primary care coalition

INFECTION CONTROL AND PREVENTION MANUAL
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By

The Grant Group, LLC

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I.   Overview

Purpose: To illustrate and demonstrate appropriate infection control procedures, policies, and practices for Covid-19 for group homes in Montgomery County Maryland. Infection prevention and control strategies are designed to protect direct support professionals, individuals with I/DD living in group homes, other personnel, contract providers, visitors, and the entire group home community. By applying the information and behavioral recommendations you should be able to prevent/contain most infections.

Policy: The infection control and prevention program provides the most current guidelines and principles of infection prevention and control in an effort to effectively prevent the occurrence of Covid-19 associated infections and better mitigate and control those that occur.

Audience: Direct Support Professionals working in group homes in Montgomery County, Maryland and oversight personnel: Nurse Supervisor, Medical Director, group home Facility Director

Administrative controls: Each facility should have readily available copies of the facility infection control and prevention protocols and procedures. This document contains guidance for group home personnel on the following topics:
- Hand hygiene
- Immunization of individuals with I/DD and healthcare personnel
- Outbreak management
- Caring for residents who test positive or who have symptoms
- Protocols for workers who are symptomatic

II.   Background:

Covid-19 infection rates and deaths have disproportionately impacted individuals living in group settings including skilled nursing facilities, prisons and assisted living facilities. Data on infection rates and infection associated morbidity and mortality for group homes in Montgomery County is available on the Maryland Department of Health site (https://coronavirus.maryland.gov/pages/hcf-resources).

Because of similarities in the types of individuals with I/DD, residences and personnel practices, group home residents may be at increased risk of contracting infections.

- There are more than 3 times the deaths in people with intellectual disabilities when compared with the population as a whole.

- If an infection occurs, whether in an individual with I/DD or in an employee or vendor coming into the group home from the community, these infections have the potential to spread rapidly due to individuals with I/DD characteristics and close living quarters. (American Academy of Developmental Medicine and Dentistry Covid-19 Support Guidelines, July 2020, https://static1.squarespace.com/static/5cf7d27396d7760001307a44/t/5f16512e8f88d2599 00766f5/1595298102002/COVID-Support-Guidelines.pdf).

How Covid-19 is spread:

The virus is spread primarily from droplets that are exhaled in the breath of an infected person. These droplets can spread from 6 feet (when you breathe normally or talk) up to 30 feet (when you sneeze or cough). Infection usually occurs when a person without a mask is close (less than 6 feet away) from a person who is infected. The virus is spread more easily and effectively in poorly ventilated indoor spaces and less effectively outdoors in open environments.

There are two types of virus particles that can infect people: **droplets** and **aerosols**. Covid-19 can also be spread when these droplets and aerosol particles settle onto surfaces where the virus can continue to live. The virus can be spread when people touch those virus contaminated surfaces and then touch their noses, faces and/or mouths. Covid-19 lives longer on hard surfaces like metal. It does not live long on soft surfaces like cloth.
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Droplets: Virus droplets can be inhaled and/or swallowed after landing on mucous membranes like those that line the nose, eye and mouth. They typically don't stay in the air for long because the particles are big and heavy; they settle out of the air onto surfaces. This is the most common way that the virus is spread. Covid-19 can spread when an infected person exhales and the droplets travel outward in their breath. This occurs commonly with talking, singing, or more exaggerated exhalations.

Aerosols: Virus particle aerosols happen when smaller particles are exhaled in the breath of a person infected with COVID-19 These small, light particles can remain floating in the air for up to several hours. This is a less common form of transmission. It can occur more commonly when you exhale forcefully e.g., when you cough or sneeze especially in small, contained, poorly ventilated indoor areas. This can also happen during the performance of certain medical procedures (e.g., transesophageal, echocardiography, intubation and bronchoscopy).

Additional information about the spread of Covid-19 can be found here:
(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html)
(https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html)

Table 1. Droplets and Aerosols Generated from Human Respiratory Activity

Activity	Number of droplets and aerosols generated	Presence of aerosols	Region of origin
Normal breathing (for 5 minutes)	None-few	Some	Nose
Single strong nasal expiration	Few-hundred	Some	Nose
Counting loudly	Few dozen- few hundred	Mostly	Front of mouth
A single cough (mouth open)	None-few hundred	Some	Faucial region
A single cough (mouth initially closed)	Few hundred – many thousand	Mostly	Front of mouth
Single sneeze	Few hundred thousand – few million	Mostly	Both from nose and faucial

Adapted from: Jayaweera, M., Perera, Hasini, Gunawardana, B., & Manatunge, J. (2020). Transmission of Covid-19 virus by droplets and aerosols: A critical review on the unresolved dichotomy. *Environ Res,* 188, 109819, PMID: PMCC7293495.

III. Definitions

Administrative Controls: Strategies to change the way people work to minimize their exposure to Covid-19

Antibody Covid-19 Tests: Antibody tests look for antibodies of the virus to determine if there was past infection. An antibody is a protein produced by your cells in response to a specific antigen such as a virus, or bacteria

Antigen Covid-19 Tests: Antigen tests look for parts of the virus (antigen particles) that are present when there is an active infection. Samples are usually taken using a swab from the nose or the throat.

Cleaning: Cleaning can reduce the amount of dirt, and germs like Covid-19 virus particles on a surface. Cleaning does not kill viruses (or other disease-causing organisms like bacteria or fungi).

