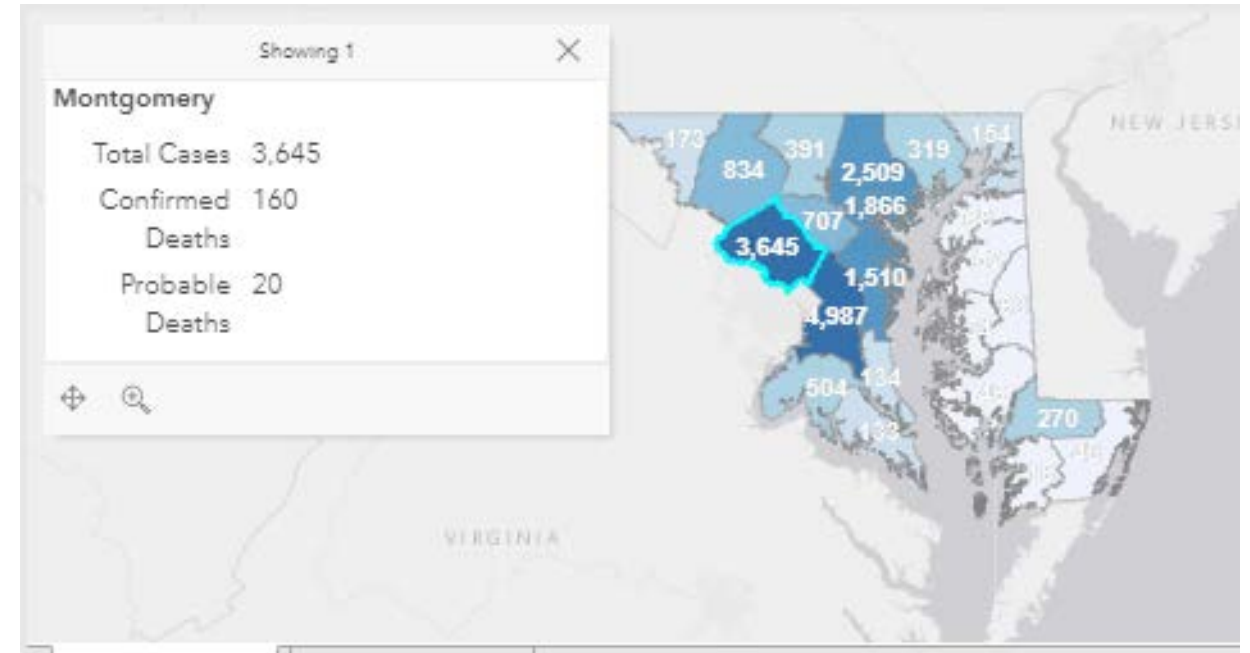# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# CORONAVIRUS UPDATE FOR GROUP HOMES

April 27, 2020

# United States & Maryland: Confirmed COVID-19 Cases

- United States (as of 4/25/20)
  - Total Cases: 928,619
  - Total deaths 52,459

- Maryland (as of 4/26/20)
  - Confirmed cases:18,581
    Deaths: 827
    Hospitalized: 3,962



