



# Maryland Relaxing Restrictions for Long Term Care

Maryland Department of Health  
Infectious Disease Epidemiology and Outbreak Response Bureau

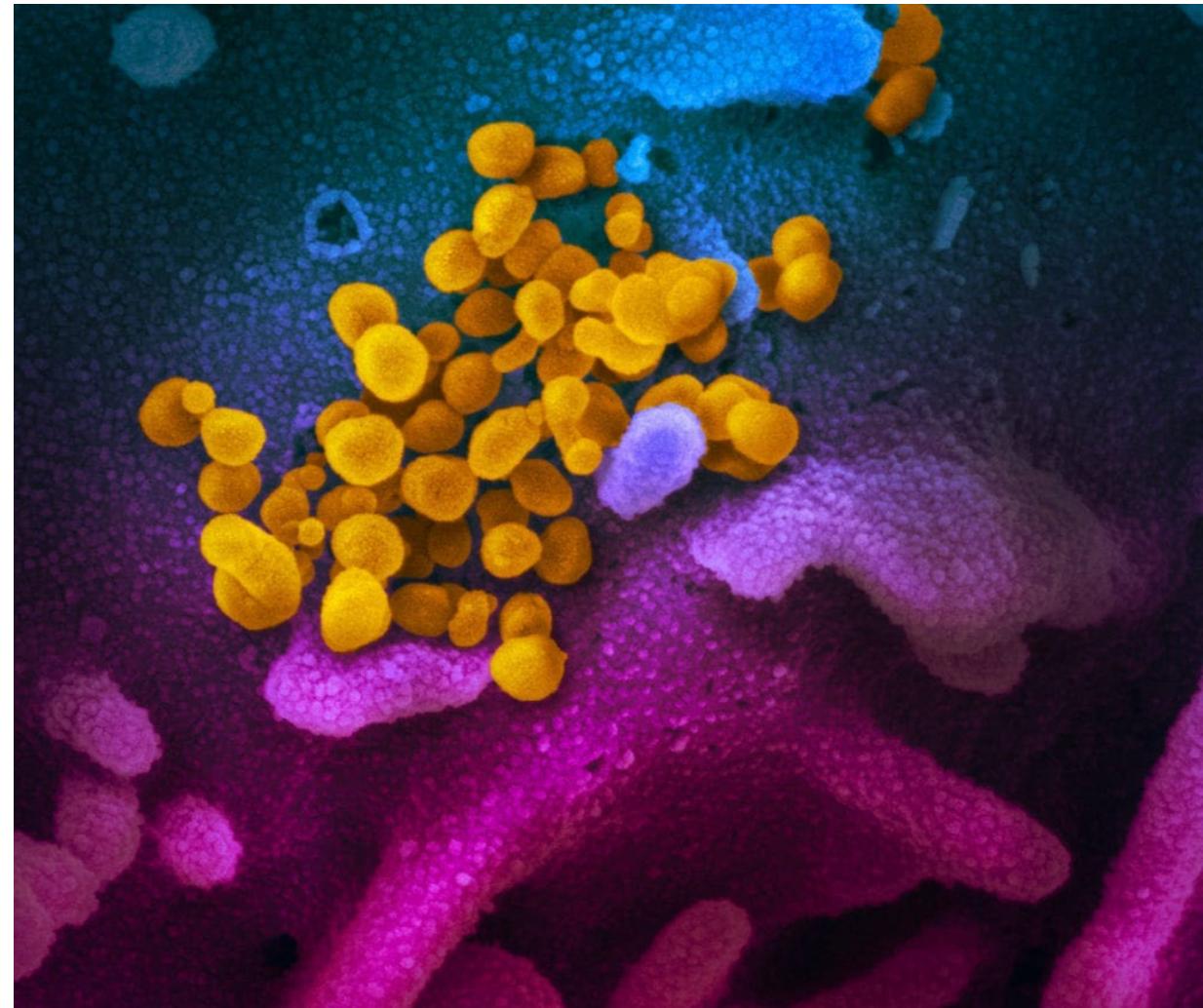
June 23rd, 2020

# Call Agenda

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- Welcome
- Phases of reopening
- Q&A

