



**Pandemic Emergency
Operations Plan
COVID-19
Updated 4/26/2020**

COVID-19 QUARANTINE PLAN SUPPLEMENT

NCIA has established three levels of potential COVID-19 response and in-home quarantine. Any decision to diagnose COVID-19 or place someone into “bedroom isolation” should be done in conjunction with the individual’s Primary Care Physician, Delegating Nurse and team.

Once it is determined that an individual should be placed into quarantine, it should be assumed that all the individuals in the home have potentially been exposed. Any individual who has a laboratory diagnosis of COVID-19 or a suspected case with symptoms should be confined to their bedroom. Disinfectant and care instructions are outlined elsewhere in this document.

Once the following plan is put into effect in any home, NCIA will mobilize an Emergency Response Team of Direct Support Professionals who are prescreened to provide care. This team will be referred to as NCIA HEROS [Health Emergency Response Operator] throughout this document.

Further guidance and additional measures about quarantining an individual at a separate location and potentially removing staff who have been exposed but do not show symptoms will be considered on a case-by-case basis. NCIA Administration will communicate to affected staff, individuals supported, DDA, OHCQ and their team based on the circumstances.

Additional situations may require solutions for an individual on a case-by-case basis to preserve the health and safety in both Residential and Supported Employment sites.

NCIA’S THREE LEVELS OF QUARANTINE (Q-LEVEL):

- Q-Level 1:** An individual residing in a home may have been exposed (or it is unknown if they may have been exposed) to a person/environment with COVID-19. Heightened monitoring of all individuals for symptoms and additional disinfecting of that location will take place immediately.
- Q-Level 2:** An individual in the residential program begins showing the symptoms of COVID-19 but does not yet have a formal diagnosis. NCIA will approach care for symptomatic individuals as if they are potentially sick with COVID-19 in terms of quarantine protocols, Personal Protective Equipment (PPE) and safety measures.
- Q-Level 3:** An individual in the residential program receives a positive COVID-19 diagnosis. Once this is confirmed (and assuming the physician clears them to be home) this plan goes into full effect with PPE and isolation procedures fully in place. Emergency staffing plan goes into effect that may or may not mean modified schedules and includes a higher rate of pay for the staff working in the home.

****Daily tracking forms (vital signs, etc.) for the employees will be provided in an appendix.**



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Q-LEVEL 1 PROTOCOLS
(POTENTIAL EXPOSURE TO COVID-19 WITHOUT VISIBLE SYMPTOMS)

When an individual supported in our Residential program has been exposed to someone who exhibits COVID-19 symptoms or who has been positively diagnosed with the virus we will move that home/individual into our Quarantine Plan Level 1.

This level requires maintenance of the screening questions, cleaning protocols and overall “clean approach” already standard in the homes. However, staff will also begin to do the following:

- Existing staff who do not have symptoms may continue working in the home.
- Check each person’s temperature at least twice a day to monitor for fever signs
- Pay extra attention to each individual for possible symptoms such as fever, shortness of breath, difficulty breathing, persistent cough. Notify the Delegating Nurse and/or Primary Care Physician if these symptoms continue or worsen. Notify your House Manager and/or Division Manager after consulting with the medical professional on advice given.
- NCIA recommends use of face masks (homemade or surgical) within the home to protect yourself and the individuals from potential infection.
- Maintain current screening questions, hand hygiene and existing cleaning protocols.
- It is recommended that individuals in the home should not interact in common areas of the home with anyone other than staff.
- If any individual(s) living in the home begins to present COVID-19 symptoms then NCIA will move that home to Q-Level 2 and follow instructions from healthcare professionals.

Staff in all NCIA homes will be issued a surgical mask at least once weekly. This should NOT be used by any other person, at any time. The mask should be stored in a paper bag with the employee’s name on it at the end of any shift. Once replacements are provided (or anytime it is damaged) the mask should be disposed of by the employee.

Individuals living in the homes will be issued and asked to wear masks on a case-by-case basis depending on their health, that of their housemates and/or their particular behavioral needs.



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HOW TO PREVENT THE SPREAD

[Wash your hands](#) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

Avoid close contact

- Avoid close contact with people who are sick
- Stay home as much as possible.
- Put distance between yourself and other people.

Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - o **Cloth face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.**
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- Clean AND disinfect [frequently touched surfaces](#) per the schedule already provided by NCIA. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.



Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



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Sewn Cloth Face Covering

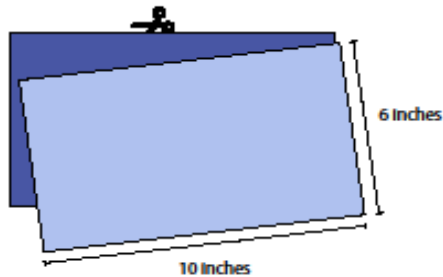
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

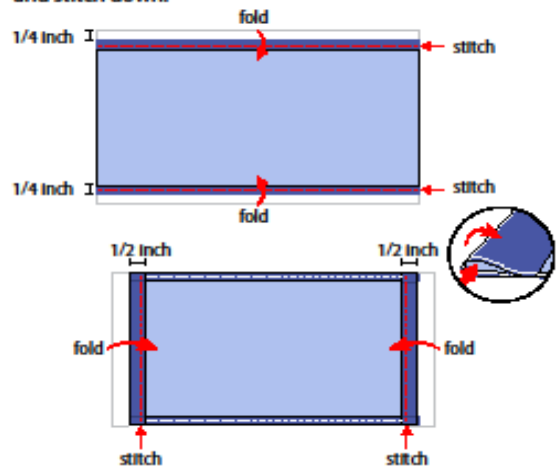


Tutorial

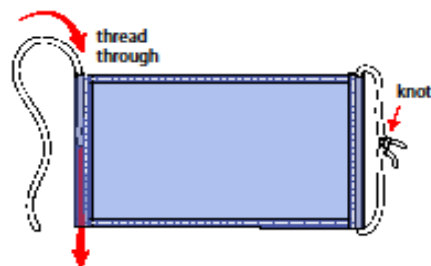
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



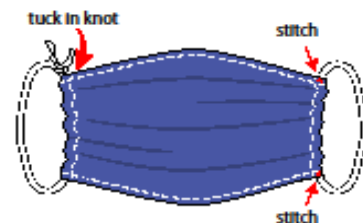
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the cloth face covering fits your face. Then securely stitch the elastic in place to keep it from slipping.

