

MEMORANDUM

June 9, 2020

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **“GO Teams” and County Response to Highly Impacted Zip Codes and Group Homes for the Developmentally Disabled**

PURPOSE: Discussion

Expected for this session:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. Travis Gayles, Public Health Officer and Chief of DHHS Public Health Services
Dr. Odile Brunetto, Chief, DHHS Aging and Disability Services
The Honorable Lorig Charkoudian, Delegate, District 20
Jayne Park, Executive Director, IMPACT Silver Spring
Keren Cabral, IMPACT Silver Spring
Valerie Salazar, IMPACT Silver Spring
Rick Callahan, Executive Director, Compass, Inc.
Steve Keener, Executive Director, Jubilee Association of Maryland
Chrissy Shawver, Chief Executive Officer, The Arc Montgomery County

At this session, the HHS Committee will have an opportunity to discuss with the Department of Health and Human Services and representatives from IMPACT Silver Spring and providers of group homes for the developmentally disabled, their experiences in working to address the outbreak of COVID-19 in two specific special situations: highly impacted zip codes and group homes for the developmentally disabled. Both the State and the County have responsibilities in the response. As noted in the May 28, 2020 memo from the HHS Committee (first attachment), there are significant gaps in this response. In addition, State’s roles in providing GO Teams, Strike Teams, or Rapid Responders is being reduced or eliminated.

The agenda for this discussion is to work through the issues as presented in the memo.

Highly Impacted Zip Codes

On June 8, 2020 Montgomery County had 12,818 confirmed cases of COVID-19. Four of the top five zip codes in terms of number of cases (not percentage of population) are located in the east county/down county area. The top five zip codes are:

Zip Code 20906	1,448
Zip Code 20902	1,141
Zip Code 20904	918
Zip Code 20877	834
Zip Code 20903	827

TOTAL Top 5 5,168 or 40.3% of 12,818 confirmed cases

IMPACT Silver Spring has been working in the east county/down county zip codes to contact households they are made aware of through their community connections. The people in these households need medical screening and perhaps testing and may be in need of other supports such as food, medical, or financial assistance. In certain cases, if a member of the household tests positive, they may need help in appropriately isolating depending on how many people are living in the home.

IMPACT worked directly with Ready Responders (State contractor) to have the people in these households assessed and Ready Responders was able to collect test specimens. However, as described in the memo from the HHS Committee, there have been some problems with getting and communicating test results and follow-up from Montgomery County staff that can work to connect these people to services, not just provide referral phone numbers. IMPACT Silver Spring provided a proposal on the response that the HHS Committee attached to its memo. In addition to improving the response in the areas that IMPACT is working, IMPACT also cites the need to expand this type of partnership to reach more people who are significantly impacted by this disease.

DD Group Homes

Group Homes for the Developmentally Disabled face significant problems when either a resident or staff member tests positive for COVID-19 or is experiencing symptoms. The memo from the HHS Committee describes these unique circumstances in congregate living settings where residents have significantly different capacities to understand the situation or to help provide their own medical care, or the ability to authorize medical care. Unlike a nursing home, there is not a medical staff or medical system in place for the facility. Like nursing homes, staff may work at more than one congregate setting and may spread the virus to different work sites. Adequate Personal Protective Equipment (PPE) is an ongoing problem as is appropriate training for staff on how to correctly use and be fitted for the PPE. DD Group Home providers can request PPE through the County and the County is providing regular distribution of in-stock PPE, but the County cannot completely fill the ongoing need for PPE and the providers must also procure supplies directly.

Both Strike Teams and GO Teams have responded to County DD Group Homes that have requested them. The experience has not always been appropriate or successful and there is a need to create a response that takes into account the needs of this population and the dedicated staff serving them.

The Maryland Department of Health/Developmentally Disability Administration provides guidance and regular webinars regarding the prevention and control of outbreaks but has not provided direct training to staff in the homes. Similar to nursing homes, there is also a need for support for creation of a “bridge team” staffing strategy should a significant number of staff become ill, leaving group homes short staffed.

