



Checklist of Recommendations for Group Home Outbreaks
Updated: March 18, 2021

Recommendation	Complete?
Preventing and Preparing for an Outbreak	
All residents and staff of group homes are strongly encouraged to be vaccinated against COVID-19 at the earliest opportunity. Information on obtaining vaccination is available through the State Department of Health: https://coronavirus.maryland.gov/pages/vaccine	
At all times within the home, all staff should wear: a respirator (either a fit-tested N95 respirator or an emergency-authorized foreign respirator equivalent, such as KN95) or a well-fitting medical mask. Here are some strategies for improving the effectiveness of masks: https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html	
When interacting with residents, all staff should wear a respirator (either a fit-tested N95 respirator or an emergency-authorized foreign respirator equivalent, such as KN95) or a well-fitting medical mask, eye protection (e.g., face shield or goggles), and gloves. When providing care that requires close contact or generates splashes or sprays (e.g., bathing, dressing, toileting, feeding) staff should wear a gown. Gowns should be thrown away or laundered after each resident encounter.	
When interacting with each other, all staff should wear an emergency-authorized foreign respirator equivalent or well-fitting medical mask, eye protection, and maintain six feet of distance. Staff should avoid spending time together in a shared indoor environment without masks, including on meal breaks; if they must do so, they should maintain at least 6 feet of distance.	
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).	
The safest choice is to limit recreation and activities to activities that are physically distant from other residents -- solitary or socially distanced 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.	

<p>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</p>	
<p>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.</p>	
<p>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.</p>	
<p>When a resident is exposed to COVID-19 outside the home, preemptively quarantine that resident. Test them for SARS-CoV-2 immediately and, if negative, 5-7 after their exposure.</p> <p>CDC currently recommends a quarantine period of 14 days. Options for reduced quarantine length may be considered: https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.htm</p> <p>Here, “exposure” includes:</p> <ul style="list-style-type: none"> • A resident is known to have had close contact (within 6 feet for a total of more than 15 minutes over a 24 hour period) with someone with COVID-19 • A resident is notified that he or she was exposed to COVID-19 by the local health department contact tracing program • A resident who is not fully vaccinated* received any medical care unrelated to COVID-19 that requires an overnight stay in the hospital • A resident who is not fully vaccinated* spends time dining with or sleeping in the homes of family/loved ones or participates in other higher risk activities such as attending gatherings <p>Here, “quarantine” means:</p> <ul style="list-style-type: none"> • The resident should not participate in activities outside the home. • The resident should, to the greatest extent possible, stay in his or her room. • If s/he must leave the room, the resident should stay at least 6 feet apart from housemates and (if tolerated) wear a mask while sharing a room with any person. <p>*Here, fully vaccinated means:</p> <ul style="list-style-type: none"> • Received all required doses of a COVID-19 vaccine AND • 2 weeks have passed since receiving the final required dose 	
Best Practices for In-Home and Out-of-Home Visitation	
<p>Both indoor and outdoor visitation in group homes is now conditionally permitted. The following precautions must be used to permit visitation:</p> <ul style="list-style-type: none"> • Visitation is not permitted during a COVID-19 outbreak • Outdoor visitation remains safer than indoor visitation and is encouraged as an alternative to indoor visitation whenever possible. 	

<ul style="list-style-type: none"> • Only one resident should have indoor visitors at a time, and the number of visitors should be capped at a number where all distancing recommendations described can easily be followed • Indoor visitation should only be permitted in a setting where the visitor can easily maintain least six feet from the residents whom they are not visiting and from HCP in the facility • Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their representatives and their visitors so they can make an informed decision about participation. • Visitors should be screened prior to the visit. The following people may not visit: <ul style="list-style-type: none"> ○ Anyone who has COVID-19 and has not yet completed isolation, as recommended by CDC or the health department ○ Anyone who has any symptoms of COVID-19 ○ Anyone who had close contact (defined as spending more than 15 minutes within six feet) with a person with COVID-19 in the past 14 days • Visitors should wear a well-fitting cloth mask, facemask, or respirator • If tolerated, residents should wear a well-fitting face covering • The safest approach is for residents and their visitors to maintain a physical distance of 6 feet. <ul style="list-style-type: none"> ○ If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while the resident and visitor wear well-fitting face coverings. ○ Residents who are not fully vaccinated should not have close contact with visitors. • Hand hygiene should be performed by the resident and the visitors before and after contact. <p>Finally, note that visitation could be restricted in the future if:</p> <ul style="list-style-type: none"> • COVID-19 test positivity for the community where your home is located rises above 10% AND • Fewer than 70% of the residents of your home are vaccinated. (Less than 70% means: a single resident is unvaccinated in a two- or three-person home; or two residents are unvaccinated in four-, five-, or six-resident homes). 	
<p>Group home residents may leave their homes to visit family or friends.</p> <ul style="list-style-type: none"> • As noted above, residents who are not fully vaccinated must quarantine when they return from a visit where they spend at least one night outside their group home. • All residents, regardless of vaccination status, should be tested for COVID-19 either 48 hours before returning to the group home or immediately after returning. If residents return before receiving the test result, they should remain in their rooms until they receive a negative test result. • Ideally, residents should be tested for COVID-19 a second time a few days after returning to the group home. • While outside the home, all residents, regardless of vaccination status, should: <ul style="list-style-type: none"> ○ Maintain six feet of physical distance from anyone who is not a member of the household they are visiting 	

<ul style="list-style-type: none"> ○ Wear a face covering, if tolerated ○ Avoid crowds, poorly ventilated spaces, and any setting whether other people are likely to not be wearing face coverings (e.g., restaurants) 	
<p>Identifying an Outbreak of COVID-19</p>	
<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"> ● Ask any resident who screens positive to 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 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 Department of Health and DDA Regional Director to find a healthcare provider or public testing site where the resident can be tested. 	
<p>Responding to an Outbreak</p>	
<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 and state 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>If possible, re-test all residents and staff a second time, one week after the first round of testing.</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. Using 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 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.</p> <p>When caring for a patient with confirmed or suspected COVID-19, staff should wear: in order of preference, an N95 respirator if fit-tested, an emergency-authorized foreign respirator equivalent (e.g., KN95), or a well-fitting medical mask; eye protection (e.g., face shield or goggles); and gloves. When providing care that requires close contact or generates splashes or sprays (e.g., bathing, dressing, toileting, feeding) staff should wear a gown. Gowns should be thrown away or laundered after each resident encounter.</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 may 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 -- a respirator (either</p>	

<p>a fit-tested N95 respirator or an emergency-authorized foreign respirator equivalent, such as KN95) or a well-fitting medical mask; disposable glove; 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 not participate in activities outside the home and, as much as possible, should 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.</p>	
<p>Visitation Restrictions. When a single resident or staff is diagnosed with COVID-19, all visitation is prohibited until the criteria for ending an outbreak of COVID-19 have been met (see below).</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, if the staff person was not fully vaccinated, 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 should happen, your staff may return to work early despite their exposure to COVID-19, so long as they remain asymptomatic and do not test positive. (You no longer need to ask permission from the local health department.)</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, visitation may resume, and you may return to only those precautions listed in</p>	

"Preventing and Preparing for an Outbreak."	
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