



COVID-19 Guidance for Communities, Businesses, and Schools

Maryland Department of Health

March 25, 2020

Covid-19

Basic Facts

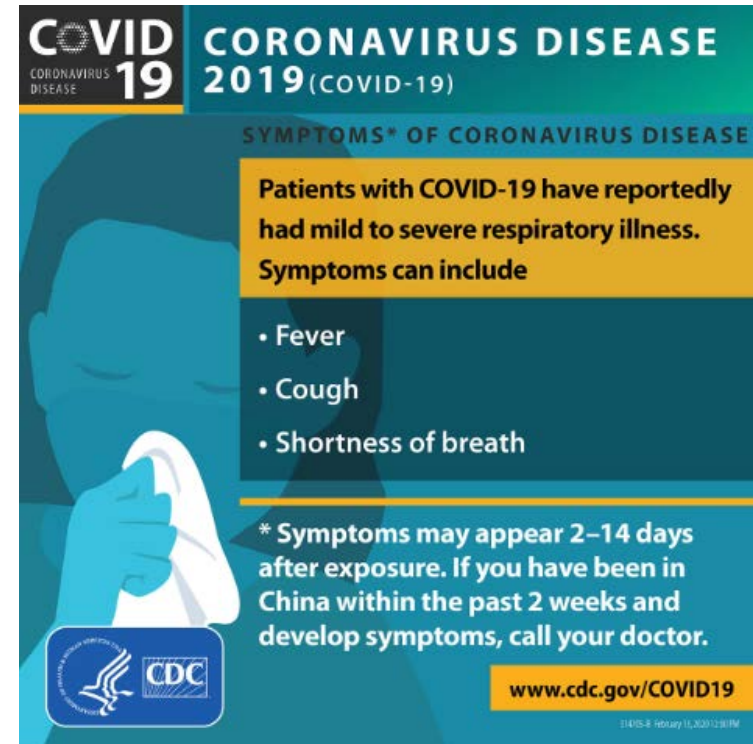
Basic Facts

- ❖ *Coronaviruses* are a family of viruses that cause disease in animals, humans, including the common cold, severe acute respiratory syndrome (SARS), and Middle East Respiratory Syndrome (MERS)
- ❖ COVID-19 is a new or novel coronavirus, also called SARS-CoV-2



Transmission and Symptoms

- ❖ Spreads person-to-person, primarily through respiratory droplets (cough, sneeze)
- ❖ Can be picked up from surfaces
- ❖ Incubation period: 2 – 14 days, 5 days on average
- ❖ Symptoms:
 - Fever, cough, shortness of breath; some GI symptoms



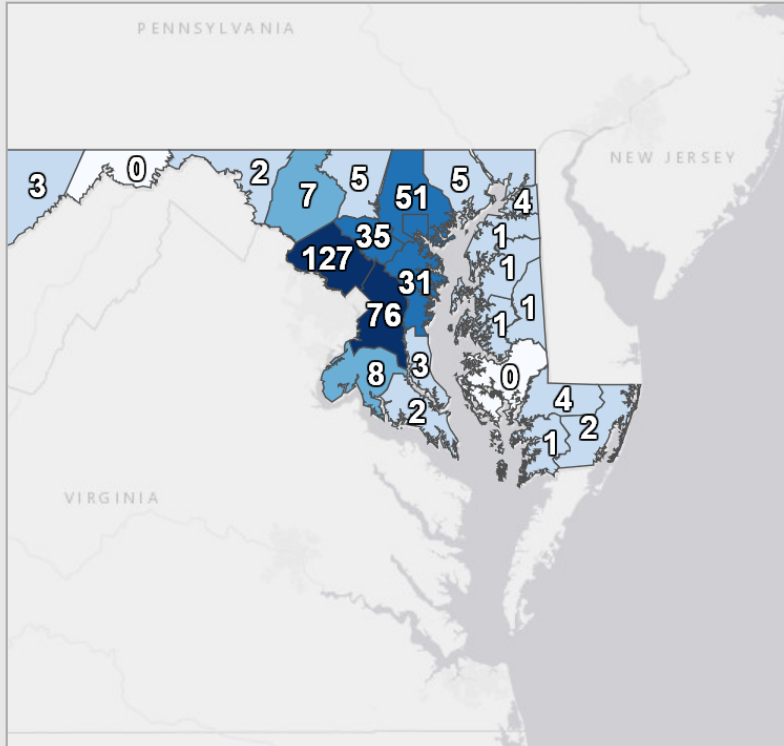
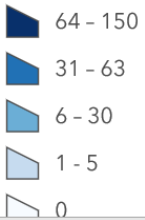
Maryland COVID-19 Case Map Dashboard