Sources: Data accessed 4/27/2020

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

https://coronavirus.maryland.gov/

# Maryland and Montgomery County: Confirmed COVID-19 Cases



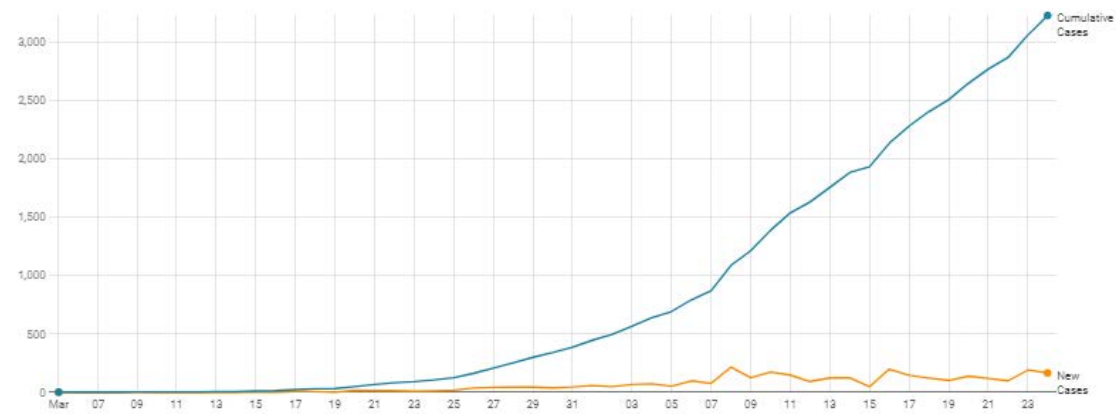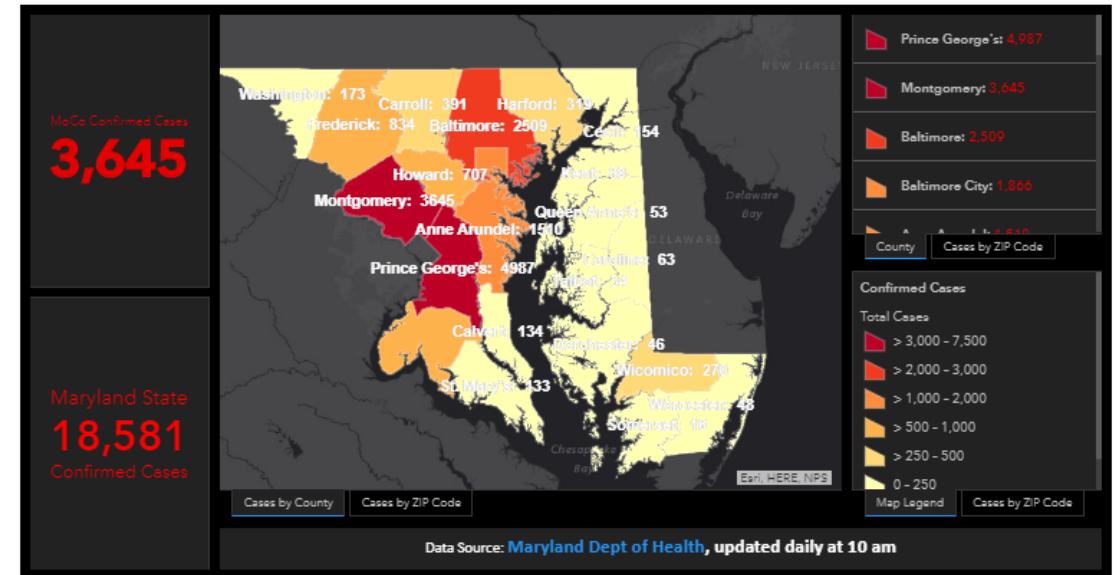Montgomery County COVID-19 Cases by the Numbers

Confirmed & New Cases Over Time



MoCo Confirmed Cases
**3,645**

Maryland State
**18,581**
Confirmed Cases

Prince George's: 4,987
Montgomery: 3,645
Baltimore: 2,509
Baltimore City: 1,866

Data Source: **Maryland Dept of Health**, updated daily at 10 am

Sources, accessed April 23, 2020

https://coronavirus.maryland.gov/

https://montgomerycountymd.gov/hhs/rightnav/coronavirus.html

# What is isolation?  What is quarantine?

- **Isolation** is for people who are known COVID-19 positive
    - Stay home except to get medical care; contact your doctor by phone.
    - Rest, stay hydrated
    - Separate from other people and monitor symptoms
    - Wear a cloth covering over your mouth and nose
    - Cover your cough & sneezes
    - Avoid sharing personal household items; wash dishes/bedding daily
    - If possible, residents should themselves clean and disinfect high-touch surfaces in bathroom/bedroom daily.
    - Discontinue home isolation 10 days (or more) after onset of symptoms **AND** 3 days fever free **AND** improving symptoms "10+3"
- **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others.
    - Stay home and monitor for symptoms for 14 days after contact.
    - Helps limit further the spread of COVID-19.

Source:  https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

# State Update
# MDH Guidance for LTC settings; what matters for GH?

- Group homes are critical for vulnerable members of our community. Group homes need a plan for residents who return after they were sent to the hospital for COVID-19 treatment.

- For residents or staff who test positive for COIVID-19, retesting for COVID-19 is not currently feasible.  Use Maryland Department of Health symptom-based strategy
  - **10 days** after start of symptoms and 3 days fever free with improving symptoms

- Asymptomatic care providers who have a positive COVID-19 test are excluded for 10 days after first positive test
  - It is important to note that testing is <u>not</u> recommended for asymptomatic providers
  - Point of prevalence testing in group home settings may not be a useful strategy. Many laboratories do not prioritize tests for asymptomatic people (residents or staff)

# State Update
# MDH Guidance for LTC settings; what matters for GH?

- Symptoms of COVID-19 in group home populations may look different than the general population, may not report fever

- Any MD, NP, or PA may order a test; it does not have to go through the health department

- Influenza and other respiratory virus testing may be run at the clinician's discretion, but is not required prior to COVID-19 testing

- Encourage weekly communication about COVID-19 to residents, staff, and families.   Provide general information and updates.

