



Maryland Relaxing Restrictions for Long Term Care

Maryland Department of Health

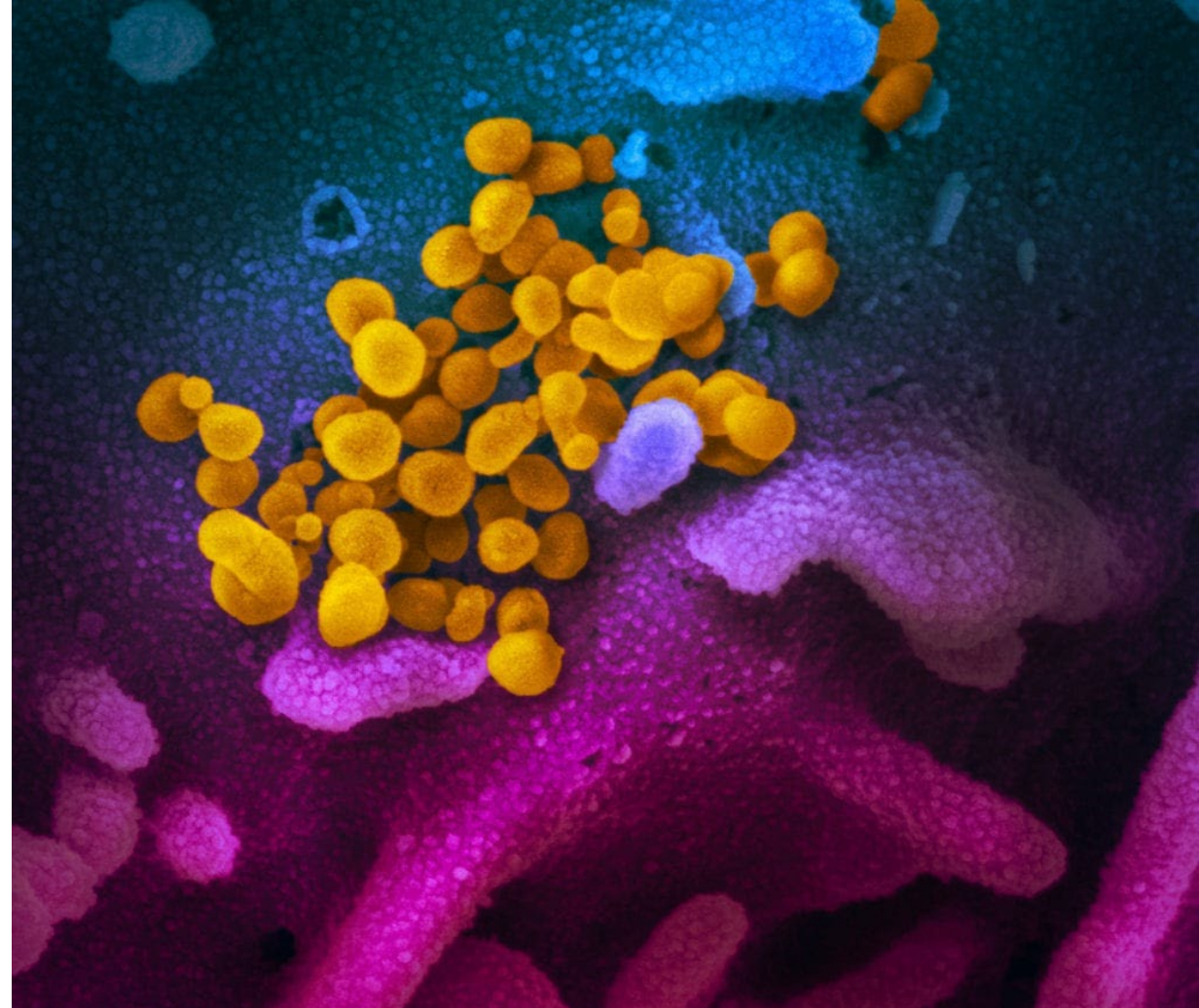
Infectious Disease Epidemiology and Outbreak Response Bureau