Attached as background for this discussion are:

May 28, 2020 memorandum from the HHS Committee

IMPACT Silver Spring – Proposed COVID Response Plan for Montgomery County Vulnerable Communities

Memo to DDA Provider Community from Department of Health on GO Teams

Procedure for requesting a GO Team or Strike Team through Web EOC

Memo to DDA Provider Community from Department of Health, “Encouraging the Use of Personal Protective Equipment (PPE)”

Department of Health – “Checklist of Recommendations for Group Home Outbreak”



MEMORANDUM

May 28, 2020

TO: Marc Elrich, County Executive
Dr. Raymond Crowel, Director, Department of Health and Human Services
Dr. Travis Gayles, Montgomery County Health Officer
Dr. Odile Brunetto, Chief, Aging and Disability Services
Dr. Earl Stoddard, Director, Office of Emergency Management and Homeland Security

FROM: Gabe Albornoz, Chair, Health and Human Services Committee
Evan Glass, Lead Councilmember for Homelessness and Vulnerable Communities, Health and Human Services Committee
Craig Rice, Councilmember, Health and Human Services Committee

SUBJECT: Urgent Need for Improved Response to Heavily Impacted Zip Codes and to Group Homes for Developmentally Disabled Persons

We are writing regarding two areas of the County's COVID-19 response that require immediate attention and improvement: (1) the partnership with the GO Teams in the highly impacted zip codes, and (2) the structure and process for response to group homes for developmentally disabled persons.

We write this based on current practice, but we have unofficially heard that the State may be ending the GO Teams for these purposes, focusing its effort on nursing homes, and that the ability to use the National Guard may be ending. If this is true, it makes a strategy for County teams and a County-driven response even more critical.

State GO Teams Partnership with IMPACT Silver Spring

Through its long-standing networks and relationships, IMPACT is made aware of individuals and families in our highly impacted zip codes that are in desperate need of assistance because of lost employment, which leaves them without the ability to pay rent and buy food and other necessities. They are often living in cramped apartments. Many of these people do not have a primary health care home. IMPACT has been contacting these families. Early on, DHHS connected IMPACT with the State's GO Teams initiative. The GO Teams are provided through a

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contract with Ready Responders. We understand that when IMPACT determines a household needs a medical evaluation and possibly testing, IMPACT directly contacts Ready Responders which then schedules an appointment to visit the home. Ready Responders takes test specimens to Dennis Avenue Health Clinic. Processing the test and providing results is then the responsibility of the County. Many parts of this work well, but there are several significant problems that require immediate County intervention.

1. DHHS must verify the status of every test dropped off by Rapid Responders, ensure results have been provided to patients, notify IMPACT that results have been given, and assign a primary point of contact for IMPACT for testing.

We understand that some people have not received their results even after 7 or 10 days, that some tests may have been lost, and it is unclear if all those tested have been contacted about their results.

We are requesting a DHHS staff member be identified as the primary contact for IMPACT regarding testing. The individuals tested often call IMPACT with questions about the status of their tests and IMPACT does not have an easy way to answer. We also request a process that allows IMPACT to be updated on whether individuals have received their results – not the results themselves – just that the test has come back, and the person has been contacted.

2. Individuals and Families Need Follow-up from a Case Manager

Those visited by the GO Teams need follow-up from a case manager who is knowledgeable about Montgomery County services and can assist people with accessing those services. The social worker that is part of the GO Team has information to hand out but is not from Montgomery County and so lacks knowledge about how the County works. A case manager who is either a County staff member or from one of our non-profits that provides case management (such as Family Services, Catholic Charities, Interfaith Works) should be assigned as soon as possible to do this work. These families need to be signed up for food assistance, Montgomery Cares or Care for Kids if they lack healthcare, etc. They may need hotel placement if they cannot properly isolate. They may also be fearful of seeking services because of the public charge rules and need to be reassured that this is not a barrier to our programs and assistance.