# Testing through the Local Health Department

- The County has limited test kits which we can provide to group homes.
- An outbreak is defined as **any confirmed case in resident or staff** in a congregate living situation
  - Positive tests trigger an investigation, during that investigation DHHS will determine if testing is appropriate and available
  - Testing conducted in the State lab; specific instructions provided with tests
- LHD is unable to test staff and asymptomatic residents at this time
- Testing supplies remain limited and not all requests for testing can be accommodated

# Helpful CDC Guidance

- Actively encourage sick staff to stay home.

- Encourage hand hygiene and provide opportunities for handwashing

- Avoid **non-essential visitors** and maintain 6-foot social distance.

- Screen and advise staff and essential visitors for signs and symptoms of COVID-19; **includes actively taking each person's temperature using a no-touch thermometer.**

- **Ensure adequate medication and supplies are on-hand**

- **Ensure daily cleaning and disinfecting** of all common areas and shared facilities, with special attention to high-touch surfaces such as door handles, light switches, faucets and toilet handles

# Personal Protective Equipment

- PPE serves two roles:
  - To protect residents from viral medium introduced by staff
  - To protect staff from sick, clustered residents

- We recognize supplies are <u>very</u> limited

- Supplies are running out; we are aware of a particular lack of gowns

- Read CDC guidance on crisis strategy PPE conservation:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

# PPE: What we are Doing

- DHHS is distributing but there simply isn't enough
  - Congregate housing has received >80% of County's distributions
- PPE requests can be sent to
  [pper.phepr@montgomerycountymd.gov](mailto:pper.phepr@montgomerycountymd.gov)
- We believe the Federal and State stockpiles are now empty
- We may not be able to provide any more
  - The PPE shortage crisis is severe
  - May be some time before new supplies available

# PPE:
# Best Practice - Universal Masking at GH facilities

- Why?  First: Source Control
  - Keeps the droplets (which may carry germs) of sneezes, coughs, speaking, and breathing out of the air
  - Prevents asymptomatic staff from spreading germs
- Put on a mask that covers nose and mouth when you enter a facility
- Do not touch the outside of the mask- there are germs on the outside of the mask! If you need to adjust your mask, wash your hands before and after touching the mask
- Masks do <u>not</u> need to be changed between patients
- Masks do <u>not</u> prevent germs from moving between residents

# PPE - Administrative Controls

- **Reduce contacts between staff and residents**
  - **Talk to the Doctor over the Phone**
  - **Cancel non-essential activities**
  - **Keep residents isolated from each other ***

- **Cohort COVID-19+ residents**, in dedicated unit, floor or area of group home
  - Prioritize private rooms for COVID-19+ residents
  - Consider dedicated staff to care for COVID-19+ residents

# PPE & Gown Conservation Strategies

- Gowns are widely unavailable!
- Prioritize gowns for encounters with sick patients
- Consider reusable cloth gowns

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

# PPE: Gloves and Eye protection

- Eye Protection
  - Keeps droplets containing germs out of staff's eyes
  - Goggles or face shields: should be cleaned and re-used
  - Wash your hands if you touch the outside of your face shield
- Gloves
  - Gloves do not replace hand hygiene
  - Every time you take your gloves off, wash your hands
    - Soap and water is best
  - Assume the outside of the gloves are dirty
  - Don't touch your face OR YOUR MASK with your gloved hands
  - Do not wear gloves outside of patient care areas
  - Do <u>not</u> snap gloves – can aerosolize germs

# Doffing - How to take your PPE off

- Remember the outside of your gown, gloves and mask might be covered in germs.  **Remove PPE CAREFULLY**

- Have a buddy watch to make sure you take things off in the right order and don't contaminate yourself

- Wash your hands when you are done

- Use the CDC's [guidance and instruction](#) sheets as an aide

# Doffing

## 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

## 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

## 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

OR

# When you run out

- You may run out of PPE
- Frequent hand washing is essential
- Cloth face coverings are better than no face coverings
- Do everything you can to conserve your PPE: prioritize, reuse, and extend use

# MDH Go Teams or Strike Teams

- Facility/ Group Homes can request a go team through Aging and Disability Services

- Specific information required to make request

- State decides who to send and when to send them
  - 24-hour arrival goal
  - Assessment and testing possible
  - PPE and Staffing cannot be provided by these teams