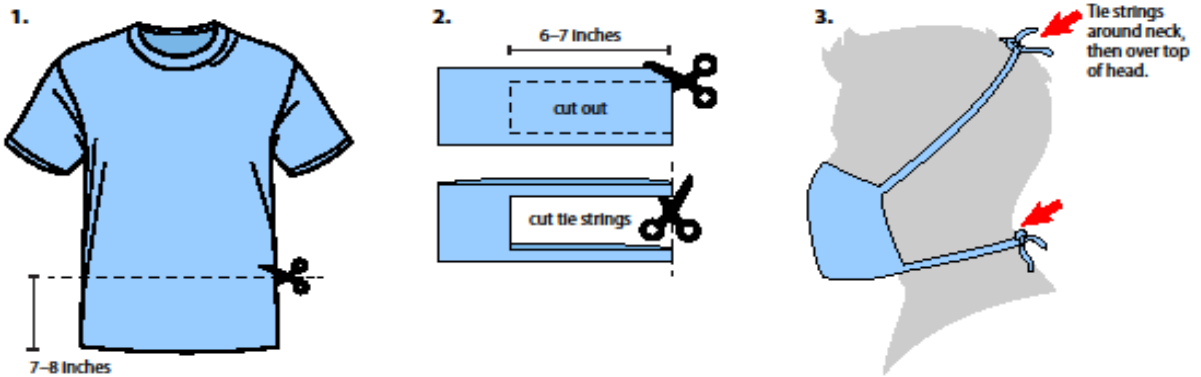


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

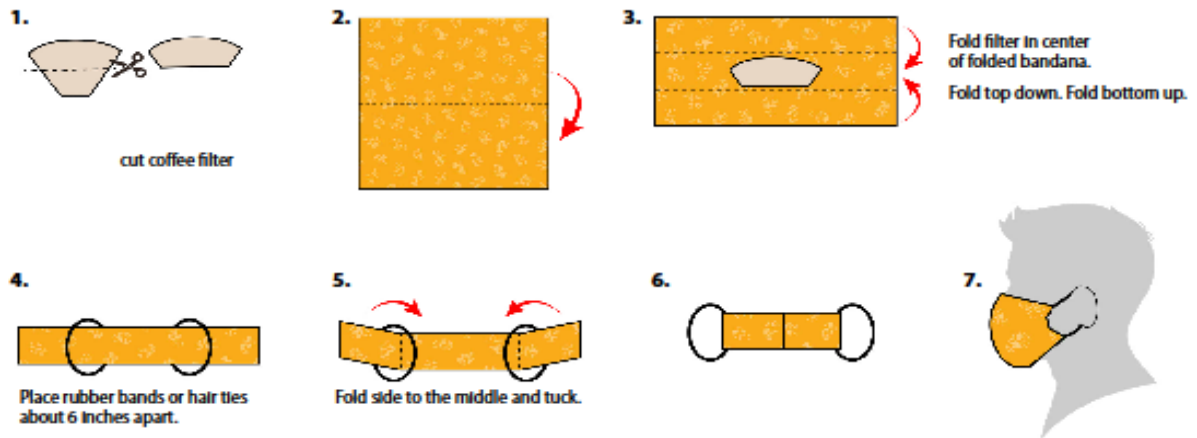


Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Coffee filter
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial





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COVID-19 NOTIFICATION PROCESS

(FOR SUSPECTED OR CONFIRMED CASES AMONG INDIVIDUALS SUPPORTED)

If an individual supported begins showing any signs the DSP staff will contact Dimensional Healthcare nurse and follow-up as directed either with the nurse or the primary care physician.

If the individual begins having any medical crisis (including shortness of breath or difficulty breathing), call 911 *immediately* and **then** notify your Division Manager and nurse.

The Division Manager (or designee) must contact Rochelle Matthews, Residential Director at (443) 894-0635 immediately to update her as well.

Rochelle Matthews will then notify the Quarantine Management Emergency Team (QMET) that we have a confirmed or possible COVID-19 case. Once that happens:

- QMET will notify the local Health Department/MD Department of Health, DDA Regional Office & CCS, Dimensional Healthcare Nursing, primary care physician (if needed), the individual's family/guardian, and employees who have worked with that person or in that home in the last 48 hours.
- NCIA will then begin to collect the information for a Line List of the employees that may have been exposed and the symptomatic individual.
- QMET will begin to identify and schedule appropriate staff to work in the home and coordinate training for them for full use of PPE and proper cleaning and care procedures.

Notification should occur to the appropriate Health Department for coordination

Maryland COVID-19 Hotline:	(410) 887-3816
Baltimore County Health Department:	(410) 887-6011
Baltimore City Health Department:	(410) 396-4436 (normal hours) (410) 396- 3100 (off hours)
Prince Georges County Health Department:	(301) 883-6627



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Q-LEVEL 2 PROTOCOLS

(POSSIBLE COVID-19 SYMPTOMS VISIBLE WITHOUT AN OFFICIAL/FORMAL DIAGNOSIS)

When an individual supported in our Residential program begins demonstrating COVID-19 symptoms but they have not been formally diagnosed we will move that home into our Quarantine Plan Level 2.

This level requires maintenance of the screening questions, cleaning protocols and overall “clean approach” already standard in the homes. However, staff will also begin to do the following:

- Existing staff working in the will remain working and at that point.
- Daily (or more frequent) consultation with the Delegating Nurse and/or Primary Care Physician should occur as directed to keep them notified of the patient’s symptoms. Notify your House Manager and/or Division Manager after talking with the medical professional on any instructions or changes they make to the person’s current treatment.
- Staff should use provided N95 respirators/gowns/gloves/facemask/face shields at all times in the home when interacting with individuals or other staff. The goal is to prevent further transmission of the virus. This will be stored and/or reused as directed. Gowns and other additional PPE items will be provided, and guidance given on how to use these items as well.
- Staff are mandated to bring a change of clothes with them at the beginning of their shift. The clothes worn “to” the home would be put into a plastic bag immediately after arriving and remain in that bag for the duration of their shift. At the end of shift, staff would then put their “dirty clothes” in the bag and wear their “clean clothes” home. Staff are then recommended to wash those clothes immediately after arriving home.
- All Individuals in the home must stay isolated in their bedrooms and bathroom areas with their doors closed at all times. Staff should only provide personal care while using PPE provided. Any doorknob or “shared items” should be disinfected immediately after personal care has been delivered to the individual. New gloves should be used for the disinfection process (do not wear the same ones you had on when providing care).
- One staff person will be designated to provide care to “sick” or symptomatic individuals living in the home. A different staff person will be designated to provide care to people who do not have symptoms. All meals, medicines and personal care for individuals in the home should be served ONLY in that person’s bedroom.
- Care provided to the individuals in the home will not be changed from this protocol until specific instruction is given by a member of the NCIA Administrative Team or the healthcare providers.



