Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic — Nursing Homes

BACKGROUND: During the Coronavirus Disease 2019 (COVID-19) pandemic, various restrictions have been put into place by Maryland nursing homes to limit the introduction and spread of SARS-CoV-2, the virus that causes COVID-19, in these settings. Guidance for implementing and enforcing these restrictions has been issued by many authorities, including Maryland Department of Health (MDH), Governor Larry Hogan, Centers for Medicare and Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC). Any guidance herein would be superseded by more restrictive guidance or orders issued by Gov. Hogan or local health authorities.

Maryland communities began relaxing community-based restrictions on Friday, May 15, 2020, as part of Gov. Hogan's "Maryland Strong: Roadmap to Recovery." Information about the reopening status in each Maryland's jurisdiction is at https://governor.maryland.gov/recovery/, including each jurisdiction's current stage in reopening. Nursing homes cannot begin to relax restrictions until their surrounding community (i.e. county or Baltimore City) enters Stage 2 of Gov. Hogan's "Maryland Strong: Roadmap to Recovery."

This document complements MDH's prior guidance, "Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities".

PURPOSE: The purpose of this document is to outline the requirements that must be met by Maryland nursing homes to begin relaxing restrictions (sometimes referred to as "reopening") that have been put in place during the COVID-19 pandemic. This document also outlines three progressive phases of relaxation with details about specific restrictions that can be relaxed during each phase and requirements that must be met before moving to the next phase. Note that the term "**phase**" used in this document in reference to three phases of relaxation is distinct from the "Maryland Strong: Roadmap to Recovery" **stages** of community reopening. The guidance in this document is based on CMS Memo No. QSO-20-30-NH, "Nursing Home Reopening Recommendations for State and Local Health Officials" (May 18, 2020).

RESTRICTIONS THAT WILL NOT BE RELAXED: Certain restrictions that have been enacted at Maryland nursing homes will need to remain in place for the foreseeable future and will not be relaxed at any phase of the reopening process. Therefore, at the current time, the following restrictions will remain in place at all Maryland nursing homes –even those that have completed all phases of reopening:

- Facilities must continue to screen all persons who enter the facility (including volunteers, vendors, and visitors when those groups are allowed) for signs and symptoms of COVID-

19, including temperature checks. Facilities must refuse entrance to anyone screening positive for symptoms of COVID-19.

- Facilities must continue to screen all staff at the beginning of each shift, including performance of temperature checks, observing for signs and symptoms of COVID-19, asking questions about signs and symptoms of COVID-19, and ensuring staff have a facemask. Staff who screen positive should be excluded from work and counseled to seek testing.
- Facilities must continue to screen all residents at least daily, including performance of temperature checks, pulse oximetry checks, observing for signs and symptoms of COVID-19, and asking questions about signs and symptoms of COVID-19.
- Facilities must continue to implement universal source control by requiring anyone entering the facility, including all employees, to wear facemasks or cloth face coverings at all times when they are inside the facility. If tolerated, residents should wear facemasks or cloth face coverings if they leave their rooms and when they are within 6 feet of anyone else, including staff members.
- Facilities must continue to dedicate space for cohorting and managing care for residents with COVID-19 separate from the general population. Additionally, facilities must continue to dedicate space to quarantine new admissions and readmissions in private rooms for 14 days for the purposes of monitoring these residents for the development of signs or symptoms of COVID-19.
- All staff must wear appropriate personal protective equipment (PPE), including use of procedure or surgical facemasks (i.e. not cloth face coverings) when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE:
    - Residents on COVID-19 observation/quarantine unit – gloves, gown, N95 respirator or facemask if N95 respirator is unavailable, eye protection
    - Residents with suspect or confirmed COVID-19 – gloves, gown, N95 respirator or facemask if N95 respirator is unavailable, eye protection
    - Residents in the general population – Facemasks and Standard Precautions and Transmission-based Precautions based on underlying diagnoses and presence of colonization or infection with multidrug-resistant organisms
- For any necessary trips outside of a facility, the facility must share the resident's COVID-19 status with any transportation services that are used and with any medical entities with whom the resident has an appointment. Residents must wear a facemask or cloth face covering at all times while they're outside of the facility if tolerated; facemasks should only be removed if/when required for the medical appointment.