# Points of Contact

- Emergencies- 911
- Questions about how to prevent the spread of disease or how to support a specific patient:
  - DDA Group Homes:
    - Tonia Powell
    - [tonia.powell@montgomerycountymd.gov](mailto:tonia.powell@montgomerycountymd.gov)
  - Other Licensed Group Homes:
    - Kendra Queen
    - [Kendra.queen@montgomerycountymd.gov](mailto:Kendra.queen@montgomerycountymd.gov)
  - Your gateway to the County's response as well as State resources

# Resources

- MDH Novel Coronavirus: http://health.maryland.gov/coronavirus

- MDH Laboratory Coronavirus:
https://health.maryland.gov/laboratories/Pages/Novel-Coronavirus.aspx

- COVID-19 People at risk
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

- CDC Coronavirus Prevention & Response in Long-term Care
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

- CMS Coronavirus/LTC: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf; https://www.cms.gov/newsroom/press-releases/trump-administration-announces-new-nursing-homes-covid-19-transparency-effort

- CDC Guidance for Infection Control https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html

# Personal Protective Equipment (PPE)
## Do's and Don'ts

**Do**

Wash your hands between interactions with residents.

**Do**

Correctly wear a cloth or medical mask wherever possible as well as goggles or face shields (which should be sanitized regularly and reused)

**Do**

Conserve PPE wherever possible. Staff working directly with symptomatic residents have priority. Use gowns for high-contact activities such as bathing, transferring, and dressing.

**Do**

Wear gloves while cleaning with medical-grade disinfectant.

**Don't**

"Snap" your gloves, as this may aerosolize the virus.

**Don't**

Touch the outside of your mask, goggles, or face shield. If you must adjust any of the PPE on your face, wash your hands before and after touching it.

**Don't**

Wear gloves outside of patient care areas.

**Don't**

Wipe your skin with any medical-grade disinfectant. These disinfectants are not meant for use on skin.

In general, treat the outside of PPE as though it is "dirty" and contaminated with the virus. Avoid touching the outside of PPE whenever possible and make sure to wash hands frequently.
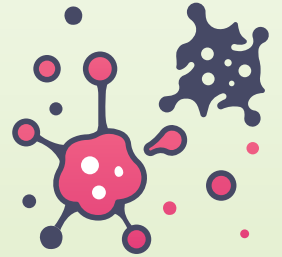
# WHO IS CONSIDERED HIGH-RISK FOR COVID-19 COMPLICATIONS?

Everyone is at risk of being infected with the novel coronavirus. However, some, depending on their medical history, age, etc., are more likely to suffer severe complications and have a higher risk of death if they are infected.
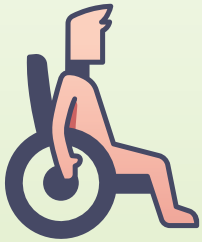
## Adults over 65 years old

and

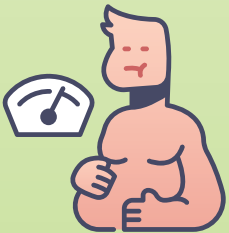## People of any age that have underlying medical issues such as:

Serious heart conditions
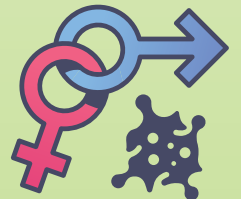
Chronic lung disease or asthma
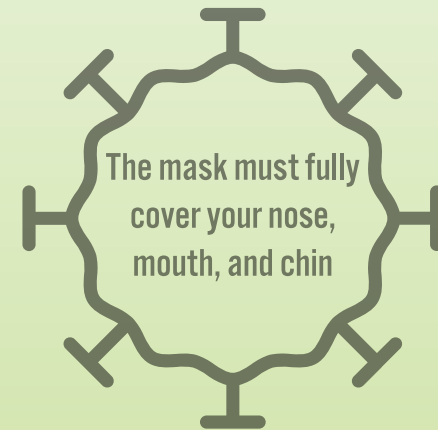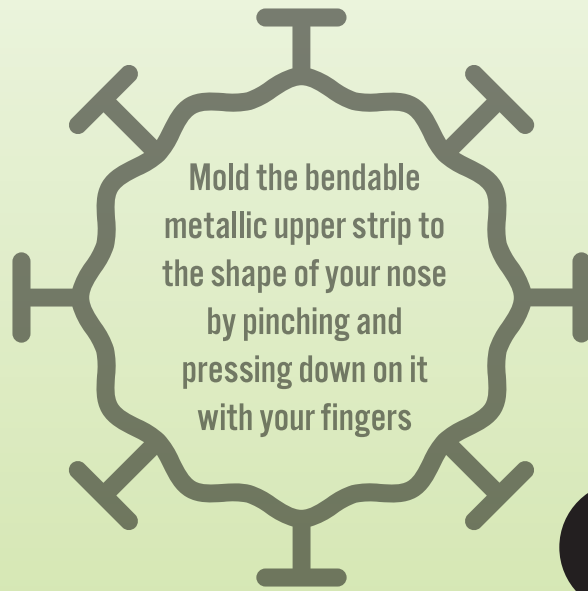
Severe obesity