Coronaviruses: A family of viruses known for the crown like spikes on their surfaces. The family includes some viruses that cause the common cold as well as more serious illnesses like

those caused by Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), also members of the Coronavirus family.

Disinfection: Disinfecting occurs by applying substances to a surface that can kill viruses or other disease-causing organisms like bacteria or fungi. A list of EPA approved disinfectants that have been tested against Covid-19 can be found at https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19

Engineering Controls: Strategies to isolate people from others who are infected, potentially infected or from settings where transmission can occur.

Infection Control Committee: A committee comprised of representatives from key clinical and direct service disciplines who make decisions about improving the quality of infection control and prevention in a facility.

Monitoring: Monitoring consists of screening questions and observation (from others or from the person themselves) to assess for signs and symptoms of an infectious disease. Ideally the goal is to detect these during the incubation period and to intervene if symptoms develop so that the person can be isolated from others in the household, workplace and community.

N95 Respirators: A protective device designed to achieve a very close fit over the face and to filter out small particles very efficiently. They protect the person wearing them from airborne particles and from liquids. N95 respirators have to be custom fitted for each person who uses them.

Personal Protective Equipment: Equipment designed to provide protection of eyes, skin, face and respiratory tract from serious illness from the biological agent, Coronavirus. PPE includes gloves, masks, respirators, goggles, face shields, and gowns. No single piece of PPE can protect completely so PPE should be used in combination with procedures to limit exposure.

PCR Covid-19 Tests: PCR tests are referred to as molecular, reverse-transcriptase- polymerase chain reaction (PCR), They are also sometimes referred to as viral RNA or nucleic acid amplification tests. They test for genetic material from COVID-19.

Risk: Risk refers to conditions or characteristics that might make a person more or less at risk of contracting a disease. For Covid-19 infections some risk factors that make someone more likely to contract illness or to have severe illness are cancer, COPD, heart conditions, immunocompromised state, obesity, pregnancy, sickle cell disease, smoking and type 2 diabetes mellitus.

Sensitivity: The percentage of people who are actually infected with COVID-19 who get a positive result.

Specificity: The percentage of people who don't have COVID-19 who will have a negative result

Surveillance: The systematic collection of health-related data on Coronavirus infections to determine how infections are acquired, who is most at risk and to inform solutions to prevent or reduce disease.

IV.   Data about infections in group homes:

Data from a recent briefing by the Maryland Department of Health Developmental Disabilities Administration revealed that of the 17,764 people receiving support services in the state, 1212 have tested positive for Covid-19 (approximately 6%) (DDA Update, Bernard Simons, December 18,2020).
Specific data about congregate settings in the state of Maryland and specific counties within the state are available at: https://coronavirus.maryland.gov/pages/hcf-resources

Chart 1. COVID-19 Has Claimed the Lives of 100,000 Long-Term Care Residents and Staff
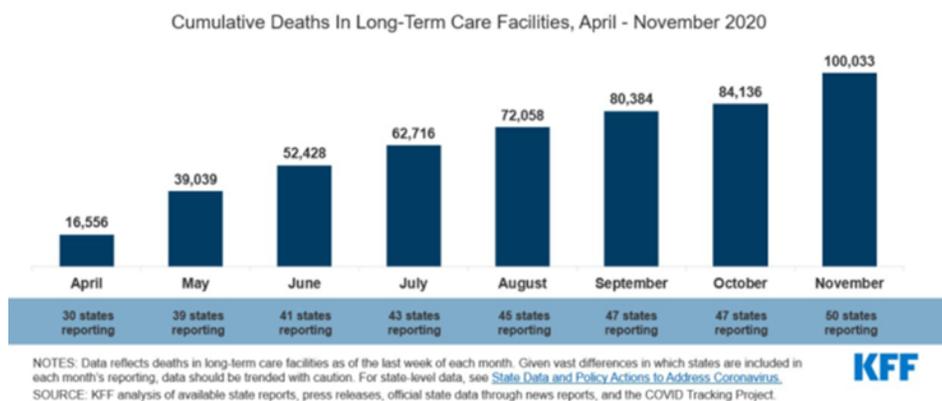
Kaiser Family Foundation. (2020) Covid-19 Has Claimed the Lives of 100,000 Long Term Care Residents and Staff (Accessed December 1, 2020 from

V.   Infection Prevention and Control Practices:

On-going staff education is an essential component of the program to maintain a high level of infection control and prevention principles and science. The Montgomery County Primary Care Coalition sponsored training sessions on the following topics:

- Personal Protective Equipment, October 27, 2020
- N95 Fit Test Training, October 29, 2020
- Burn Rates, November 2, 2020
- Infection Prevention, November 17, 2020
- Burn Rate Refresher, November 30, 2020
- Testing, December 1, 2020

These modules, and the PowerPoint presentations associated with them, are available on the following website: **https://www.primarycarecoalition.org/resources-for-group-home-administrators.html**

Infection Control Facility Supervisor (ICFS)

The ICFS is responsible for the prevention and control of infection in the respective group home:

a) Identifies infection prevention issues
b) Monitors infection prevention and control practices and employee compliance.
c) Develop and revise relevant prevention and control manual for all areas.
d) Identifies and reports apparent outbreaks and works with other group home staff to prevent and control the spread of Covid-19.
e) Provides orientation and continuing education related to infection prevention and control for all healthcare personnel and employees as well as individuals with I/DD living in group homes and their families.
f) Participates and coordinates infection control-related educational campaigns as instructed by group home management
g) Advises staff regarding Covid-19 and ways to minimize risks to the health of individuals with I/DD living in group homes and DSP and other staff.
h) Participates in quality improvement activities and engages in educational programs, such as conferences, courses, and exhibitions, for improving capacity to prevent and control infections.