Total Confirmed Cases

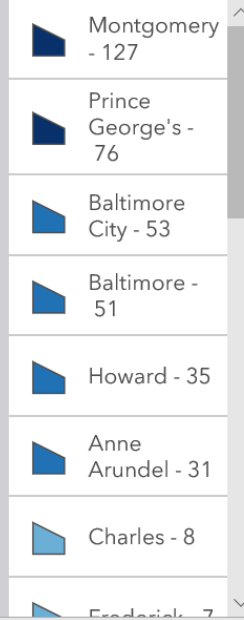
423

MD COVID19 Case Counts by County

COVID-19 Cases



Affected Counties



Esri, HERE, NPS

Note: Due to the rapidly evolving nature of this public health crisis, the Maryland Emergency Management Agency will update this dashboard daily at 10 a.m. based on the most recently available data from across the state.

Epidemiology of COVID-19

- ❖ COVID-19 first identified in Asia, but now circulating globally
- ❖ First cases in Maryland identified 3/5/2020
- ❖ No one ethnic or racial group is at greater risk than others of developing COVID-19
- ❖ All age groups can be affected, though some at risk of more serious disease

Diagnosis and Testing

- ❖ Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient needs testing
- ❖ Mild disease often may not require testing
- ❖ Priorities for testing in community settings include:
 - More serious illness suggesting the need for hospitalization
 - Risk of complications or more serious disease based on presence of risk factors

Risk Factors for Serious Disease

- ❖ People aged 65 years and older
- ❖ People who live in a nursing home or long-term care facility
- ❖ Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- ❖ People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Treatment and Prevention

- ❖ No specific medical treatment
- ❖ No vaccine at present
- ❖ Encourage influenza vaccination to prevent flu

Goals

- ❖ SLOW THE SPREAD
- ❖ PROTECT THE VULNERABLE
- ❖ MAINTAIN VITAL SERVICES
- ❖ ADJUST TO LOCAL CONDITIONS
- ❖ BE FLEXIBLE
- ❖ MAINTAIN NORMALCY IN ABNORMAL TIMES

Guidance for Communities

Social Distancing at Home

- ❖ Keep at least 3 feet from others generally, 6 feet from people who are sick
- ❖ Limit face-to-face contact
- ❖ If you have a family member who is sick, stay home as well if told to do so by public health official or health care provider (Voluntary Home Quarantine)

If You Are Sick

- ❖ Stay home except for medical care
- ❖ Separate yourself from other people and animals
- ❖ Call ahead before seeing the doctor
- ❖ Wear a facemask *if you are sick**
- ❖ Always cover your cough and sneezes
- ❖ Don't share household items
- ❖ Clean your hands, "high-touch" surfaces often
- ❖ Monitor your temperature and symptoms

*Facemasks are NOT recommended for people who are well or without symptoms

Housing

❖ Housing situations:

- Voluntary home quarantine
- Housing a family member ill with COVID-19
- Group housing
- People experiencing homelessness
- Housing for people vulnerable to COVID-19
 - ✓ Older adults
 - ✓ People with chronic medical conditions

March 10, 2020 Guidelines

RECOMMENDATIONS FOR INFECTION CONTROL & PREVENTION OF COVID-19 IN FACILITIES SERVING OLDER ADULTS

- ❖ Recommendations for skilled nursing facilities, assisted living facilities, adult medical day care providers, hospice facilities, and rehabilitation facilities with older adult patients
- ❖ May apply to other special housing situations

Group/Congregant Housing

- ❖ Group housing may confer additional risks
- ❖ Prevention – consider screening or restricting (especially facilities with vulnerable populations)
 - Signs/symptoms of respiratory infection, such as fever, cough, shortness of breath, or sore throat
 - In the last 14 days, contact with someone with a confirmed diagnosis of COVID-19, under investigation for COVID-19, or ill with respiratory illness
 - Travel within the last 14 days to areas with sustained community transmission (formerly international travel)
 - Living in a community where community-based spread of COVID-19 is occurring

Considerations for Housing

- ❖ Implement Pandemic Flu Plan
- ❖ Communications (including signage)
- ❖ Visitation Policies
- ❖ Infection Prevention
- ❖ Staffing – activate COOP plans
- ❖ Supplies
- ❖ Environmental Cleaning
- ❖ Managing ill persons

Community and Faith-Based Gatherings

- ❖ No gatherings of 50 or more (CDC guidance of 3/15/2020)
- ❖ Discourage attendance for people who are ill
- ❖ Cleaning, hand hygiene supplies
- ❖ Encourage social distancing
- ❖ Special considerations for people at risk
 - People at increased risk of COVID-19
 - People at increased risk for other reasons
- ❖ Discourage travel