Chronic kidney or liver disease

Diabetes

Other conditions causing a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

# HOW TO PROPERLY WEAR A MASK

reduce viral transmission by correctly wearing your surgical mask

Ensure that the mask fits snugly

Mold the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers

The mask must fully cover your nose, mouth, and chin

Take the mask on and off by holding the earloops, not the fabric of the mask

Do not touch the fabric of the mask while in use

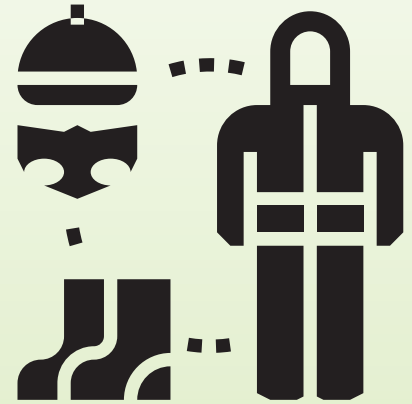# SAFETY GUIDELINES FOR INTERACTING WITH RESIDENTS

Consistency is key - assume all residents may be infected and act accordingly.

## WASH HANDS

for 20 seconds with soap and water
- after interacting with each resident
- after removing PPE

## WEAR GOWNS

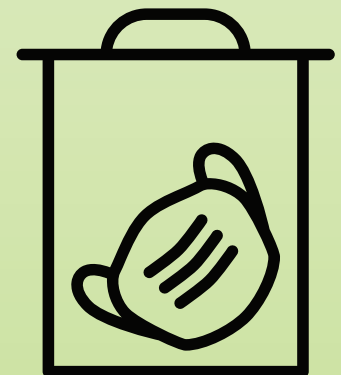for high-contact activities if available. Put on the gown before entering the room and dispose of it immediately after you exit the room

## WEAR GLOVES

if you are concerned that the resident is symptomatic

## WEAR A MASK

that covers your mouth and nose - do not adjust mask once you have begun contact with the resident

## DISPOSE OR STORE

all PPE - gloves, masks, gowns - properly

# local resources

## If you have any questions related to Covid-19

**1** **call the hotline** (240) 777-1755

Montgomery County has a Disease Control Hotline currently staffed by public health service nurses from 8 AM to 8 PM, 7 days a week. They are available to provide guidance and answer questions related to COVID. Staff are also able to help locate testing options if appropriate.
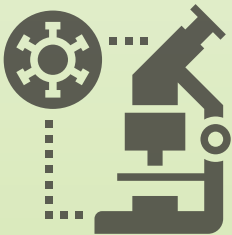
**2** **check the county website**

https://montgomerycountymd.gov/HHS/

The Montgomery County Website is constantly being updated with the newest recommendations.
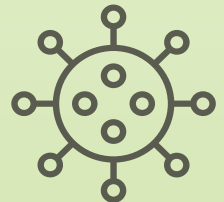
**3** **drive-thru testing**

The County is offering small numbers of tests through drive through sites throughout the County. These tests require a physician's order to be tested. Any patient interested in testing should first talk to their healthcare provider. The Disease Control line may be able to assist residents in finding a provider to conduct a screening if they are uninsured or do not have a healthcare provider.

**4** **Maryland Department of Health website**

https://coronavirus.maryland.gov/

Offers state-specific data, policies and requirements, recommendations, and links to further resources.

**5** **visit the Centers for Disease Control and Prevention (CDC) website for more information** https://www.cdc.gov/coronavirus/2019-ncov/index.html

# COVID-19 Tips for Group Homes

While this handbook is not all-inclusive, it should be your first place to check regarding anything related to COVID-19 concerns. If you do not find an answer here, please call the Montgomery County Disease Control Line at (240) 777-1755 or look through the included resources at the end of the handbook.

**Table of Contents:**

**Overview & Key Takeaways:**
- Wash hands often with soap and water for at least 20 seconds.
    - Hand sanitizer is great in a pinch but **not** a replacement for soap and water.
- Wear a mask! Masks do not have to be changed between residents.
- If a resident exhibits any of the symptoms concerning for COVID-19, continue to monitor the situation as closely as possible. Separate the resident from other residents and monitor for signs that they would require immediate medical attention.
- If you have questions, call the Montgomery County Hotline for further direction and guidance.