Environmental controls:

Facility Management: Facility managers will assist and support the person designated as the Infection Control Supervisor and/or the Infection Control Committee by:

a) Providing appropriate types and supplies of personal protective equipment (i.e., gloves, gowns, goggles, face masks, etc.).
b) Providing hypoallergenic gloves, liners, or other similar alternatives for those employees who are allergic to the gloves normally provided.
c) Assure that employees and all other health care personnel affiliated with the facility evidence of knowledge and compliance ofCovid-19 and other Infection Control policies specific to respective responsibilities, prior to assuming these responsibilities and annually thereafter.
d) Maintain training records for employees and affiliated staff with the facility.
e) Monitor and document individual compliance with the Covid-19 and other Infection Control policies and procedures.
f) Include compliance with Infection Control policies and procedures as a part of each employee's performance review.
g) Provide appropriate re-training and progressive discipline, if necessary, for individuals who fail to comply with the Infection Control policies and procedures.
h) Inform visitors that they are not allowed in areas where contagion is likely and provide instruction for applying the Infection Control policies and procedures specific to the area/task involved.

Facility Management to Improve Infection Control:

a) Cleaning and maintenance schedules should increase above and beyond the routine. Special attention should be paid to frequently touched surfaces as referenced in earlier sections. Those surfaces should at a minimum be cleaned during each shift when new staff come to work and also when there have been visitors to the group home.
b) Heating, Ventilation and Air Conditioning to reduce circulation of viral particles. It may not be possible to upgrade HVAC systems in smaller group homes that are located in single family residences. In those circumstances we recommend supplementing HVAC systems with fresh air from the outside when weather permits. Open windows frequently to ventilate indoor spaces. Ensure that furnace filters are changed frequently (no less than 3 or times per year).
c) Density of residents and staff in group home facilities.
d) Use of air filtration to reduce circulation of viral particles. The use of air purifiers should be considered to supplement HVAC systems.

HVAC systems: Large commercial structures have heating and ventilation systems that filter move air throughout buildings. These systems typically have an intake system at ground level that brings fresh air into the building and an exhaust system on the roof that expels the used air. These commercial systems have options for upgrading to increase the turnover rate (the number of times that fresh air is substituted for used air). The systems in a single-family home cannot be upgraded in the same manner. What can be done is to open windows periodically to bring more fresh air into the group home. In colder weather it may not be possible to keep windows open but occasionally they can still be relied upon as a source of fresh air. Maintaining HVAC systems to ensure they are operating efficiently and changing furnace filters and air conditioning filters frequently will be important to assist with ventilation because ventilation may play a role in moving the virus around in indoor spaces. The following steps can improve air quality in group homes:

- Open windows
- Use portable air purifiers with HEPA filters
- HEPA stands for high efficiency particulate air
- These filters do a better job of trapping small particles. (https://multco.us/novel-coronavirus-covid-19/hvac-systems-and-spread-Covid-19)

Cleaning and Cleaning Products, Laundry services: It is recommended that high touch surfaces be cleaned more frequently than is done as part of routine cleaning. Think through what surfaces in your group home are touched frequently by either residents or staff. Add them to the list below. Examples of high touch surfaces include:

- Tables
- Doorknobs
- Light Switches
- Countertops
- Handles
- Keyboards
- Landline Phones
- Cell Phones
- Toilets
- Faucets and Sinks
- Keys
- Fabs for EVV
- Refrigerator door handles
- iPads, iPods, Android devices, laptops
- Eyeglasses, sunglasses

- TV remote control

Residents need to be taken into consideration when selecting cleaning products and implementing cleaning activities. Some residents (and/or staff members) may be sensitive to the fumes generated by cleaning products.

- Make sure dishes, pots and pans and silverware are clean and stored in a clean place
- Clean and disinfect commonly touched surfaces regularly
- Use cleaners and disinfectants from the EPA-N list
- Wear gloves when cleaning and disinfecting
- Wear gloves when you may touch bodily fluids like blood, stool, vomit, mucus, saliva or urine
- Discard gloves and wash hands after cleaning and disinfecting
- Pay attention to how different cleansers smell
- The smell of products may affect some people
- Residents may require supervision when cleaning and disinfecting

Other Housekeeping and Cleaning Tips: The schedule for cleaning needs to be accelerated beyond routine cleaning. Facility managers will have to make decisions about how frequently the cleaning regimen should take place and communicate those clearly to all staff so that expectations are consistent:

- Use cleaning and disinfectant products from the EPA List-N list: https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19
- Wear gloves when you might touch mucus, blood, stool, vomit, saliva or urine
- Discard gloves and wash hands after cleaning and disinfecting
- Outdoor surfaces should need routine cleaning only
- Disinfectants may not be necessary
- Exceptions include surfaces that a lot of people touch frequently
- Soft surfaces like cloth, rugs that are not frequently touched should be laundered or cleaned
- If your building, office or group home has not been occupied in a week that's long enough for the virus to have died
- The only cleaning that should be necessary is routine cleaning
- You may not need to disinfect