3. The County should move forward quickly with mobile testing in highly impacted zip codes, especially at multi-family communities.

Not all people have the means to get to a testing site and they may be fearful of going to a CVS or other site – even if they do not have to pay. Taking testing to identified multi-family communities is critical. For those who test positive, there should be follow-up to ensure they are able to appropriately isolate.

4. This Community Connector/GO Team model needs to be expanded.

The County needs these partnerships with more organizations like IMPACT, that are trusted and can identify people and households that might not proactively seek testing. We need to make sure that outreach to the African American community, African community, and others in these zip codes is occurring and that there are GO Teams (County or State funded) and case management that can follow-up.

IMPACT has provided an outline for how to expand the response for these vulnerable communities which we have attached. It should be considered and pursued.

Response Teams for DD Group Homes

While IMPACT has shared that the GO Team model has generally worked well as a testing response for the households they are working with, this is not the case for the DD Group Homes. We believe this is because these teams are either modelled for a response to a nursing home that has a medical program, or for individuals who are able to give authorization in a telemedicine model. Also, once DHHS staff makes the initial assessment and enters the request into the Web-based system, it is then the responsibility of the State to work with the provider organization to schedule the response team. While we want to thank everyone in Aging and Disability Services and Public Health Services who are working to have better records around resident and staff testing and cases. The State's Developmental Disabilities Administration and Department of Health should have already had a system in place, but they do not, and we do not believe we can wait any longer, because it has already been a crisis too long.

1. Issues with the Developmental Disabilities (DD) Group Homes.

There are serious issues with the current response to DD Group Homes in the County. The response is fragmented, non-cohesive and currently lacks the ability to provide proper training, response, or focused contact tracing needed to properly contain and mitigate the ongoing infections being seen in the DD Group Homes.

2. Needed: DD Group Home Metrics

The County must have an accurate, timely and frequently updated “dashboard” that defines the specific outbreak metrics related to the DD Group Homes. To effectively contain and mitigate, it is essential that we know clearly which home, which service providers, and which Direct Support Professionals are affected. This information is not currently available in a usable form and must be a priority.

3. Needed: DD Group Home Contact Tracings

The County needs to give focused priority to complete and timely “contact tracing” for the DD Group Homes. While the contact tracing is occurring and there are plans for expansion, this system must be ramped up quickly and there should be a targeted effort for DD Group Homes in a similar fashion to

that used for Nursing Homes throughout the State. Currently there is widespread cross contamination between Group Homes operated by different Service Providers and, by extension, into the community at large.

4. Problems with State Operated GO Teams

The County's reliance on State "GO Teams" is not working and delaying proper local efforts. While IMPACT has shared that the GO Team model has generally worked well as a testing response for the households they are working with, this is not the case for the DD Group Homes. The teams that have been sent by the State to DD Group Homes have cancelled and rescheduled, have needed medical authorizations that are not available, do not provide many of the services needed by staff, and do not provide needed follow-up.

In some cases, their response has been more disruptive to the home than helpful. The GO Teams were designed and structured to meet the needs of larger congregate settings such as nursing homes and they are not well matched for the unique needs of smaller congregate settings found with the DD Group Homes.

5. Need for Establishment of a County Response Team

The County needs to create its own "Response Team" to address the needs of DD Group Homes and stop the ongoing infection and cross contamination that is occurring. Structurally this could be done either "in-house" using existing resources or through a contract with a medical partner. This DD Response Team would:

- Clarify unique needs of a Service Provider & DD Home before responding.
- Help facilitate testing of individuals at the DD Homes.
- Assist with needed guidance and training related to PPE.
- Facilitate critical and organized "fit testing" in conjunction with a County program.
- Where needed provide limited emergency PPE to manage acute needs.
- Arrange for follow-up.
- Help facilitate contact tracing.

