)

❖ Submit your completed application to: [LaborCOVID19.layoffaversion@maryland.gov.](mailto:LaborCOVID19.layoffaversion@maryland.gov)

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Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➢ Maryland Summer Meals   Howard County

➢ Montgomery County   Anne Arundel County

➢ Prince Georges County   St. Mary's County

➢ Charles County   Harford County

➢ Frederick County   Calvert County

❖ Free meals available from 42 rec centers in Baltimore

➢ Call 311 for locations and to schedule pickup time

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Resources for Specific Groups

❖ Community- and Faith-Based Organizations (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html)

❖ Mass Gatherings and Large Community Events (https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html)

❖ Non-Pharmaceutical Interventions for Specific Groups (https://www.cdc.gov/nonpharmaceutical-interventions/index.html)

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Resources and References

❖ Maryland Department of Health Coronavirus Website (https://coronavirus.maryland.gov)

❖ CDC Coronavirus Website (https://www.cdc.gov/coronavirus/2019-nCoV/index.html)

❖ CDC National data on COVID-19 infection and mortality (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html)

❖ CDC Interim Guidance for Homes and Communities (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

❖ CDC Interim Guidance for Businesses (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html)

❖ CDC Interim Guidance for Childcare and Schools (https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html)

❖ CDC Travel Website (https://wwwnc.cdc.gov/travel/)

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State Emergency Funds for Small Business

- ❖ Maryland Small Business COVID-19 Emergency Relief Loan Fund
  - ➢ $75 million loan fund (to be paid to <u>for-profit business only</u>)
  - ➢ Loans are up to $50,000
  - ➢ No interest or principal payments due for the first 12 months
  - ➢ Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum

- ❖ Maryland Small Business COVID-19 Emergency Relief Grant Fund
  - ➢ $50 million grant program for <u>businesses and non-profits</u>
  - ➢ Grant amounts of up to $10,000
  - ➢ Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020

- ❖ Emergency Relief Fund FAQ

- ❖ Questions or concerns email fpaaworkflowcoordinator.commerce@maryland.gov.

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