PREREQUISITES FOR FACILITIES TO BEGIN RELAXING RESTRICTIONS: Before beginning the process to relax any COVID-19 restrictions, all facilities (including those that have never had a COVID-19 case) must meet certain criteria, outlined below. Note that different jurisdictions and different facilities within the same jurisdiction will likely be in different phases of relaxing restrictions.

- ❑ The facility must not be experiencing an ongoing outbreak of COVID-19, defined as one or more confirmed cases of COVID-19 in a resident or staff member.
- ❑ Absence of any facility-onset COVID-19 cases within the last 14 days. A facility-onset case is defined as a new laboratory-confirmed case of COVID-19 in a resident of a nursing home who has been admitted to the facility for >14 days. Note that a new admission of a

COVID-19 positive patient from a hospital to the nursing home is not considered a facility-onset case.

- ❑ No staffing shortages and the facility is not under a contingency or crisis staffing plan as described in CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages.
- ❑ Universal source control is in place, requiring all residents, staff, and anyone else entering the facility to wear a facemask or cloth face covering at all times while in the facility. Those who refuse are not allowed entry.
- ❑ Persons inside the facility are required to maintain social distancing (>6 feet apart) at all times, including in break rooms and restrooms.
- ❑ Persons entering the facility are required to perform hand hygiene upon entrance.
- ❑ Staff have access to adequate PPE. CDC's contingency capacity strategy for optimizing use of PPE is allowable, but their crisis capacity strategy is not. A **non-exhaustive** list of crisis capacity strategy PPE practices that **must be discontinued** prior to relaxing restrictions includes:
    - Use of substitutes for isolation gowns, such as rain jackets, resident gowns, or laboratory coats
    - Use of any kind of isolation gown for more than one patient, including on a unit dedicated to the care of COVID-19 residents only
    - Re-use of cloth isolation gowns
    - Re-use of facemasks or N95 respirators for the care of multiple patients, with removal of the facemask or respirator between encounters. (Extended use, in which the same facemask or respirator is worn continuously without being removed is allowed, and in fact required as universal source control.)
    - Use of gloves, facemasks, or N95 respirators beyond the manufacturer-designated shelf life
    - Use of N95 respirators approved under standards used in countries other than the United States
    - Use of faceshields as a substitute for facemasks
    - Extended use of disposable gloves, in which the same pair of gloves is worn without changing them between patients or tasks
    - Use of non-healthcare glove alternatives, such as food service or industrial chemical resistance gloves
- ❑ Local acute care hospitals must have capacity to accept transfers from the facility

REQUIRED TESTING CAPACITY TO RELAX RESTRICTIONS: In addition to the other prerequisites for relaxing restrictions listed above, nursing homes must be able to conduct COVID-19 testing among residents and staff at sufficient frequencies to fulfill CDC's Testing Guidance for Nursing Homes. Facilities should not use antibody testing to fulfill these testing criteria. Specifically, nursing homes must be able to:

- ❑ Provide a single, baseline test for COVID-19 for all nursing home residents and staff. This has generally already been completed for all facilities through the Nursing Home Taskforce, led by the Maryland National Guard.
- ❑ Test all staff (including volunteers and vendors who are in the facility on a weekly basis) on a weekly basis. At this time, only staff who have not previously tested positive for COVID-19 using a PCR-based assay need to be tested weekly.
- ❑ Upon identification of a resident or staff member with COVID-19, test all residents who have not previously tested positive for COVID-19 using a PCR-based assay. Testing of all negative residents must be repeated weekly until the testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive

result. Admission or re-admission of a resident already confirmed to have COVID-19 would not trigger this testing requirement.

- ❑ Provide documentation of an established relationship with a CLIA-certified laboratory that can process these tests with a quick turnaround time (ideally <48 hours).
- ❑ Provide written procedures for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).

PHASES FOR RELAXING RESTRICTIONS: Each of the three phases for relaxing COVID-19 at Maryland nursing homes is described below. Facilities should spend a minimum of 14 days in a given phase, with no new facility-onset cases of COVID-19, prior to advancing to the next phase. At any point in the process, if a new facility-onset COVID-19 case is detected, the facility must return to the highest level of mitigation (i.e. pre-Phase 1) and begin the entire process over again. Additionally, increases in community case counts could necessitate pausing or reversing the process of relaxing restrictions for both the community and facilities. Health authorities might also prohibit a facility from advancing to the next phase if other significant concerns are identified, which are not specified within this document.