The immediate establishment of a cohesive, strong local response with a dedicated DD Home Response Team will greatly help stem the ongoing outbreak within Montgomery County DD Group Homes.

Please send your response with an action plan by the close of business on Wednesday, June 3rd.

Attachment: IMPACT proposal

C: Councilmembers
Confidential Aides
Senator Zucker, Chair, MC Senate Delegation
Delegate Korman, Chair, MC House Delegation
Andrew Kleine, Chief Administrative Officer



Gabriel Albornoz
Councilmember, At-large
Montgomery County



Evan Glass
Councilmember, At-large
Montgomery County



Craig Rice
Councilmember, District 2
Montgomery County

Proposed COVID Response Plan for Montgomery County Vulnerable Communities

Thank you for the opportunity to discuss ideas with you on ways to strengthen a coordinated COVID response effort that maximizes the resources of the state, County, and community-based organizations. Our goals are to ensure that our most vulnerable populations are protected, and that the risks to public health are mitigated. We seek to work together quickly in establishing an integrated, coordinated approach for targeted COVID screening, testing, and provision of health and other social services.

We are greatly appreciative for your help in connecting IMPACT Silver Spring to the state-funded Manage in Place Teams (also referred to as Go Teams). We believe in the GO Team approach. By partnering with community-based organizations like IMPACT, the County is able to swiftly identify people in high-risk zones who are symptomatic of COVID. Some of these high risk areas include Long Branch, Langley Crossroads, Wheaton, White Oak, Gaithersburg and Germantown. By sending responders to people's homes and meeting the community where they are, the County is ensuring that people with the fewest resources and least access are able to get screened and tested with minimal barriers. After several weeks of piloting this process, we have encountered a number of challenges. The proposed plan that follows is offered in the hopes that we can find ways to improve upon the promise and potential of this approach.

We propose that the County consider the following:

DHHS identifies groups/organizations to partner with, who can rapidly identify vulnerable people in high-risk areas in need of COVID emergency intervention:

- 1) Impact Silver Spring
- 2) Homeless shelters
- 3) Nursing homes
- 4) Linkages to Learning
- 5) Elected Officials
- 6) CASA
- 7) County Social Services
- 8) Mary Center/County Health Centers
- 9) Municipal Government Agencies
- 10) Identity
- 11) Catholic Charities
- 12) Family Services
- 13) Interfaith Works
- 14) Other community/faith-based organizations

DHHS establishes a COVID19 Command Center with a centralized database, where partnering groups can enter the names of residents who are symptomatic of COVID and in need of screening/testing. Data to be entered includes:

- Referring partner organization with point of contact
- Name of resident being referred

- Language spoken
- Number of adults in household
- Number of children in household
- Address and phone number
- Brief description of situation
- Level of importance based on severity of symptoms (A, B, C)

DHHS **designates [X Number] Command Center Coordinators**, who are paired with 2-3 partner organizations each. Command Center Coordinators are responsible for:

- Regularly monitoring the database for cases coming in
- Assigning state and/or local GO Teams to cases on a daily basis. For state Go Teams that are assigned, it is essential that team members are trained on Montgomery County testing and collection protocols, as processes vary by local jurisdiction.
- Facilitating communications between Go Teams and partner groups
- Troubleshooting issues that come up as it relates to Go Team assignments.