**Goals:**
1. *Prevent the introduction of COVID-19 and other respiratory pathogens into your facility.*
2. *Rapidly identify persons with respiratory illnesses that could be COVID-19.*
3. *Prevent the spread of COVID-19 and other respiratory pathogens within and among your facility or facilities.*
4. *Manage and isolate persons with suspected or confirmed COVID-19.*
5. *Be familiar with infection prevention guidance.*
6. *Accommodate persons with possible or confirmed COVID-19.*

**Objective 1:** *Prevent the introduction of COVID-19 and other respiratory pathogens into your facility.*
- Universalize mask-wearing in your facility for all individuals: staff and residents.
- Encourage staff and residents to wash their hands often with soap and water for at least 20 seconds, especially after interacting with a sick person and before eating.

       a. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol (may not be appropriate in some circumstances). Cover all surfaces of your hands and rub them together until they feel dry.
- Encourage staff and residents to avoid touching their eyes, noses, and mouths.
- If possible, check staff temperatures before starting work each shift. Otherwise, encourage staff to practice self-monitoring of temperature at home before reporting to work.

**Objective 2:** *Rapidly identify persons with respiratory illnesses that could be COVID-19.*
- Be familiar with the common symptoms of COVID-19, but understand that individuals (particularly seniors) have presented with nontraditional symptoms/pictures as well.
- If suspected or confirmed COVID-19 is detected in your facility or group home, first separate the resident from other residents and call your/the resident's healthcare provider.
- Most people with COVID-19 can be managed without medical intervention using CDC guidance, as long as they are supported with all of their immediate needs. Facilities should be prepared with a supply of basic over-the-counter medications such as acetaminophen, cough drops, and should have the ability to take temperatures.
- It is essential that individuals **stay hydrated**. While wearing a mask, it can be difficult to remember to drink water. Individuals should make it a goal to drink water once every 30 minutes to half-hour. If a resident is exhibiting symptoms, they should drink water more frequently.
- If you suspect a resident has COVID-19, you may be able to secure a test for them with a physician's order. You should first talk to the resident's healthcare provider to hear case-specific advice. Otherwise, you may call the Montgomery County Hotline and they will guide you further.
- If residents with suspected COVID-19 develop worsening symptoms (e.g., high fever, rapid breathing), a health care provider should be consulted, and especially for people 50 years old or older, people who have chronic medical conditions (such as chronic lung disease, heart disease, diabetes, or a weakened immune system), or people with disabilities.
- When transport of a client or resident is necessary, implement procedures to ensure notification of all receiving facilities before the transport takes place.

**Objective 3:** *Prevent the spread of COVID-19 and other respiratory pathogens within and among your facility or facilities.*
- Encourage social distancing within your facility.
  - Attempt to stagger mealtimes, avoid (cancel) group activities, and maintain a physical distance of 6 feet between individuals whenever possible.
- Encourage frequent handwashing among staff members and residents.
- Universalize mask-wearing in your facility.

- Encourage self-monitoring of symptoms for staff and active monitoring of symptoms in residents by checking vitals (including but not limited to temperature and oxygen saturation).
- Minimize the number of staff members who have face-to-face interactions with residents with respiratory symptoms. Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick residents.
- Practice responsible environmental cleaning:
    - Clean and disinfect as recommended by the CDC on a regular basis. The CDC recommendations include guidance for both routine environmental cleaning and specific guidance for when someone is ill.
    - Clean frequently touched surfaces, such as doorknobs, door handles, handrails, and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, cafeterias, and offices (e.g. floors), using a hospital disinfectant that is registered with the Environmental Protection Agency (EPA) as active against viruses.
    - Place waste baskets in visible locations and empty regularly.
    - If feasible, enhance ventilation in common areas such as waiting areas, TV rooms, and reading rooms.
    - Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should be thoroughly washed before sharing.
    - Instruct cleaning staff to avoid "hugging" laundry before washing it to avoid self contamination.
    - Instruct cleaning staff to wear gloves if available and wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.
    - Additional guidance is available from CDC.
- Do **not** mix your own cleaning chemicals. This is dangerous and not recommended.
- Do **not** use medical-grade disinfectants on residents. These are not meant for use on skin. The same goes for Lysol, Clorox, etc.

