Coronavirus Disease 2019
Frequently Asked Questions About “Strike Teams”
Updated May 28, 2020

Under Governor Larry Hogan’s direction, state agencies continue to develop comprehensive and coordinated prevention and response plans for coronavirus disease 2019 (COVID-19).

The Maryland Department of Health (MDH) will communicate directly with the public, providing updates as this situation develops and accurate information about how to protect yourself and your family.

If you have questions about COVID-19 that are not answered here, call your local health department or dial 2-1-1.

What is the status of COVID-19 in nursing homes in Maryland?
To date, there are more than 40,000 laboratory-confirmed cases of COVID-19 in Maryland. Maryland has 227 nursing homes; of those, more than 150 have active cases of COVID-19.

What has Maryland done to protect those who live and work in nursing homes from COVID-19?
MDH Secretary Neall issued an order requiring all nursing homes to ensure they are fully compliant with guidance from the Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services and MDH related to COVID-19 infection prevention and control.

This includes but is not limited to:
● Preventing the introduction of COVID-19 into a facility through entry screening and entry restrictions
● Rapid identification of persons with respiratory illness that may be COVID-19 positive
● Preventing the spread of COVID-19 within and among facilities
● Environmental cleaning and disinfection procedures
● Managing, isolating and accommodating persons with suspected or confirmed COVID-19

Secretary Neall’s COVID-19 orders are available to view at: https://coronavirus.maryland.gov/pages/cdc-resources.

What are nursing home “strike teams”?  
To provide immediate intervention in nursing homes and other congregate living facilities where COVID-19 is confirmed to be present, Governor Hogan implemented "strike team" operations to assist with assessment, testing and clinical care for individuals in nursing homes, including:

● Assessment teams to quickly evaluate each situation on-site, to determine equipment and supply needs
● Testing teams to identify those in close contact with a confirmed case and collect and send out specimens to produce the fastest results available
● Clinical teams to provide on-site medical triage and to stabilize residents

Secretary Neall’s order regarding strike teams is available at: https://phpa.health.maryland.gov/Documents/04.19.2020%20-%20Amended%20MD%20Sec%20Order%20-%20Nursing%20Response%20Teams.pdf

Do strike teams help in places other than nursing homes?  
Yes. Gov. Hogan recently expanded strike team operations to include other facilities where those at highest risk for adverse COVID-19 outcomes live, including assisted living facilities and group homes for medically fragile children.
Who are the strike team members?
The composition of these teams varies depending on the specific nature of the mission and the needs of the facilities’ residents. Members may include National Guard personnel, representatives of local and state health departments, EMS and clinicians from local hospital systems.

In partnership with the Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS), Maryland has also augmented these teams with three federal Disaster Medical Assistance Teams (DMAT) made up of physicians, paramedics and safety officers.

How many facilities have used the strike teams?
To date, the strike teams have completed more than 125 visits to various congregate living facilities across the state, including nursing homes.

How are strike teams deployed?
Strike teams may be activated in response to requests from facilities, EMS or public health departments.

The request for deployment is sent to the State Emergency Operations Center by the local health officer and local emergency manager. All three entities need to agree that a strike team is necessary before one is deployed.

Is there a minimum number of cases that strike teams will help address?
No, there is no minimum confirmed case threshold to warrant sending a team and the size and composition of the team deployed depends on situational need.