Guidance for Non-Health Care Businesses

Prevention Strategies at Work

- ❖ Routine environmental cleaning, especially “high-touch” surfaces
- ❖ Communicate openly with employees about COVID-19 – avoid stigma towards staff, customers
- ❖ For employees who are traveling:
 - Check [CDC Traveler’s Health Notices](#) for guidance related to travel
 - Advise employees to take their temperature, not travel if they are feeling sick
 - Employees on travel should notify employers and refrain from travel while feeling sick

Personal Protective Equipment (PPE)

- ❖ Employees who are not sick do not need to wear masks or respirators – CDC does not recommend these (except in health care settings)
- ❖ Other PPE should be based on risks for infectious disease generally (gloves for food handlers, etc.), not specifically for COVID-19
- ❖ Employees who are sick should not be at work, whether with a face mask or not – in exceptional circumstances, employees who are symptomatic should wear a face mask to reduce droplet transmission

Social Distancing at Work

- ❖ Limit close face-to-face work generally
- ❖ Adopt strategies to promote social distancing among staff, clients
- ❖ Consider alternatives to in-person meetings
 - Encourage conference calls, telework wherever possible, especially when recommended by public health officials

Strategies for Employers

- ❖ Encourage sick employees to stay home:
 - Promote policies that encourage employees to stay home when they or family members are sick
 - Employees who are sick should not return to work unless fever- and symptom-free for at least 24 hours (consult with health care provider or public health officials for additional guidance)
 - Do not require a note from a health care provider for employees who are out sick – health care providers are likely to be very busy, and people with mild symptoms may have been told to avoid medical offices to limit spread
 - Encourage companies that provide contractual employees to adopt these policies

Return to Work

- ❖ People diagnosed with COVID-19 (confirmed by testing or based on clinical assessment and guidance)
 - Minimum of 7 days after symptom onset AND
 - No temperature of 100.4F. or greater for 72 hours (no antifever medication like acetaminophen) AND
 - Other symptoms substantially improved (cough may persist for 1 – 2 weeks)
- ❖ No need for a “clearance” or post-illness test
- ❖ Employers should not require a healthcare provider’s note for employees to return to work
 - Healthy people should not and will not be able to see providers

Continuity of Operations Plans and COVID-19

- ❖ Review HR policies and practices to ensure consistency with laws, health department guidance
- ❖ Adopt policies where possible to promote social distancing, flexible work practices, including telecommuting
- ❖ Clearly identify triggers for activating COOP
- ❖ Ensure communications in place to rapidly notify personnel of changes in situation
- ❖ Be aware of other events that may affect operations/staffing (e.g., child care, school closures)
- ❖ Monitor travel status of employees

COVID-19

State Agency Responses

Pandemic Flu Attendance and Leave

- ❖ New policy as of 2/27/2020
- ❖ Secretary of DBM, in consultation with Secretary of Health, determines appropriate response level:
 - Level 1 – Normal Operations (low to moderate severity)
 - ✓ Employees report as normal
 - Level 2 – Flexible Operations (moderate to high severity)
 - ✓ Goal is to minimize spread while maintaining operations – agencies promote distancing
 - Level 3 – Emergency Operations (high severity)
 - ✓ Mission-critical operations maintained – employees may be reassigned to meet critical needs. All non-emergency personnel will be placed on administrative leave.

COVID-19 Response

Strategies for Everyone

Strategies for Everyone – I

- ❖ Avoid images, policies, or guidance that encourages stereotypes or stigma against any group
- ❖ Communication, planning and preparation, and general prevention (good hand hygiene, avoiding spread of virus through cough and sneeze, cleaning of “high-touch” surfaces, and social distancing) are the most effective strategies at this point

Strategies for Everyone – II

- ❖ During an outbreak in your community, CDC recommends the everyday preventive measures listed previously — especially staying home when sick—and these additional measures:
 - Keep away from others who are sick.
 - Limit face-to-face contact with others as much as possible
 - Consult with your healthcare provider if you or your household members are at high risk for COVID-19 complications
 - Wear a facemask if advised to do so by your healthcare provider or by a public health official
 - Stay home when a household member is sick with respiratory disease symptoms, if instructed to do so by public health officials or a health care provider (Voluntary Home Quarantine)

Environmental Cleaning

- ❖ Cleaning should emphasize “high-touch” areas
- ❖ EPA list of disinfectants registered for use against COVID-19 (SARS-CoV-2) available at:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- ❖ CDC interim guidance for cleaning in homes with suspected or confirmed COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

Resources and References

- ❖ Maryland Coronavirus (<https://coronavirus.maryland.gov/>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)

Resources for Specific Groups

- ❖ Infection Prevention in the Home Setting
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>)
- ❖ Community- and Faith-Based Organizations
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)