Additional information about cleaning and cleaning products and their role in preventing or controlling Covid-19 can be found here:: https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html

Hand Hygiene: Hand washing is the first line of defense for infection control and is critical. It must be done correctly and for the specified period of time. There are two recognized techniques employed. The first is outlined by the Centers for Disease Control and Prevention (CDC) and must be done for a full twenty seconds (https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html. The second is outlined by the Word Health Organization (WHO) and requires a full minute. Many group homes use the WHO one-minute handwashing recommendation. https://www.youtube.com/watch?v=IisgnbMfKvI)

Proper handwashing includes the following steps:

1. Wetting hand with water
2. Applying enough soap to cover the entire hand surface
3. Rubbing hands palm to palm
4. Placing the right palm over the back of the left hand and rubbing
5. Rubbing palm to palm with fingers laced
6. Rubbing backs of fingers to opposing palms with fingers interlocked
7. Rotating and rubbing the left thumb while it is clasped in the right palm
8. Rotating and rubbing the right thumb while it is clasped in the left palm
9. Rotating and rubbing the left palm with clasped fingers of right hand
10. Rotating and rubbing the right palm with clasped fingers of the left hand
11. Rinsing hands with water
12. Drying thoroughly with a single use towel
13. Using towel to turn off the faucet

It is recommended that staff:

- Wash their hands with soap and water or a hand sanitizer when they arrive at work
- Wash their hands before and after working with a resident
- Wash their hands when putting on or taking off PPE
- Staff should also encourage individuals with I/DD living in group homes to wash their hands frequently

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

A video of proper handwashing can be found at
https://www.youtube.com/watch?v=IisgnbMfKvI&feature=emb_logo
A stand-alone module of proper handwashing is included with this manual.

VI.   **Personal Protective Equipment**

The appropriate use of personal protective equipment (PPE) is intended to protect personnel from contracting or transmitting Covid-19 infections. PPE cuts down on the transfer of infectious and other hazardous or contaminated material. Staff are being informed below about the appropriate use of PPE, including recommended ways of putting on and taking off the protective gear to protect the wearer and those with whom there is contact.

A training video on the use of PPE can be found at: https://www.primarycarecoalition.org/ppe-101-training-registration.html

PPE for Residents: It is strongly recommended that all individuals with I/DD in group homes wear some kind of mask. Cloth face masks may make the most sense for individuals with I/DD who can tolerate them. Tissues can help to contain respiratory secretions for those individuals with I/DD who are unable to tolerate a cloth face mask. Tissues should be readily available in all group homes for use by individuals with I/DD. Face shields may be more acceptable to individuals with I/DD who are unable to tolerate something touching their face.

- Cloth Face Masks
- Tissues
- Face Masks as an Alternative

PPE for Direct Support Professionals and Other Group Home Staff: The following are suggested: PPE for use during routine tasks in a group home where there are not individuals with IDD or staff with active or suspected infection.

- **Surgical Masks:** "A surgical mask is a loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment." These masks are not intended to be shared or reused. They are designed to prevent viruses and bacteria from reaching your nose or mouth. They are also intended to block secretions from the nose or mouth of the wearer from spreading to others. (Food and Drug Administration, N95 Masks, Surgical Masks, and Face Masks, Accessed December 20, 2020, https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s2)

- **Eye Protection**: Eye protection is recommended for routine tasks in group homes even when there are no residents or staff with active or suspected infection. (Maryland Department of Health, Checklist of Recommendations for Group Homes, December 16, 2020). There are two forms of eye protection:

  o **Goggles:** A goggle that fits well is designed to protect the user from splashes, sprays and respiratory droplets. It is important that the goggle fit snuggle from the

corner of the eye across the brow and that the venting does not permit splashes or sprays to enter the eye from the side. Indirect vented or non-vented goggles are recommended. Goggle should fit over prescription glasses.

- o **Face Masks:** Face masks can provide an alternative to goggles and provide protection for the remainder of the face in addition to the eyes. The mask should provide protection from the crown to the chin and wrap around to the ear. (The National Institute for Occupational Safety and Health, Eye Safety, Accessed December 20, 2020, https://www.cdc.gov/niosh/topics/eye/eye-infectious.html).

Low Risk PPE Recommendation:

- Surgical masks should be worn at all times by DSPs in group homes. In the event of a crisis, such as a rapid surge in community spread of Covid-19, shortages of surgical masks might occur. In that circumstance, if surgical masks are not available, a cloth mask should be substituted.
- Eye protection (face shields or goggles) should be worn when providing services to or coming within 6 feet of a resident

When conducting activities that are at higher risk more PPE is needed.

High Risk PPE Recommendation

High Risk Activities:

- When caring for an individual with I/DD who is suspected of infection
- When bathing individuals with I/DD
- When assisting with care for an individual with I/DD when there may be contact with bodily fluids e.g., saliva, mucus, blood

If there is someone in the group home who is suspected of infection or who has tested positive or when DSPs are engaging in high-risk activities the following PPE should be used:

- **Disposable Gloves:** Disposable gloves are intended for one time use only. They should cover the wrists. When worn with a gown they should cover the sleeves of the gown. Used gloves should be discarded into a closed lined trash can.
- **Non-sterile disposable gowns:** Gowns should be worn when conducting activities that might expose DSP to bodily fluids and/or during outbreaks. Gowns should cover both the front and back of the person wearing them. Gowns are intended for single use.