[X number] of State and/or Local **Go Teams are organized and deployed:**

- Ideal composition (1 paramedic, and 1-2 bilingual social workers)
 - Responsibilities:
 - Gather necessary information with the least amount of paperwork and redundancy possible.
 - If a patient does not have health insurance, advise them on available programs and resources, and enroll them in health insurance.
 - Assess the patient and, if appropriate, prescribe a COVID test.
 - Whoever is listed on the form will be notified by the Social Worker of the results within 24 hours, and provided a treatment plan based on results for the individual and family members.
 - Social Worker assesses residents' social service needs. Helps them navigate bureaucratic silos and fragmented programs to find relevant information, and to apply for appropriate programs, such as:
 - SNAP
 - Unemployment Insurance
 - Emergency Food Assistance
 - Cash Assistance
 - Enrollment in Health Exchange/Montgomery CARES
 - Rental Assistance
 - MCPS resources
 - Mental Health Supports
- The social worker provides active enrollment supports, rather than handing a list of phone numbers and websites.
- Social Worker provides wrap-around support to families on a sustained basis, in collaboration with partner organizations.

Test Results are Processed and Communicated to Families within 24 Hours

- COVID Tests are dropped off by GO Teams at designated sites that include _____ .
- Test results are processed by _____ within 24 hours of drop-off.
- Test results are communicated to GO Team social workers, who then share results with community members no later than 24 hours from the date the tests were administered. At the time the results are shared, social workers talk to family about the importance of quarantine, other health and safety precautions, and address on-going social service needs.

For residents who test positive:

- If not able to self-quarantine because of overcrowded housing situations, they are sent to County-designated residential sites to self-isolate for a 14 day period.
- Develop aggressive contact tracing strategy - [see Massachusetts COVID19 Community Tracing Collaborative](#)
- Continued follow-up phone calls and visits by GO Team Social Worker for on-going support and collaborative problem-solving, until the family situation stabilizes.

For residents who test negative:

- Social workers provide information on staying healthy and other symptoms to monitor going forward.
- Continued follow-up phone calls and visits by social workers for on-going support and collaborative problem-solving, until the family situation stabilizes.



Larry Hogan Governor • Rosal K. Rutherford Lt. Governor • Robert R. Neill Secretary

Dear DDA Provider Community:

The Developmental Disabilities Administration (DDA) is working closely with our Medicaid partners, the Centers for Medicare and Medicaid Services (CMS), Public Health Services and the Department of Disabilities related to the coronavirus (COVID-19) pandemic.

The DDA is committed to remaining flexible and responsive during this evolving situation and is taking positive action to help guard the health of people with developmental disabilities, direct support staff and our provider community while maintaining the high level of service that our individuals, families and partners depend upon.

The DDA staff are working diligently to respond to CMS questions about the changes in Appendix K to allow greater flexibility in this new COVID reality. The DDA staff is also drafting guidance on how the items will be implemented once CMS approves the Appendix K.

Locally, the DDA Regional Offices have been assisting service providers to ensure everyone has up to date guidance from national, state, and local experts. Recently, the Regional Offices received a shipment of supplies that have been distributed to providers. The disbursement of Personal Protective Equipment (PPE) by the DDA was based on need, utilization of other resources, and continued availability.

The DDA leadership is also working closely with our Department leadership to ensure that you as a provider have the resources that you need to get through this pandemic. The Maryland Department of Health, in coordination with the Maryland National Guard and other local partners, has assembled “go-teams” to provide support to providers during outbreaks in Congregate Settings/Group Homes. These teams can help providers assess current supplies, staffing and infection control practices to help you best utilize the resources you already have available. Based on the “go-teams” recommendations and follow-up from test teams, a care delivery team may be provided for short-term crisis interventions.

To request a “go-team”, contact your local health department and local emergency agency. These agencies will assess your organization’s current situation and connect you with local resources and the “go-teams” as needed. Please remember that you can also request PPE from the local health department at <https://health.maryland.gov/Pages/departments.ASPX>

and if they cannot meet the request contact your local emergency agency at <https://mema.maryland.gov/Pages/Local-EOC.aspx>.

These are unusual times, requiring patience and understanding. We appreciate your partnership, patience and trust as we overcome this COVID-19 pandemic together!