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RESPONSIBILITIES FOR STAFF WORKING IN A Q-LEVEL 2 OR Q-LEVEL 3 LOCATION

- Make sure that you understand and can help the individual supported follow their healthcare provider's instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the person's symptoms. If the person is getting sicker, call the Dimensional Healthcare nurse and tell them that the person has the symptoms of COVID-19. The nurse will need to know the symptoms including their temperature. **Follow the instructions from the Dimensional nurse as indicated. Do not call the primary care physician unless indicated by the nurse.**
- **Bedroom doors for each individual should remain shut at all times. this applies to individuals who have symptoms, positive for Coronavirus or appear to be healthy.**
- Household members should stay in their bedroom at all times other than when using the restroom. Household members should use a separate bathroom, if available. If not, the bathroom must be disinfected each time after each person's use.
- **If there is a mix of "sick" and "non-sick" individual in the home and everyone does not have their own bathroom, then one should be designated for "sick" individuals and another for "non sick." Staff should only use a designated "non sick" bathroom for their own use.**
- Make sure that shared spaces in the home have good airflow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth at any time.
- **The sick individual should wear a facemask at all times if they are out of a private bedroom/bathroom. A surgical mask is preferred but a cloth mask is acceptable. Clean the individual's surgical facemask with peroxide cleaner after use or wash a cloth mask at the end of each day.**
- Staff should use full PPE provided (facemask/gown/face shield/gloves) when you are in the same room as the patient (bedroom or bathroom). N95/respirator type of masks should be worn throughout the shift and cleaned after providing care to an individual who is sick and again at the end of shift.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly.



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RESPONSIBILITIES FOR STAFF WORKING IN A Q-LEVEL 2 OR Q-LEVEL 3 LOCATION

- Wear an NCIA-provided facemask, gown, face shield and gloves when you touch or have contact with an individual's blood, stool, or other body fluid.
- Throw out disposable gloves after using them. Reuse your face shield, respirator mask and gown after disinfecting each time. Contact your Division Manager if the items become torn or damaged and new ones will be provided to you.
- **When removing personal protective equipment: first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove face shield then gown and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.**
- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
- **Use provided peroxide cleaning solution on any reusable PPE equipment (gowns, facemasks, shields) and store them as instructed. Gowns after disinfecting should be hung on door hangers OUTSIDE the infected person's bedroom. Face shields and masks/respirators should be stored in marked bag for that staff person after they are cleaned and not in use. No one else should ever use another staff person's PPE (even it has been disinfected).**
- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them. Wash laundry thoroughly.
- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- **If an N95/respirator is not available or indicated, it is recommended that you wear a cloth mask covered by a surgical mask. The surgical mask can be cleaned with peroxide and the cloth mask can be washed each day with the "soiled clothes" worn during an employee's shift.**
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a specified container that is separate from another household waste.
- Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.



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Q-Level 3 Emergency Response Staff (H.E.R.O.)

- Once the NCIA Quarantine Level 3 stage is activated, staff who work in the location will be activated into the H.E.R.O. specialized role.
- The temporary job descriptions, scheduling and pay specified for these positions can be discussed by contacting the Director of Human Resources.
- Staff working in these homes and this role MUST follow all designated protocols of “Q-Level 3” in addition to any specific personal care for the individual.



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Q-LEVEL 3 PROTOCOLS
(POSITIVE DIAGNOSIS OF COVID-19 FOR AN INDIVIDUAL LIVING IN THE HOME)

When an individual supported in our Residential program receives an official diagnosis of COVID-19, that entire home will be moved into NCIA's Quarantine Plan Level 3.