- **Face shields or goggles:** Face shields or goggles are used to protect the eyes. Covid-19 particles can penetrate if droplets or aerosols land in the eyes. If using goggles, make certain to use the type that has side protection so that particles cannot land on the eyes from the sides.

- **N95 respirator (this must be fit tested to you):** N95 respirators provide the highest level of protection against respiratory infectious organisms. After you are fit tested and trained in their use, you will be provided with a N95 respirator that is for your use only. You should clean your hands using proper handwashing techniques before and after use.

Disposal of PPE:

Face masks should be placed in a plastic baggy before discarding into a covered trash can. Other PPE, e.g., gowns and gloves, should be discarded into covered trash cans.

VII. Determining Who Is at Risk and What to do For Each Risk Group

Monitoring:

All individuals with I/DD and staff are recommended to undergo daily monitoring and screening. This should include a set of questions about exposures, recent symptoms or time spent with people who have symptoms as well as temperature checks. This is especially true for staff who interact with individuals with I/DD providing direct services. It is recommended, however, for all staff and visitors who enter the home and for residents who leave and return.

Screening Questions:

1. To your knowledge, was anyone with Covid-19 present at the place you were outside the house?
2. Did that contact take place indoors or outdoors?
3. Were you socially distancing (staying at least 6 feet from other people) while out of the home?
4. Were you wearing a mask or face covering the whole time outside the home?

Schedule for Symptom checks

In addition to monitoring DSPs entering the home to begin a shift, individuals with I/DD returning to the home or visitors, there should be regular symptom checks. The frequency of symptoms checks will be based on how high risk the Service Provider agency and residential program is assessed to be. If there have been no outbreaks among DSPs or individuals with I/DD

living in group homes or suspicious symptoms, then monitoring might occur as infrequently as twice per day. Group homes at highest risk (when there has been suspected or confirmed infection with Covid-10) could implement regular monitoring for staff and individuals with I/DD every four hours. (American Academy of Developmental Medicine and Dentistry Covid-19 Support Guidelines, July 2020, https://static1.squarespace.com/static/5cf7d27396d7760001307a44/t/5f16512e8f88d259900766f5/1595298102002/COVID-Support-Guidelines.pdf).

Symptom Checks

Direct Support Professionals, individuals with I/DD who live in the group home and have had an outing, and visitors should be screened for symptoms. As part of the intake process for visitors, DSPs and other people working in the group home, questions about whether the person has had the following symptoms should be asked. DSPs, other people working in the group home and visitors should also be asked if they spent time with someone who had any of the following symptoms prior to coming to the group home:

- Fever
- Coughing
- Shortness of Breath
- Fatigue
- Sneezing
- Chest Pain
- Headaches
- Loss of Taste
- Loss of Smell
- Stomach pain
- Diarrhea

In addition to checking for symptoms, **temperature checks** should be conducted when staff arrive at work as well as when visitors arrive or when individual with I/DD return after leaving the facility.

Covid-19 Screening Thermometers: There are devices available that can monitor temperature without touching the skin. These devices can serve a useful purpose and regular temperature checks are recommended. You should understand, however, that fever is not always a symptom of Covid-19. There will be people who are infected who will be missed if the thermometer is the only tool you use for infection prevention and/or control so temperature checks should be combined with other infection control measures such as screening and appropriate use of PPE.

Thermal Imaging: These devices can measure temperature from a distance. They are usually mounted in public places where large numbers of people are coming and going. The thermal images display on a computer monitor and convert infrared radiation into a temperature measurement.

Non-contact Infrared Thermometers: These devices can be used to measure temperature without touching the skin. This avoids the issue of contaminants transferring the skin to the device. They can take temperatures more rapidly, displaying results more quickly. They are easier to clean and disinfect. (Food and Drug Administration, Non-contact infrared thermometers, Accessed December 20, 2020, https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers)

Determine the Risks in a group home. The schedule for implementation of monitoring, screening and symptom checks (as well as testing) depend on what is going on in the group home. The following table can assist with determining how risky conditions are and can influence when to increase or decrease screening, monitoring, symptom checks and testing:

Assessing Risk in Your Group Home. Table 2. below provides a framework for assessing risk in our group home. Based on the risk level, you may want to engage in monitoring, screening and symptom checks on a more frequent basis. This may also affect the frequency with which regular testing occurs:

Table 2. COVID-19 Group Home Risk Stratification

Risk Level	Description
Severe	Confirmed COVID-19 case in the home.
High	Person in the home has had a direct exposure to a confirmed COVID-19 case.
Moderate	Home has had indirect contact with a confirmed COVID-19 case.
Low	No known exposure to COVID-19 in the home and among people living and working there.