Go Team WebEOC Information Requirements/Procedure

- I.** Facility contacts local Health Officer (HO) & Emergency Manager (EM)
- II.** HO & EM enter request into WebEOC per State resource management procedure
- III.** “MCSALLTT” description to include, but not limited to:
 - a.** Name & location of facility
 - i.** Facility point of contact (POC)
 - 1.** Email & phone(s)
 - b.** Facility description
 - i.** Type (skilled nursing, assisted living, etc.)
 - ii.** Highest level of on-sight care provided
 - 1.** Ventilator capabilities?
 - iii.** Total capacity (total staffed beds)
 - iv.** Current level of capacity (# of actual residents)
 - 1.** If multiple levels of care provided, delineate residents into the levels
 - v.** Isolation capabilities
 - c.** Resident description
 - i.** # of symptomatic residents
 - ii.** Condition of symptomatic residents
 - iii.** # of possible exposures
 - iv.** # of residents exposed
 - d.** Staffing description
 - i.** # of total staff
 - ii.** Critical staffing level indicator(s)?
 - iii.** # of symptomatic staff
 - iv.** # of staff isolating/in quarantine
 - v.** Staffing surge plan in place?
 - e.** Potential needs identified by facility/HO/EM
- IV.** SEOC Resources Section tasks request to MDH/MIEMSS SCF representatives for review
- V.** MDH/MIEMSS SCF representative(s) review
 - a.** Consider additional information needs and contact local HO/EM as necessary
- VI.** Refer requests to Decision Triad (MDH OP&R/MIEMSS/EPI)
- VII.** MDH/MIEMSS SCF representative(s) enter response assignment into WebEOC request/task tracker upon decision and dispatch
 - a.** Contact local HO/EM via email with WebEOC Requests & Tasks reference number
 - i.** Update on team type assignment(s) and ETA in WebEOC (notes section of request)
 - b.** Update status in Requests & Tasks as necessary
 - c.** Document changes in team assignments as necessary



Encouraging Use of Personal Protective Equipment (PPE)

For the prevention and control of 2019 Novel Coronavirus (COVID-19), and the protection of the health and safety of the people we serve and their staff, we encourage adherence to the recommendations by the Maryland Department of Health as documented on the [DDA Licensed Residential Settings Suspected/Confirmed COVID-19 Outbreak Checklist](#):

- **Use recommended PPE for people with intellectual and/or developmental disabilities residents** with undiagnosed respiratory illness or suspected or confirmed COVID-19 for 7 days after illness onset or until 72hrs after the resolution of fever and improvement of respiratory symptoms whichever is longer.
- As recommended, staff should wear a mask while they are inside of the home. If PPE supplies allow, consider having staff wear all recommended PPE (gowns, gloves, eye protection) for the care of all residents, regardless of the presence of symptoms.

The DDA understands that it can be difficult to ensure residents living in their homes continually wear PPE as recommended, therefore we are providing the following recommendations:

- Some people may respond positively to wearing a mask if some **artistic flare** is added to their mask. Others may respond positively to **accessorizing their mask**. Some may even respond to **social stories** or an **open dialogue** via their preferred communication preference as to why it is important for health and safety.
- **We also encourage teams to also discuss other innovative solutions** based on the needs/wants of the people you are supporting.

In addition to the above, the DDA continues to recommend:

- Ensure residential site has adequate supplies for hand washing, hand sanitizer (if available), cleaning supplies, and recommended PPE.
- Visitation should be restricted except for end-of-life situations. For these visits, visitors should be screened for fever/respiratory symptoms prior to entry and given instructions on hand hygiene and the use of PPE.
- Create a dedicated observation area (this could be dedicated rooms in one area) to house residents, who have **not** tested positive for COVID-19, being admitted or re-admitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.
- Cohort residents and staff. Staff should not float between cohorts. Assign employees to care for the same group of residents each shift, if possible.
- To the extent possible, do not allow movement of residents between cohorts. Additionally, to the extent possible, residents should not travel around the house for activities, dining, etc.