**Objective 4:** *Manage and isolate persons with suspected or confirmed COVID-19.*
- There is a severe shortage of personal protective equipment (PPE) in Maryland. The Maryland Department of Health (MDH) urges providers to implement measures to conserve PPE, such as using social distancing whenever practical and feasible.
- When feasible, MDH recommends that residents with suspected or confirmed COVID-19 be managed in their residence, and preferably isolated in a private bedroom with a private bathroom. If common areas are unavoidable (such as a shared bathroom), clean the area after each time the individual uses it.
- Avoid sharing personal household items, like dishes, towels, and bedding.
- Staff caring for (including transporting) symptomatic residents should avoid close contact (within 6 feet) if possible, or use appropriate PPE when close contact is unavoidable, including gloves, eye protection (goggles or face shield), and, if available, a face mask.

- When available, symptomatic residents should be provided a face mask to limit the exposure to other residents and staff, especially when in common areas or around other individuals. If the symptomatic resident is unable to wear a face mask, other people in the room should wear face masks, if available, especially if within 6 feet of the ill person.
- If multiple residents of the facility are diagnosed with COVID-19, try to cohort them into a single area, as separated from other residents of the facility as possible. Try to limit the number of staff responsible for interacting with them until their illness has resolved.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. Roommates of symptomatic residents may already be exposed, so if separate rooms are not available it may be acceptable to allow them to remain in the same room.
- Deliver all meals to rooms or apartments, as feasible.
- Suspend all group programs including day programs.

**Objective 5:** *Be familiar with infection prevention guidance.*
- Have clear, well-communicated, and specific guidelines for staff.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they have symptoms of COVID-19, including:
    a. Feeling feverish or having a measured fever (greater than or equal to 100.4 degrees Fahrenheit or 38 degrees Centigrade);
    b. A new (within the last seven days) cough;
    c. New shortness of breath;
    d. New sore throat.
- Offer leave policies that do not require a health care provider's note for staff to be able to use sick days or for staff to return to work after being sick. Staff should be clearly instructed on the criteria for returning to work after illness:
    a. Minimum of 7 days; AND at least 72 hours of those must be fever-free without fever-reducing medication; AND all other symptoms resolved (cough may persist for 1 – 2 weeks).

**Objective 6:** *Accommodate persons with possible or confirmed COVID-19.*
- Some facilities provide mental health services including full on-site services, evaluation of community clients, and referral to off-site providers. Have plans in place for patients who regularly receive mental health services. If possible, do not commingle people coming in from the community for day services with the residential population or staff, in order to reduce opportunities for introduction of COVID-19 to the residential population.
- If a resident must be isolated because of suspected or confirmed COVID19, consider alternative arrangements such as video conferencing for continuity of regular services.
- Implement procedures to identify and update at least weekly the mental health resources (e.g., providers, pharmacies) that are available.
- Review and update, as needed, provider contracts and emergency medical protocols and procedures, including transporting persons to inpatient mental health facilities.
- If necessary, evaluate clients and residents for other medical needs.

- Reduce contacts between staff and residents.
- Talk to doctors over the phone or computer.
- Cancel non-essential activities.
- Keep residents isolated from each other.
- Cohort COVID-19 positive residents in a dedicated unit, floor, or area of the facility.
- Prioritize private rooms for COVID-19 positive residents.
- Consider dedicated staff to care for COVID-19 positive residents.

**Recognizing COVID-19 Symptoms & What to Do**

Have the following onhand to check resident and staff vital signs whenever concerned.
- Thermometers (below 100 F is generally not considered a significant fever)
- Pulse oximeters (most individuals should be >95%, <90% is considered critical)
- Blood pressure cuffs (goal blood pressure is 120/80 mmHg, it should not be >150/90 mmHg or <90/60 mmHg).

New York City is using the following to define COVID-19- like illness (CLI):
- Fever (temperature of 100.4 degrees F or 38 degrees C or greater)
- Cough
- Shortness of breath (difficulty breathing)
- Sore throat

All people with CLI should be considered contagious but not all people with CLI need to be tested for COVID-19.

- Do not transfer a resident to the hospital for evaluation for mild or moderate illness for testing or treatment. However, if severe symptoms occur, medical care should be sought as they can signal life-threatening illness.
- Residents who are able to self-monitor should monitor their own symptoms. In cases where staff must assist residents in monitoring symptoms, they should do so from six feet away or wear appropriate PPE.
- Staff should continuously assess whether residents develop more severe illness.
- Staff should refer residents to the hospital if they have any of the following:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to stay awake
    - Bluish lips or face
- This list is not all inclusive. If you have any concern about a medical emergency, consult a provider immediately, or call 911.

**About PPE (Dos & Don'ts)**

Masks
- Keep the droplets (which may carry germs) of sneezes, coughs, speaking, and breathing out of the air.