(Source: American Academy Developmental Medicine Covid-19 Support Guidelines: https://static1.squarespace.com/static/5cf7d27396d7760001307a44/t/5f16512e8f88d259900766f5/1595298102002/COVID-Support-Guidelines.pdf)

High Risk Personnel: The following DSPs should be considered at higher risk. If access to personal protective equipment has to be prioritized, or if different schedules for testing are recommended, these personnel should be prioritized:

- DSPs who directly care for residents
- DSPs with preexisting health conditions that place them at higher risk for severe disease e.g., hypertension, diabetes
- DSPs who share a household with some who is at higher risk for severe disease e.g., immunocompromised person

Supporting individuals with I/DD: Some individuals with I/DD may need support to comply with infection control recommendations such as wearing personal protective equipment or following infection preventive procedures. Factors that could affect their ability may include:

- Discomfort with having cloth touching their faces.
- Difficulty understanding instructions
- Understanding of the need to take precautions

VIII.   Reducing Risk of Transmission based on the Setting

On the way to work or returning to home after work: Whenever DSPs or other staff are outside of the group home, they should do the following to prevent them from bringing Covid-19 back to the home:

- Wear a cloth face mask while outside the home
- Limit contact with others
- Consider having separate work clothes
- Change work clothes and shoes before going home
- Limit the amount of time spent indoors
- Consider showering as soon as you return home from work
- Report to your supervisor time spent indoors with people who are not wearing masks

Once arriving at work: Every staff member or visitor to the group home should respond to the following questions when they arrive:

1. Were you in contact with anyone who has or is suspected of having Covid-19 before coming to this facility?
2. If so, did that contact take place outdoors or indoors?
3. Were you wearing a face covering while in contact with others?
4. Were you socially distant from others, e.g at least 6 feet distant?

When Working with individuals with I/DD in their Living Quarters: All staff at group homes should wear a surgical mask (or if unavailable a cloth mask) at all times except during meals. In the event of a crisis, such as a rapid surge in community spread of Covid-19, shortages of surgical masks might occur. In that circumstance, if surgical masks are not available, a cloth mask should be substituted. Individuals with I/DD are also being asked to wear face masks if they can tolerate them. Meals should be taken in isolation, so that staff do not interact with other staff without being masked. Individuals with I/DD should take their meals separately from other individuals with I/DD so as not to interact with others who are not wearing masks.

When Working with Individuals with I/DD in Common Areas: All staff and individuals with I/DD should wear masks (surgical or cloth masks) when in common areas. Meals should be taken in isolation, not in the common areas, so that staff and individuals with I/DD do not interact with others without being masked. Individuals with I/DD should take their meals separately from other Individuals with I/DD so as not to interact with others who are not wearing masks.

When Driving Residents: When DSPs are in a motor vehicle with residents, every attempt should be made to minimize the number of occupants and the length of time spent in the vehicle. If weather permits, windows should be down to ventilate the vehicle if safety and the individual behavior plan permits. If that is not possible, the recirculate option should not be used. All occupants of the vehicle should wear masks. When possible, place only one person in each seating row in the vehicle.

Infection Control Personnel and Resources Available to Each Facility-
Infection Control and Prevention Committee

Each group home organization should designate who is responsible for coordinating infection control policies and procedures for the homes in their organization. Typically, in a large organization there would be an Infection Control Committee. In smaller organizations, there may be a single person (e.g., RN) designated to carry out these tasks. Responsibilities should include:

1) Planning for the implementation of policies and procedures for prevention and control of infections.
2) Being familiar with and implementing occupational health policies.
3) Creating surveillance, screening, monitoring and testing protocols to prevent and/or to identify healthcare associated infections.
4) Reviewing policies relevant to individuals with I/DD care and the environment to ensure they are consistent with recommended infection control policies and procedures.
5) Creating risk exposure policies to minimize exposure to blood, body fluids, and other potentially infectious materials.
6) Planning for the implementation of policies governing prevention and control of infections.
7) Creating new policies related to the control and prevention of transmission of infection in individuals with I/DD, staff, contractors, and visitors.
8) Designing preventive and quality improvement processes and procedures incorporated into the infection control and prevention program, including, but not limited to, policies and practices for reporting outcomes, testing data, individuals with I/DD and personnel healthcare associated infections to those with need to know.
9) Ensuring that records for the following are maintained and documented:
    a) Outbreak data, e.g., who was affected and for how long
    b) Copies of reports to relevant agencies including County and state health department, developmental disability agencies etc.
    c) Testing requisitions and testing reports as well as consent documents
    d) Event reports including actions taken such as recommending personnel quarantine or isolate away from work

e) Policy review and revisions including plans for distribution of materials on infection prevention and training of staff on infection prevention measures e.g., PPE

IX. Managing Outbreaks of Covid-19

Determining if an outbreak has occurred: If testing of an individual with I/DD or a DSP yields a positive result, then Outbreak protocols should be started. These protocols should remain in place until 14 days have passed with no positive tests.

Reporting an outbreak: Positive tests should be reported both to the Department of Health and Human Services. Each provider is responsible for accessing and reporting all test results for individuals who are tested under their direction. The lab is responsible for reporting all results to the State's COVID-Link for Contact tracing. Organizations conducting regular testing of vulnerable populations in Montgomery County are required to submit a weekly report.

Montgomery County DHHS requires reporting of the following:
  i. Name of organization
  ii. Date and location of upcoming testing events
  iii. Projected testing totals
  iv. Testing totals from events of the previous week
  v. This report is sent to Rachel.knowles@montgomerycountymd.gov

Outbreak Control measures: During an outbreak the frequency of testing, screening and monitoring should increase beyond what takes place during routine conditions. To the extent possible, staff who have been exposed should be excluded from work. Individuals with I/DD who were exposed should quarantine from non-exposed residents. If staffing levels permit, cohorting should be implemented, with separate staff assigned to those infected and/or exposed. Full PPE should be used by staff who are working in the home during an outbreak. See Testing protocol for more specific recommendations about testing frequency during outbreaks. Below are two algorithms you can use to make decisions about testing and staffing:

Testing protocol: A detailed protocol has been prepared on testing. This contains workflows for testing Direct Support Professionals and Individuals with I/DD. It describes the test that is being recommended for use by DSPs in group homes and instructions for collecting samples and delivering samples to the laboratory for analysis. This protocol is available at: **https://www.primarycarecoalition.org/resources-for-group-home-administrators.html**

Recordkeeping: Your facility managers should designate staff to be responsible for maintaining copies of all Covid-19 test requests, results and requisitions. Protocols for protecting sensitive

health information (PHI) should be followed as the recordkeeping system is designed for your facility.