Checklist of Recommendations for Group Home Outbreak

Recommendation	
Preventing and Preparing for an Outbreak	Complete?
Limit entry into your homes to only essential staff and residents	
All staff should wear cloth face coverings or medical masks at all time while in the home. Consider also wearing eye protection like face shields or goggles when within six feet of a resident.	
All residents who can safely wear a cloth face covering should do so whenever within six feet of staff or other residents.	
Staff should wash hands or use alcohol-based hand sanitizer immediately upon entry, and before and after working closely with any resident. Residents should be encouraged to wash hands frequently and practice good cough and sneeze hygiene (into a sleeve or tissue).	
Limit recreation and activities to activities that are physically distant from other residents -- solitary outdoor activities supervised by staff if appropriate or virtual interaction with others.	
Clean frequently with an EPA approved cleaner. (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)	
Train your staff on how to put on ("don") and take off ("doff") personal protective equipment (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html).	
To the greatest extent possible, dedicate staff to particular homes. The less staff move between homes the better.	
Have a plan for where your residents will live if they are diagnosed with COVID-19. If you have an appropriate facility or space, consider setting up a dedicated home with dedicated staff exclusively for clients with COVID-19 where they can live while they can recover. See the following: DDA Appendix K #8 - Service Delivery in Alternative Settings and Out of State	
Have an emergency staffing plan for how you will care for your residents if a large number of staff become sick or are unable or unwilling to come to work.	
Identify a healthcare provider or group of providers who serve your residents and can facilitate the collection of a respiratory tract specimen in the event a resident must be tested for COVID-19.	

Identifying an Outbreak of COVID-19	Complete?
<p>Screen all persons entering your homes for COVID-19. You may use the attached tool to do this screening. Send any staff with any symptoms home, and recommend they be tested immediately for COVID-19 and seek medical evaluation if necessary.</p>	
<p>Screen all residents for COVID-19 every 8 hours. You may use the attached tool to do this screening.</p> <ul style="list-style-type: none"> • Ask any resident who screens positive to remain in his or her room until tested for COVID-19 and results are reported. • Staff serving that resident should use full personal protective equipment. • If possible, the resident should use a private bathroom. • If that resident must leave his or her room, he or she should be accompanied by a staff person in full personal protective equipment -- medical mask, disposable gloves, eye protection, and gown -- who can facilitate physical distancing from other residents. 	
<p>When a resident screen positive, immediately arrange for that resident to be tested:</p> <ul style="list-style-type: none"> • If your program has an affiliated healthcare provider who can perform specimen collection, that provider should immediately contact the local department of health to obtain a specimen collection kit for COVID-19. Your programs' provider should collect the specimen as quickly as possible in a manner consistent with CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html). Then, bring the specimen to your local Department of Health in accordance with any instructions they provide. From there, it will be taken to a laboratory to be tested. • If your program has no affiliated provider, or your provider is unable to collect the specimen, the local Department of Health may be able to send a team to collect the specimen for you. • If you have no affiliated provider who can perform specimen collection and the local Department of Health cannot send a team, work with your local health Department of Health and DDA Regional Director to find a healthcare provider or public testing site where the resident can be tested. 	
Responding to an Outbreak	Complete?
<p>If a resident or staff person tests positive for COVID-19, immediately call to report that result to your local health department and to your Developmental Disabilities Administration (DDA) Regional Director.</p>	
<p>You will receive an "outbreak number" from your local health department and a point of contact at the local and state health departments. If you do not receive an outbreak number from your local health department within 24 hours, your report was not received correctly -- report again.</p>	

