

Recommendation	Complete?
Preventing and Preparing for an Outbreak	
Limit entry into your homes to only essential staff and residents.	
All staff should wear medical (not cloth) masks at all times while in the home.	
When providing care to a resident, sharing a room with a resident, or otherwise coming within 6 feet of a resident for any reason, all staff should wear a respirator or medical mask and eye protection (e.g., face shield or goggles).	
When interacting with each other, all staff should wear a medical mask and maintain six feet of distance. Staff should not spend time together in a shared indoor environment without masks, including on meal breaks.	
All residents who can safely wear a cloth face covering or medical mask 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 those 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.	
If a resident requires medical care unrelated to COVID-19 in a hospital, when the resident returns home, that resident should stay in his or her room for the next 14 days, to the greatest extent possible. If s/he must leave the room, the resident should stay at least 6 feet apart from housemates and wear a mask when within 6ft of any person.	
Identifying an Outbreak of COVID-19	

<p>Front Door Screening. Screen all persons entering your homes for COVID-19. You may use the attached tool to do this screening. Send anyone with any symptoms home, and recommend they be tested immediately for COVID-19 and seek medical evaluation if necessary.</p>	
<p>Resident Screening. 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"> • Any resident who screens positive should remain in his or her room until tested for COVID-19 and results are reported. • Staff caring for 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 wear a face covering if tolerated and 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>Positive Resident Screening. When a resident screens 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 health to obtain a specimen collection kit for COVID-19. Your program’s 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 health department 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 health department cannot send a team, work with your local health department and DDA Regional Director to find a healthcare provider or public testing site where the resident can be tested. 	
Responding to an Outbreak	
<p>Outbreak Reporting. 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 health departments. If you do not receive an outbreak number from your local health department within 24 hours, your report may not have been received correctly -- call the local health department to confirm your report was received and obtain your outbreak number.</p>	

<p>Resident and Staff Testing. Test all residents of the home for COVID-19 by the most expeditious means available. Instruct all program staff to be tested for COVID-19 by the most expeditious means available.</p> <p>Exception: Do not test residents or staff who have already tested positive for COVID-19 and recovered in the past 90 days.</p>	
<p>Infection Line Lists. Use the line list template provided by your local health department to provide a report on each resident of the home and each staff person who worked in the home. Include any staff who worked beginning 48 hours before the first symptom onset or first positive test was collected, whichever is earlier. Indicate all relevant information on the template, including 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 affected home and a separate list for residents and staff. Individuals should not be removed from the list if they recover or leave the facility.</p>	
<p>Use of Personal Protective Equipment. When providing care to a resident, sharing a room with a resident, or otherwise coming within 6 feet of a resident for any reason, all staff should wear a respirator or medical mask and eye protection (e.g., face shield or goggles).</p> <p>When providing resident care that requires touching or could generate splashes or sprays (e.g., feeding, bathing, dressing, toileting), staff should wear gloves and a gown.</p> <p>Work with your local health department to assess your need for personal protective equipment (PPE), and to request new supplies of personal protective equipment. CDC has strategies on how to safely conserve your PPE (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). When at all possible, continue to use PPE in accordance with “conventional” strategies of use. When supplies are in shortage, “contingency” and “crisis” capacity strategies may be applied to conserve PPE. You may reach out to your DDA Regional Office to continue to follow up if PPE requests are not filled in a timely manner.</p>	
<p>Symptom Screening. 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>Dedicating Staff. Staff serving a home where a resident has been diagnosed with COVID-19 should be dedicated exclusively to homes with outbreaks and should 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>	
<p>Cohorting residents with COVID-19. 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. 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>	

<p>Movement Restrictions. 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.</p>	
<p>Isolation and Quarantine</p>	
<p>Using the CDC’s guidance for exposures in healthcare staff, assess whether staff working in the home may have been exposed to COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). In general, a staff person would be considered exposed if:</p> <ul style="list-style-type: none"> • The staff person spent more than 15 minutes within 6 feet of a person with COVID-19 who <i>was not</i> wearing a mask and the staff person was either not wearing a mask or not wearing eye protection; OR • The staff person spent more than 15 minutes within 6 feet of a person with COVID-19 who <i>was</i> wearing a mask and the staff was not wearing a mask. <p>If a staff person was exposed to COVID-19, this should be reported to the local health department, and the staff should be excluded from work for 14 days following the exposure.</p> <p>Mitigating staff shortages. 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. If this could happen, you may request a written exception from the local health department for staff to return to work early despite their exposure to COVID-19.</p>	
<p>Discontinuing home isolation for staff. Any staff who test positive for COVID-19 must remain home from work until they meet CDC criteria for returning to work. Criteria can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.</p>	
<p>Discontinuing transmission-based precautions. Any residents who test positive for COVID-19 must remain in isolation until they meet CDC criteria for discontinuation of isolation. Criteria can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</p>	
<p>Ending an Outbreak</p>	
<p>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."</p>	