X.   Personnel/Occupational Health Policies/Procedures

All persons who are or may be employed at a facility should:
   a) Completing a pre-employment examination.
   b) Submit to temperature checks when entering the facility
   c) Disclose any recent infection with Covid-19 or symptoms of Covid-19 including fever, chills, runny nose, shortness of breath, excessive fatigue.
   d) Agree not to work if experiencing symptoms of Covid-19 or if infected with Covid-19
   e) Agree to quarantine at home for a minimum of 14 days post infection.
   f) Be cleared by the INFS after a quarantine before returning to work.
   g) Understanding and implementing the principles of Infection Control as it applies to their specific job responsibilities.
   h) Reporting incidents to their supervisor immediately in which they have had direct contact with someone who is infected with Covid-19 or suspected to be infected.

Testing Staff: Staff and individuals with I/DD need to be tested if there is an outbreak in the facility and they will need to be tested at regular intervals until the outbreak has been mitigated. (Centers for Medicare and Medicaid Services (2020). New Covid-19 Testing and Reporting Requirements Urgent Actions to Take: Considerations for Interpreting Antigen Test Results in Nursing Homes. Retrieved on December 11th, 2020 from https://www.cms.gov/files/document/covid-ppt-nh-all-call.pdf

If the test is positive: If an individual with I/DD 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. (Group Home Checklist of Recommendations).
If you have not already done, please make plans to bring additional staff on to replace staff who may have to isolate at home.

   i.   An ill staff member who develops signs and symptoms of Covid-19 should be sent home. If unable to drive, the ill staff member should go to the designated area for ill persons until someone can come take him or her home.
   ii.   Ensure that the facility has flexible sick leave and absentee policies that encourage staff to stay home when sick. The facility should have a plan for operations if staff availability shifts due to positive DSPs, thus interfering with the provision of services, and adherence to Infection Control policies and procedures.

iii. Employees should not report to work if they have been exposed to Covid-19, have tested positive for Covid-19 or are exhibiting symptoms. They should contact the Center immediately.

iv. Center will adhere to the Families First Coronavirus Response Act as it relates to allowing sick leave, while it remains in effect, or any other State/Federal regulations that may be passed. If FFCRA & any additional regulations no longer be in effect, Center will follow their standard Sick Leave policies.

v. Maintain a safe level of staffing, and avoid transferring residents with disabilities to alternate settings, whenever possible, as a solution to staffing issues. Individuals with disabilities have the right to receive services within the community. It is important to maintain routines and continuity of care as much as possible. Avoid unnecessary transfers that can cause residents to lose their jobs, support services, and appropriate housing. (CDC May 30, 2020 GH Guidance)

Mitigating staff shortages:

i. Sometimes, so many staff will be exposed or unable to work that providing minimally adequate staff would be impossible if all exposed persons were excluded.

ii. In circumstances where staff shortages are severe, staff who have been quarantined due to exposure to an individual suspected or confirmed with a Covid-19 infection may return to work if a critical shortage exists. If they do so, they should wear full PPE (masks, gloves, gowns, goggles). These staff should be working primarily with people with I/DD residing in group homes who are symptomatic or who have tested positive for Covid-19. If the DSP becomes symptomatic, they should isolate at home pending a negative Covid-19 test result.

Preparing for Staff Shortages:

i. Group Homes should have contingency staffing plans in the event staffing becomes a concern.

ii. Group Home personnel will make best efforts to ensure sufficient staff coverage for each day they are open.

iii. Should there be staff shortages, it will be expected that all staff will work together to ensure participants needs are met.

iv. Staff schedules may always be adjusted on short notice to ensure minimum coverage.

v. Group Homes should monitor the status of staffing daily
    1. If staff exhibiting signs and symptoms, staff will notify their managers
    2. Managers will request the staff stay home if exhibiting symptoms

vi. Group Home Managers should provide daily updates on staffing ratios

XI.   List of Stand-Alone Modules for Direct Support Professional Education

1. Handwashing
2. Putting on Personal Protective Equipment
3. What to do if I feel Ill before Coming to Work
4. What to do if I feel Ill after arriving at Work (2)
5. Supporting a Resident Who is Symptomatic
6. Cohorting During Outbreak
7. Isolating People with I/DD who Test Positive
8. Low to Moderate Risk Activities
9. Moderate to High-Risk Activities
10. PPE Benefits/ What Can PPE do for me and for the people with I/DD I care for?
11. PPE Non-Outbreak
12. Testing at the Group Home for Direct Support Professionals
13. PPE Outbreak
14. PPE with COV Positive Resident
15. Conducting Self Swab Tests
16. Waiting on Test Results (2)
17. Testing outside the Group Home – County Testing sites
18. Test- COV Positive
19. Test – COV Negative
20. Field Trips – What to do, What Not to do, What to Wear?
21. Visitors – How do We Screen Them, How Do We Manage Their Visits?