Responding to an Outbreak - <i>continued</i>	Complete?
<p>Use the template provided by your local health department to report each resident and staff person who has become ill with a symptom of COVID-19 (as listed on the screening tool), or has been tested for COVID-19 for some other reason, since the start of the outbreak. Indicate the resident or staff's test results, date of test, date of symptom onset, whether they were hospitalized, and whether they died. Provide a separate listing for each home, and a separate list for residents and staff. Individuals should not be removed from the list if they recover or leave the facility. This is called a "line list."</p>	
<p>Teams of health professionals from the National Guard or other entities might be able to assist you if you want an onsite infection control assessment, if your local health department recommends testing a broader group of residents and staff, or if you need emergency staffing assistance for a period of a few hours to avert imminent harm to sick residents. Your local health department point of contact will help you request a team if you need one.</p>	
<p>All staff in the affected home(s) should immediately begin wearing full personal protective equipment -- medical (not cloth) mask, eye protection, disposable gloves, and gowns for close contact -- when providing resident care, including assisting with activities of daily living.</p>	
<p>Work with your local health Department to assess your need for personal protective equipment, and to request new supplies of personal protective equipment. There may be delays in receiving equipment, so always use CDC strategies for conservation of personal protective equipment (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). If all other resources are exhausted, reach out to your DDA Regional Office and continue to follow up on requests that are not filled in a timely manner.</p>	
<p>The healthcare provider affiliated with your program should work with the local health department to determine whether testing all residents and staff from the affected home (regardless of symptoms) would help to facilitate infection control.</p> <p>If there is no healthcare provider affiliated with your program, work with your local health department as described above to find another provider to collect specimens.</p>	
<p>Continue symptom screening in all homes, and immediately test any resident or staff who develops symptoms. Do so even if that resident or staff person has previously tested negative.</p>	
<p>Staff serving a home where a resident has been diagnosed with COVID-19 should be dedicated exclusively to homes with outbreaks -- we strongly recommend those staff not work at homes where no residents have yet tested positive. If possible, move to a "shelter in place" model in affected homes where a dedicated staff person remains on site 24/7 and never leaves the home.</p>	

Responding to an Outbreak - <i>continued</i>	Complete?
Move any resident with COVID-19 to your separate dedicated home or alternative site for residents with COVID-19 or, if no such home or alternative site is available, require that resident to remain in his or her room at all times until isolation can be appropriately discontinued. Staff serving that resident should use full personal protective equipment. If possible, the resident should use a private bathroom. If that resident must leave his or her room, he or she should be accompanied by a staff person in full personal protective equipment -- medical mask, disposable gloves, eye protection, and gown -- who can facilitate physical distancing from other residents.	
All other residents of a home where a single resident or staff has been diagnosed with COVID-19 should, as much as possible, remain in their rooms for 14-days following their last exposure to a known positive resident or staff person. Avoid transferring these non-positive residents to another home -- you risk exposing a new home to COVID-19 in the event one of them subsequently becomes ill and tests positive.	
If possible, consider proactively excluding for 14 days all staff who worked in the affected group home in the 48 hours prior to the onset of the first case. However, only take this measure if essential resident care will remain unimpaired.	
Discontinuing Isolation	Complete?
Any staff who tests positive for COVID-19 or has a symptom of COVID-19 and has no alternative diagnosis must remain home from work until 10 days have passed from the onset of symptoms and until fever-free for 72 hours and until any other symptoms have been mostly gone for 72 hours. Staff who test positive but never have symptoms must wait 10 days from the day their first positive test specimen was collected.	
Any resident who tests positive for COVID-19 must remain in the designated home or dormitory, or if none is available in his or her room, until 10 days have passed from the onset of symptoms and until fever-free for 72 hours and until any other symptoms have been mostly gone for 72 hours. Residents who test positive but never have symptoms must wait 10 days from the day their first positive test specimen was collected.	
Ending an Outbreak	Complete?
The outbreak is over when no residents or staff have tested positive for 14 days and no tests are pending. Consult with your local health department about when you may officially close your outbreak. At this point, you may stop reporting to your local health Department and return to only those precautions listed in "Preventing and Preparing for an Outbreak."	