This level requires maintenance of the screening questions, cleaning protocols and overall "clean approach" already standard in the homes. However, staff will also begin to do the following:

- Existing staff working in the home (who are not symptomatic for COVID-19) will remain working and become part of the H.E.R.O. team at that point. Health Emergency Response Operator (H.E.R.O.) staff will provide supports to the individuals in the home (whether or not they are symptomatic). These staff may work modified shifts.
- Daily (or more frequent) consultation with the Delegating Nurse and/or Primary Care Physician should occur as directed to keep them notified of the patient's symptoms. Notify your House Manager and/or Division Manager after talking with the medical professional on any instructions or changes they make to the person's current treatment.
- Staff should use provided N95 respirators/gowns/gloves/face mask/face shields at all times in the home when interacting with individuals or other staff. The goal is to prevent further transmission of the virus. This will be stored and/or reused as directed. Gowns and other additional PPE items will be provided, and guidance given on how to use these items as well.
- Staff are mandated to bring a change of clothes with them at the beginning of their shift. The clothes worn "to" the home would be put into a plastic bag immediately after arriving and remain in that bag for the duration of their shift. At the end of shift, staff would then put their "dirty clothes" in the bag and wear their "clean clothes" home. Staff are then recommended to wash those clothes immediately after arriving home.
- All Individuals in the home must stay isolated in their bedrooms and bathroom areas with their doors closed at all times. Staff should only provide personal care while using PPE provided. Any doorknob or "shared items" should be disinfected immediately after personal care has been delivered to the individual. New gloves should be used for the disinfection process (do not wear the same ones you had on when providing care).
- One staff person will be designated to provide care to "sick" or symptomatic individuals living in the home. A different staff person will be designated to provide care to people who do not have symptoms. All meals, medicines and personal care for individuals in the home should be served ONLY in that person's bedroom.
- Care provided to the individuals in the home will not be changed from this protocol until specific instruction is given by a member of the NCIA Administrative Team or the healthcare providers.



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SUITABILITY OF RESIDENTIAL HOME PLACEMENT FOR SOMEONE COVID-19 POSITIVE

Considerations for care of an individual at home include whether:

- The patient is stable enough to receive care at home. (This is determined by a doctor only).
- Appropriately trained and sufficiently numbered caregivers are available at home.
- There is a separate bedroom and bathroom where the patient can recover without sharing immediate space with others.
- Adequate resources for access to food and other necessities are available.
- All regular, maintenance medication that the individual normally takes is available in the home
- Over-the-counter fever reducing medicines (such as Tylenol) are available in the home
- Electrolyte-replenishing fluids (such as Gatorade or Pedialyte) are easily accessible
- If the sick individual DOES NOT have access to a bathroom that is not shared with other individuals or if it is shared it is disinfected each time immediately after sick individual has used the bathroom
- The staff working in the home have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask)
- Everyone living or working in the home is capable of adhering to precautions recommended as part of home care or isolation (such as- respiratory hygiene and cough etiquette, hand hygiene)
- Household members who may be at increased risk of complications from COVID-19 infection (such as- older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes) must be kept in a non-shared area and not interact in common spaces within the home (essentially bedroom-based isolation for the sick individual)
- Staff working in the home has the proper disinfectant, general cleaning and Personal Protective (PPE) supplies to care for the individuals



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HOW TO CARE FOR SOMEONE WHO HAS TESTED COVID-19 POSITIVE

SEEK EMERGENCY MEDICAL ATTENTION IF:

- The person has trouble breathing
- The person has persistent pain or pressure in their chest
- The person has new confusion or not able to get them up
- Bluish lips or face

PREVENT THE FURTHER SPREAD OF GERMS

- Have the person stay in one room, away from other people, including yourself, as much as possible.
- If possible, have them use a separate bathroom.
- Avoid sharing personal household items, like dishes, towels, and bedding
- Have them wear a [cloth face covering](#) (that covers their nose and mouth) when they are around people, including you.
- If the sick person can't wear a cloth face covering, you should wear one while in the same room with them.
- If the sick person needs to be around others (within the home, in a vehicle, or doctor's office), they should wear a cloth face covering that covers their mouth and nose.

WASH LAUNDRY THOROUGHLY

- If laundry is soiled, wear disposable gloves and keep the soiled items away from your body while laundering. Wash your hands immediately after removing gloves.

TREAT THE SYMPTOMS

- Keep the person hydrated. Drink lots of fluids.
- Over the counter medications



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**Hygiene Requirements
for Staff**

Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

Wash your hands often with soap and water for 20 seconds.

- Always wash your hands BEFORE and AFTER providing care to anyone in the home (not just those with COVID-19).
- Always wash immediately before and after removing gloves and after contact with a sick person.
- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used.
- However, if hands are visibly dirty, always wash hands with soap and water for at least 20 seconds.