Picture Courtesy of NIAID-RML



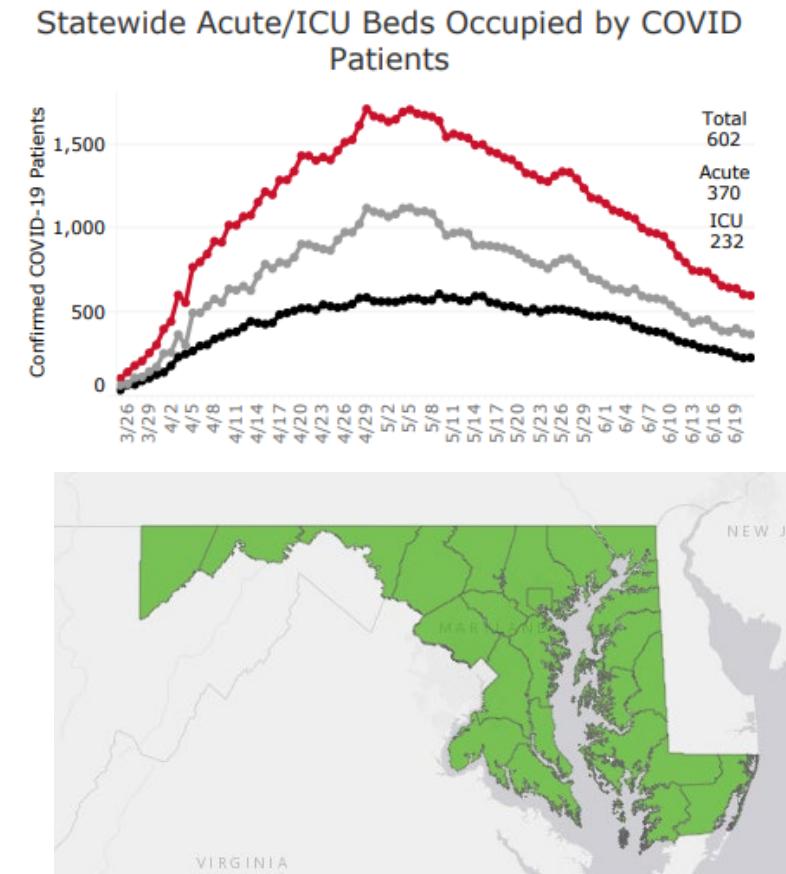
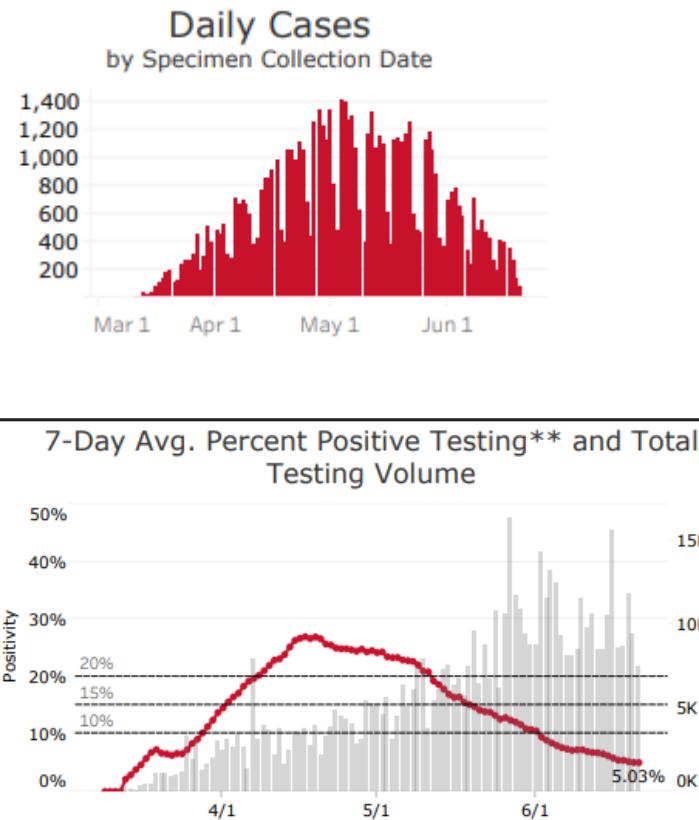
# Related Documents

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- 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



# Restrictions that will not be relaxed

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- 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

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- 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

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- 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

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- >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

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- >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

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- >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?

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- 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

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- 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?