XII.   Commonly Asked   Questions and Answers

General Infection Control and Prevention

Q: How does Covid-19 spread?
A: You catch Covid-19 by breathing in air that has virus particles in it. It can also get into the body from the eyes or any other mucus membrane.

Q: If you are in the room with someone with Covid-19 and the person sneezes. How long will it stay in the air?
A: If you are in the room with someone who has Covid-19 who sneezes, the virus particles can stay in the air for many hours.

Q: What federal agency has a list of tested and approved cleaning products and disinfectants?

A: The Environmental Protection Agency has what is called the N List. It contains tested and recommended products for cleaning and disinfecting. You can get to that list at the following website: https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19

Q: Do disinfectants really kill the Covid-19 virus?
A: Some disinfectants do kill the Covid-19 virus. You should consult the EPA N list to find disinfectants that have been shown to be effective against Covid-19

Q: What is the best disinfectant to use?
A: You should consult the EPA N list to find disinfectants that have been shown to be effective against Covid-19

Q: Does bleach water clean the virus?
A: Bleach can kill Covid-19 provided you use a solution that contains at least 5.25 – 8.25% sodium hypochlorite

Q: How can you help enforce rules pertaining to covid-19 for residents traveling outside the home? How to help residents comply with covid-19 PPE?
A: You will have to use your knowledge about each person you are working with to help motivate them to comply with recommendations like wearing face masks. Some individuals with I/DD may not tolerate having something touch their face. Some may be able to cope with it if they understand the reasons why it is being suggested for them. There is no single approach that will work for everyone.

Q: What symptom is a sure symptom of Covid-19?
A: There are no sure symptoms of Covid-19 infection. Symptoms overlap with symptoms you might have if you have the common cold or the flu or stomach flu or gastroenteritis. Only a test or the onset of severe symptoms will tell you for sure if you are infected with Covid-19

Q: How long does it take to be around someone with Covid-19 before you can become infected?
A: CDC is now telling us that a total of 15 minutes of close personal contact with someone who is infected when you are not wearing PPE is enough time for you to get infected.

Q: When quarantining a resident in the group home what activities do I need to monitor?
A: You need to make sure they do not interact with other individuals with I/DD. You also need to make sure they take meals in their room and, if possible, use a different toilet than other individuals with I/DD and staff.

Q: What are some things I can do to help individuals with I/DD do the things we need them to do to prevent infections?
A:
    a. Use pictures to remind them of things they need to do like wearing masks
    b. Show them what to do by demonstrating it yourself
    c. Set up a schedule for them
    d. Remind them with notes or other visual cues
    e. Remember to praise the behavior you want to encourage

Q: What can I do to keep myself and my family safe when I am not at work?
A: You should be careful about your activities, try to do most things outdoors (weather permitting). You should wear your mask when you are around people you don't live with, especially indoors. Avoid risky activities like eating at restaurants and/or visiting a gym.

Personal Protective Equipment

Q: How often should I change my face mask?
A: Your surgical mask is intended for single use. If possible, throw it away at the end of the day. If shortages happen, replace it if it becomes, damaged, wet or soiled. Cloth masks that are recommended for use by individuals with I/DD should be washed daily in warm soapy water. Keeping extra cloth masks on hand can help.

Q: Should staff wear a N95 mask (or a surgical mask combined with face shield and goggles) before supporting a person who is awaiting test results?
A: Yes. If a person has been tested because they have symptoms, you should assume they are infected and wear full PPE when supporting them?

Q: How many times can you use a face shield?
A: Face shields are intended for multiple use. They should be cleaned between uses. They can be cleaned using warm soapy water.

Q: Can you share a face shield with another individual?
A: It is not a good idea to share a face shield with someone else. Even if that person shows no symptoms they may be infected and sharing a face shield with them could expose you.

Testing

Q: When should I be tested for Covid-19?
A: You should be tested for Covid-19 when you think you have been exposed to someone who is or may have been infected.

Q: If my Covid-19 test was negative does that mean I am okay?
A: A single negative test does not mean you are safe; You may need to isolate for up to 14 days if you were in close contact with someone who has a confirmed infection. Tests can be negative if three was not enough time for the virus to grow enough in your body to be detected by the test.

Q: What can we do to make sure the test results reflect the true status of the person?
A: Testing should take place a few days after symptoms start. If testing is done too soon, there may not be enough virus particles to be detected by the test. If symptoms, persist, retesting might be a good idea.

Q: If person A test positive, and alerts person B in which there was contact about possible exposure, and person B quarantines and has a Covid-19 test 5 days after last encounter with person A. How to proceed with person C whom Person B supported before learning about possible exposure. Proper protocols are followed by person B when supporting person C.
A: Even though proper protocols were followed; it is possible that person B contracted the virus and exposed Person C while supporting them. Person C should quarantine for 10 days if no symptoms develop.

Q: What is the best recommended covid-19 test to use?
A: The type of test depends upon what question you are trying to answer. If you want to know if you are currently infected an antigen or PCR test will tell you that. If you want to know if you were infected in the past, an antibody test will tell you that.

Q: Is there any advantage to the rapid versus the antigen testing?
A: Rapid testing gives you immediate feedback, but results have false positives and negatives. Antigen tests take longer but the rates of false positives and negatives are lower.