Additional key times to wash hands:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.



Cleaning And Disinfecting Your Home

Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for at least 1 minute

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



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- **Laundry items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, and remote controls.**
- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves**, and wash hands right away.



Clean hands often

- **Wash your hands** often with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



When Someone is Sick

Bedroom and Bathroom

Keep **separate bedroom and bathroom for a person who is sick** (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).
- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.



- Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and [EPA-registered disinfectants](#). If they feel up to it, the person who is sick can clean their own space.
- **If shared bathroom:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.
- See [precautions for household members and caregivers](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html) for more information.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

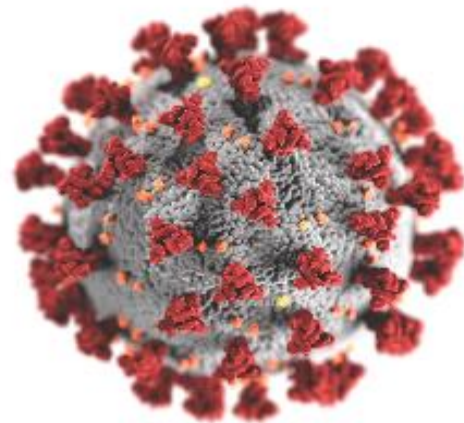
Food

- **Stay separated:** The person who is sick should eat (or be fed) in their room if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- **Clean hands** after taking off gloves or handling used items.



Trash

- **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the person who is sick. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.





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CDC GUIDANCE ON USE & REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

HOW TO PUT ON (*DON*) PPE GEAR

More than one method of putting on gear may be acceptable. Training and practice using this procedure is critical. Below is the preferred example of putting on (“donning”) gear.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct.
2. Perform hand hygiene using hand sanitizer or soap and water.
3. Put on isolation gown provided. Tie all of the ties on the gown. Assistance may be needed by other staff in the home.
4. Put on provided N95 filtering facemask (also use a faceshield if available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected.
5. Do not wear respirator/facemask under your chin or store it in a pocket.
 - a. Facemask: Straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put it on.
6. Put on face shield (if provided by NCIA). Face shields provide full face coverage. NCIA will provide you with a face shield if supplies are available. If a face shield is provided, you should use it each time and sanitize it afterward.
7. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
8. Staff may now enter the individual’s bedroom/home.



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CDC GUIDANCE ON USE & REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

HOW TO TAKE OFF (DOFF) PPE GEAR

More than one method of taking off gear may be acceptable. Training and practice using this procedure is critical. Below is the preferred example of taking off (“doffing”) gear.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using several proper techniques.
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. Staff may now exit the individual’s bedroom/home.
4. Perform hand hygiene as instructed.
5. Remove face shield. Carefully remove face shield by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield.
6. Remove and discard facemask. Do not touch the front of the facemask.
 - Facemask: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
7. Perform hand hygiene after removing the facemask and before putting it on again if your workplace is practicing reuse.



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GLOVE USE

- Limit opportunities for cross contamination
- Protect yourself, others, and the environment – Don't touch your face or adjust PPE with contaminated gloves – Don't touch environmental surfaces except as necessary during patient care
- Change gloves if they are torn or heavily soiled
- Change gloves after each person/patient
- Dispose properly
- Don't wash or reuse disposable gloves

GOWNS (Gowns should be prioritized for the following activities):

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as:
- Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

HOW TO USE N95 RESPIRATOR FACE MASK

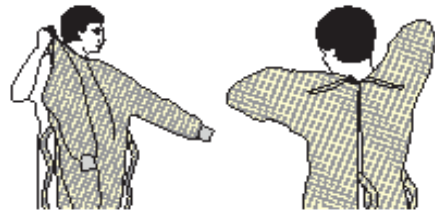
- Select a fit tested respirator
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with elastic
- Adjust to fit
- Perform a fit check -- Inhale – respirator should collapse – Exhale – check for leakage around face
- N95 is good for 8 hours of usage unless directed differently. If so, see the directions below.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



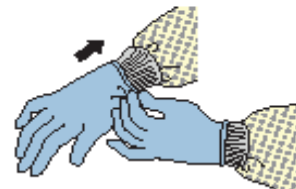
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