June 23rd, 2020

Call Agenda

- Welcome
- Phases of reopening
- Q&A

Picture Courtesy of NIAID-RML

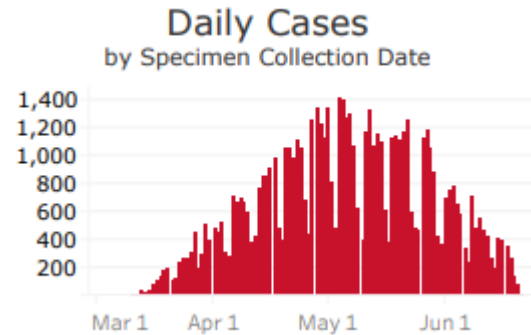


Related Documents

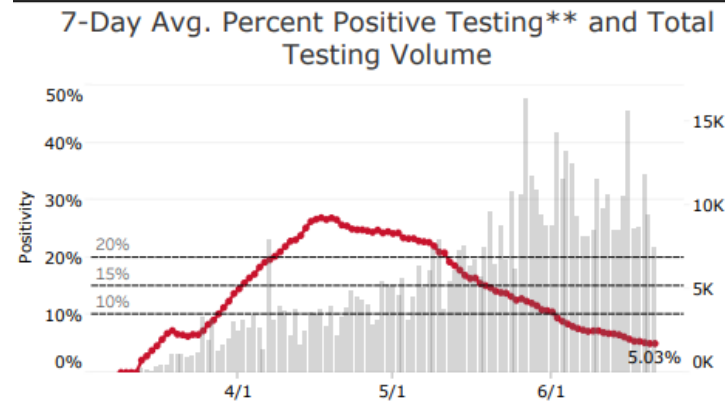
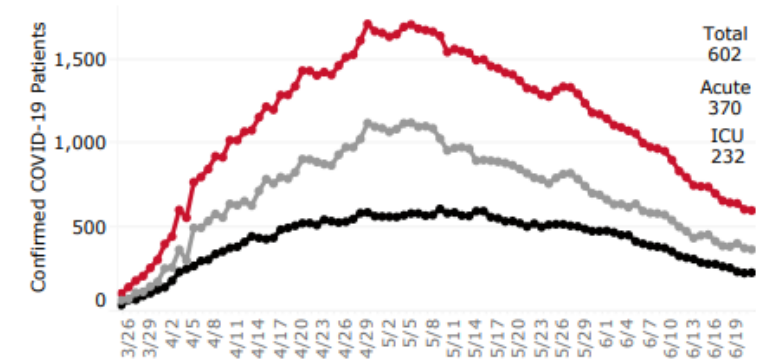
- AMENDED DIRECTIVE AND ORDER REGARDING NURSING HOME MATTERS (June 19 2020)
 - Universal Testing requirement and compliance memo
- Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic - Nursing Homes (June 18 2020)
- Built on
 - CDC guidance
 - CMS “Nursing Home Reopening Recommendations for State and Local Officials”

Why Reopening Now?

- New cases declining
- Test volume up
- Hospitalizations down
- All jurisdictions at Stage 2



Statewide Acute/ICU Beds Occupied by COVID Patients



Restrictions that will not be relaxed

- Universal precautions
 - Universal masking and eye protection for all staff
 - If there is an ongoing outbreak in the facility, continue to use universal gowning
- Continued daily resident screening: temperature, pulse ox and symptoms
- Cohort confirmed and suspect COVID+ residents in single rooms, on a COVID unit, with designated staff
- Screen all staff and visitors upon entry for signs and symptoms
- Screen all residents for signs and symptoms daily

Reopening Criteria

- No ongoing outbreak, no facility onset cases in the past 14 days
- No staffing shortages, no contingency staffing
- Universal source control for staff and residents
- Physical distancing for staff and residents
- Hand Hygiene upon entrance
- Sufficient PPE, not on crisis capacity standards
- Hospital capacity to accept transfers
- Community in at least Phase 2
- Report to LHD to attest to compliance with pre-requisites

Testing capacity requirements

- Capacity for weekly staff testing
- Capacity to test symptomatic residents
- Capacity to do facility wide resident testing, if any cases are detected
- Provide documentation of CLIA lab certification to LHD
- Written procedures to address staff and residents who refuse testing

Phase 1

- >14 days since the last facility onset case was detected
- Small group activities (5 or fewer residents)
- Limited communal dining with distancing
- Rehab therapy may reopen- no more than 5 people in the room
- Outdoor visits allowed
- Residents can leave their rooms (masked, with social distancing) to walk indoors

Phase 2

- >28 days since the last facility onset case was detected
- Limited non-essential employees allowed
 - Including hair dresser
- Residents allowed to go on small group outings
 - Must maintain social distancing
 - Just because it is allowed, doesn't mean you have to do it
 - Select outings that may be lower risk
- Larger group activities- up to 10 people in the facility

Phase 3

- >42 days since the last facility onset case was detected
- Limited indoor visitation allowed
 - Visitors must be screened and wear face masks
 - Consider
 - Restricting hours, schedule in advance
 - Restricting numbers
 - Restrict location of visitation (e.g. resident's room, designated visiting room)

What triggers returning to pre-phase 1 restrictions?

- If the resident who tests positive has been in the facility more than 14 days
- Guidance pending on details of how identification of new cases in residents and staff alters re-opening process for facilities
- Case by case basis: Collaborate with state and local health department to determine if the situation requires that the facility return to the pre-phase 1 level of mitigation and restrictions

Testing Issues

- How do facilities get access to MDH testing for staff?
- What resources are available for facilities to cover the costs of these tests after August 1?