- Prevent asymptomatic staff from spreading germs.
- Protect staff from residents' germs.
- Put on a mask that covers your nose and mouth when you enter a facility and try to wear it the entire time you are there.
- Do not touch the outside of the mask! There are germs on the outside of the mask! If you need to adjust your mask, wash your hands before and after touching the mask.
- Masks do not need to be changed between patients.
- Masks do not prevent germs from moving between residents.

Gowns
- Consider extended use of gowns for a single healthcare provider without changing between patients with confirmed COVID who are maintained in a confined area.
- Do not wear the gown outside of this unit!
- Prioritize gowns for high-contact activities such as bathing, transferring, and dressing.

Eye Protection
- Keeps droplets containing germs out of staff's eyes.
- Goggles or face shields should be cleaned and reused.
- Wash your hands if you touch the outside of your face shield.

Gloves
- Gloves do not replace proper hand hygiene.
- Every time you take your gloves off, wash your hands.
- Soap and water is best, though hand sanitizer may be used if soap and water is not available/feasible.
- Assume the outside of the gloves are dirty/contaminated.
- Don't touch your face OR YOUR MASK with your gloved hands.
- Do not wear gloves outside of patient care areas.
- Do **not** snap gloves, as this can aerosolize germs and infect the entire area's surfaces with germs.

Taking off PPE (Doffing)
- Remember the outside of your gown, gloves and mask might be covered in germs.
- Remove PPE CAREFULLY.
- Have a buddy watch to make sure you take things off in the right order and don't contaminate yourself.
- Wash your hands for at least 20 seconds when you are done.

Conserving PPE:
- Consider extended use of gowns for a single healthcare provider without changing between patients with confirmed COVID who are maintained in a confined area.
- Do not wear the gown outside of this unit! Consider reuse of cloth isolation gowns without laundering in between for the same patient or patients with the same infectious disease and no additional co-infection.
- Prioritize gowns for high-contact activities such as bathing, transferring, and dressing.

**Examples of social distancing:**

| | |
|---|---|
| Sleeping Arrangements | • Increase spacing so beds are at least 3 to 6 feet apart.<br>• If space allows, put fewer residents within a dorm/unit.<br>• Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds.<br>• Move residents with symptoms into separate rooms with closed doors, and provide a separate bathroom, if possible.<br>• If only shared rooms are available, consider housing the person who is ill in a room with the fewest possible number of other residents.<br>• Avoid housing older adults, people with underlying medical conditions, or people with disabilities in the same room as people with symptoms. |
| Mealtimes | • Stagger mealtimes to reduce crowding in shared eating facilities.<br>• Stagger the schedule for use of common/shared kitchens. |
| Bathrooms and Bathing | • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time. |
| Recreation/ Common Areas | • Create a schedule for using common spaces.<br>• Reduce activities that congregate many residents at once such as "house meetings" and opt for smaller group activities. |
| Transport | • Opt for transporting fewer people per trip and ensure that passengers have more space between one another. |
| Communication | • Reduce the amount of face-to-face interactions with residents for simple informational purposes.<br>• Consider using bulletin boards, signs, posters, brochures, emails, phone, mailbox, or sliding information under someone's door. |
| Staff Activities | • Reduce unnecessary assembly of staff (e.g., large meetings when information can be communicated by written guidance instead). |

## References & Resources

**Montgomery County Disease Control Hotline:** (240) 777-1755
This hotline is staffed by public health service nurses from 8 AM to 8 PM 7 days a week. They are available to provide guidance and answer questions related to COVID, and they can also help locate testing options if appropriate. This team is a great resource for residents and caretakers and should be your first contact should you have any questions.

**Interim guidance on procedures to prevent and respond to COVID-19 in small group home or congregate facility settings:**
https://phpa.health.maryland.gov/Documents/MDH_CongregateHousingGuidance.Final.pdf
This informational sheet has many of the guidelines in this handbook but may offer additional advice.

**Maryland Department of Health:** http://health.maryland.gov/coronavirus

**Maryland Department of Health specific page about Coronavirus:**
https://health.maryland.gov/laboratories/Pages/Novel-Coronavirus.aspx

**COVID-19 People at Risk:**
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html
This CDC page includes information on who is highest risk for COVID-related complications.

**CDC Coronavirus Prevention & Response in Long-Term Care:**
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
This CDC page offers information particularly for long-term care facilities.

**Centers for Medicare & Medicaid Services (CMS) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 in Nursing Homes:**
https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf
This has federal guidelines for nursing homes.

**CDC Guidance for Infection Control:**
https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html
This CDC page offers information for infection control.