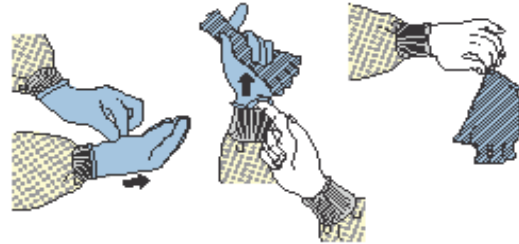


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

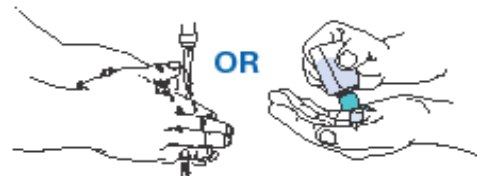


4. MASK OR RESPIRATOR

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



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



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

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



2. GOGGLES OR FACE SHIELD

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

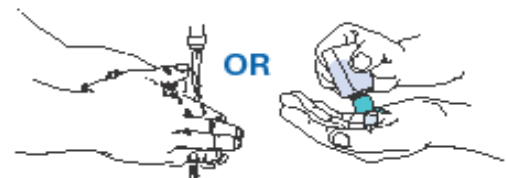


3. MASK OR RESPIRATOR

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



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



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE





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CDC GUIDANCE ON STORAGE & DISPOSAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

**It is recommended by NCIA that you wear different clothes to/from the home than you wear inside the home underneath the PPE. This provides you and your loved ones an “extra layer” of protection from secondary transmission of the virus.*

1. Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
2. PPE should ideally be put on outside of the home prior to entry into the COVID-19 quarantine home (or bedroom if only one person is isolated).
3. If unable to put on all PPE outside, it is still preferred that face protection (such as facemask and face shield or eye protection) be put on before entering the home/bedroom and ask them to move to a different room.
4. If the people cannot leave the common area, then maintain a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
5. If separate trash can be used in the home, please reserve one only for disposal of PPE.
6. If unable to remove all PPE outside of the home/bedroom, it is still preferred that face protection (such as facemask and face shield or eye protection) be removed after exiting the home/bedroom.
7. If gown and gloves must be removed in the home/bedroom, ask persons within the home to move to a different room or keep a 6-foot distance in the same room.
8. Once the entry area is clear, remove gown and gloves and exit.
9. Once outside the home/bedroom, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in separate trash can.
10. Gowns and gloves should be disposed of after each use.
11. Sanitize the face shield (with bleach solution) and facemask (with hydrogen peroxide) provided materials and then place in a bag(s) with the employee’s name written on it.
12. Perform hand hygiene again.



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EXTENDING PPE SUPPLIES

CLEANING FACE SHIELDS

- While wearing gloves, carefully wipe the inside, followed by the outside of the face shield using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the outside of the face shield using a wipe or clean cloth saturated with disinfectant solution provided (either Bleach or Peroxide solution).
- Wipe the outside of the face shield with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.

CLEANING N95 RESPIRATOR FACE MASKS (after use)

- While wearing gloves, carefully blot the outside of the mask (after removing it) only with designated Hydrogen Peroxide disinfectant. DO NOT use bleach solution on mask.
- After blotting the entire outside of mask, place it in paper bag with name of that particular employee. No one else should use or touch that mask for any reason.
- Note on the outside of the bag the date mask was used and how long it was worn.
- The mask should be used for a total of 8 hours before disposing of it. If staff is asked to use it longer than 8 hours they will be notified. this circumstance would only happen if additional supplies are not available to NCIA through any suppliers or the State of Maryland.
- Once the designated time frame has been reached, the employee should discard that mask in the designated PPE trash can and not in the normal household trash.



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GUIDANCE FOR WHEN TO END IN-HOME ISOLATION (REDUCTION FROM Q-LEVEL 3)

PEOPLE WITH COVID-19 WHO HAVE BEEN ISOLATED AT HOME CAN STOP BEDROOM-RESTRICTION ISOLATION UNDER THE FOLLOWING CONDITIONS:

- 1) *They have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)*

AND

- 2) *Other symptoms have improved (for example, when their cough or shortness of breath have improved)*

AND

- 3) *At least 7 days have passed since their symptoms first appeared*

Minimum guidance for this plan has been developed based on the Center for Disease Control (CDC). Individual Quarantine discharge timing, procedures and additional process will be updated (in an ongoing basis) based on direction from healthcare professionals.

This team includes the Maryland Department of Health, Dimensional Healthcare, the local Health Department & the primary care physician.