PHASE 1

Criteria for Entering Phase 1

- Nursing homes cannot begin to relax restrictions until their surrounding community (i.e. county or Baltimore City) enters Stage 2 of Gov. Hogan's "Maryland Strong: Roadmap to Recovery."
- Prior to relaxing any restrictions, each facility should report to their local health department and attest to their compliance with all prerequisites (detailed above) to begin the process.

Guidance for Phase 1

- Limited communal dining is allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Such residents may eat in the same room, but social distancing protocols must be followed with limited numbers of residents in the room (no more than 50% of total capacity as defined by the fire code). The number of residents sitting at the same table should be limited, to ensure at least 6 feet of separation from others. Facemasks or cloth face coverings must be in place while residents are not actively eating. Staff serving residents must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.
- Limited, small gatherings (no more than 5 persons) may be allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols must be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced. Large group activities should continue to be restricted.
- Indoor visitation continues to be prohibited except in end-of-life circumstances. Any visitors that are allowed for these situations must be screened upon entry, required to wear a facemask or cloth face covering, and must only be allowed access to the room of the resident they are visiting.

- Outdoor visitation is permitted when the following criteria are met: no more than 2 visitors at a time; social distancing and masking are maintained at all times between residents and visitors; and visits are monitored by facility staff to ensure social distancing and masking.
- Non-essential healthcare personnel and volunteers continue to be restricted.
- Non-medically necessary trips outside of the facility should be avoided.

PHASE 2

Criteria for Entering Phase 2

- Entering Phase 2 requires that no new facility-onset cases have been identified in the previous ≥28 days (≥14 days prior to Phase 1 plus ≥14 days during Phase 1).
- Facilities must also continue to have adequate staff, PPE, and access to testing as previously described.
- Local hospitals must continue to have adequate capacity for admissions.

Guidance for Phase 2

- Limited communal dining as described in Phase 1 may continue.
- Allow entry of limited numbers of non-essential healthcare personnel or contractors as determined necessary by the facility. Such persons who are allowed entry must be screened upon entry, follow social distancing protocols, wear a facemask or cloth face covering at all times while in the facility, and must adhere to hand hygiene policies.
- Group activities, including outings, for no more than 10 persons at a time may be allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols must be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.
- Visitation continues to be prohibited except in end-of-life circumstances. Any visitors that are allowed for these situations must be screened upon entry, required to wear a facemask or cloth face covering, and must only be allowed access to the room of the resident they are visiting.
- Volunteers continue to be restricted.

PHASE 3

Criteria for Entering Phase 3

- Entering Phase 3 requires that no new facility-onset cases have been identified in the previous ≥42 days (i.e., ≥14 days prior to phase 1 plus ≥14 days during Phase 1 plus ≥14 days during Phase 2).
- Facilities must also continue to have adequate staff, PPE, and access to testing as previously described.
- Local hospitals must continue to have adequate capacity for admissions.

Guidance for Phase 3

- Limited communal dining as described in Phases 1 and 2 may continue.
- Visitation is allowed. Visitors must be screened upon entry, required to wear a facemask or cloth face covering, and must only be allowed access to the room of the

resident they are visiting. Considerations for visitation when restrictions are being relaxed include:
    - Permit visitation only during select hours and limit the number of visitors per resident (e.g., no more than 2 visitors at one time).
    - Schedule visitation in advance to enable continued social distancing.
    - Restrict visitation to the resident's room or another designated location at the facility (e.g., outside).
- Additional non-essential healthcare personnel or contractors may be allowed entry to the facility, following additional precautions as described in Phase 2.
- Allow entry of volunteers, who must be screened upon entry, follow social distancing protocols, wear a facemask or cloth face covering at all times while in the facility, and adhere to hand hygiene policies.
- The number of persons allowed to participate in group activities, including outings, may be increased to a number that ensures social distancing requirements can still be maintained. Such activities should still be limited to residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols must be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.