Frequently Asked Questions (FAQs) on Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During COVID-19 Pandemic – Nursing Homes

The following document is intended to assist nursing homes and local health departments with the interpretation of the "Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic – Nursing Homes."

Testing

1. How can we obtain weekly testing through the state until August 1st?

The University of Maryland - Baltimore and other partner laboratories will be working with the Maryland Department of Health to provide the capacity for weekly testing in Maryland nursing homes up until August 1st.

2. What will happen after August 1st?

The Maryland Department of Health will continue to discuss options for sustaining weekly surveillance testing with the industry and public health experts. Facilities should begin to look into possible financial arrangements that will self-sustain weekly testing.

3. Do facilities have to complete weekly surveillance testing through the state?

No. Facilities may elect to use alternative CLIA-approved laboratories at their own expense to begin testing immediately.

4. Is universal testing of staff a requirement?

Yes. Facilities must test all staff, volunteers, and vendors who are in the facility on a regular basis (i.e. weekly) for COVID-19 using a reverse transcription polymerase chain reaction-type test (PCR assay). Facilities are required to collect the necessary specimens.

5. How do we register with partner laboratories for universal testing?

Partner laboratories will reach out to Maryland nursing homes to obtain a roster and register the facility. This initial process may take several weeks before all nursing homes have been contacted. Please wait to hear from the laboratory assigned to your facility.

6. Do employees who have previously tested positive need to be tested again?

It depends. At this time, MDH does not recommend re-testing employees who previously tested positive for COVID-19 using a PCR-based assay within 8 weeks of their initial positive test. If it has been more than 8 weeks since the employee initially tested positive, MDH would advise re-testing the individual.

7. How long will nursing homes need to continue testing staff weekly?

Weekly testing will continue for the foreseeable future. We will continue to reevaluate its need over the coming weeks and months as the pandemic evolves.

8. When can an employee return to work after testing positive during weekly testing?

It depends. Facilities should continue to use the symptom-based, time-based, or test-based strategy as described by CDC guidance to determine when an employee may turn to work after testing positive for COVID-19. Please see the CDC Return-to-Work Guidance for information on the different strategies facilities may use to return their employees to work after testing positive for COVID-19.

9. What do we do if someone refuses weekly testing?

If a staff member refuses weekly testing, he or she should be excluded from work until tested. If a resident refuses testing, they should be placed on contact and droplet precautions in a private room for 10 days and excluded from group activities or communal dining.

10. If an employee has a positive antibody test, do they need to be tested weekly?

Yes. We do not yet know if people who recover from COVID-19 can be infected again. A positive test result shows that you may have antibodies from an infection with the virus that causes COVID-19. We do not yet know if having antibodies to the virus that causes COVID-19 can protect someone from being infected again or, if they do, how long this protection might last.

11. Do we need to complete weekly surveillance testing for residents or only staff?

This depends on the circumstances within the facility. If there is NO ongoing outbreak at the facility, and there has not been a case detected in staff or residents for at least 14 days, then only staff need to be tested weekly. If a staff member or resident tests positive for COVID-19, then weekly testing for residents is also required, until the facility can complete 2 weeks of testing without detecting any new cases.

12. Do we have to complete all of our weekly testing on the same day?

No. As long as each staff member is tested once a week, not all staff members have to be tested on the same day.

13. Do facility vendors need to be tested on a weekly basis?

Yes. All staff, volunteers, and vendors who are inside the facility regularly, shall be tested on a regular basis for COVID-19. For the purpose of this guidance, regular is defined as weekly.

14. If a case in a staff member or resident is identified in our facility do we need to test all residents in the facility or only residents on a specific unit?

In general, all the residents in the facility should be tested. If this is a concern, call your local health department to discuss additional options.

15. If a staff member works at another facility and they are tested at that facility, do they also need to be tested at our facility?

No. Staff members only need to be tested once per week. Facilities should request documentation of testing for staff members who work at multiple facilities to ensure they are completing weekly testing.

Restrictions Maintained During All Phases

1. Why do facilities need to monitor residents with a pulse oximeter?

CDC recommends monitoring residents for asymptomatic hypoxia as this has been previously documented as a presenting symptom in nursing homes.

2. Does temperature screening still need to be performed on visitors?

Yes. Facilities must continue to screen all persons who enter the facility for signs and symptoms of COVID-19, including temperature checks. Facilities must refuse entrance to anyone screening positive for symptoms of COVID-19 or who have been instructed by public health to quarantine due to prolonged close contact with an individual with laboratory-confirmed COVID-19.

3. Do we need to continue to maintain staffing cohorts in our facility?

Yes. Nursing homes must continue, to the best of their ability, to establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents only.

4. Do we need to continue to dedicate space in our facility for residents with known or suspected COVID-19 and for newly admitted or readmitted residents?

Yes. Nursing homes must continue, to the best of their ability, to designate a room, series or rooms, unit, or floor of the nursing home as a separate observation area where newly admitted and readmitted residents are kept for 14 days on appropriate standard and transmission-based precautions while being observed every shift for signs and symptoms of COVID-19. For more

information, see the Maryland Department of Health FAQ on Managing New Admissions and Readmissions in Maryland Nursing Homes. Additionally, nursing homes must continue, to the best of their ability, to designate a room, series of rooms, unit, or floor of the nursing home to care for residents with known or suspected COVID-19.

Prerequisites - Personal Protective Equipment Requirements

1. Can we continue to use the cloth gowns we purchased during PPE shortages?

Yes. Facilities may continue to use cloth gowns when progressing through relaxed restrictions. Gowns should only be worn and removed once, for one resident, before being sent to laundry.

2. Do N95s and facemasks have to be discarded after each use?

Yes. N95s and facemasks should only be removed once before being discarded. Staff members may extend use of N95s and facemasks by wearing the same face mask or N95 during their shift but they must discard that N95 or facemask after its removal.

4. Who is required to wear a face mask while in the facility?

Everyone. All persons inside the facility are required to wear a face mask or cloth face covering at all times when they are inside the facility. If tolerated, residents should also wear a facemask or cloth face covering if they leave their rooms and when they are within 6 feet of anyone else, including staff members.

5. Is universal eye protection required?

No. On May 29th, CDC updated their healthcare exposure guidance. As a result, many healthcare facilities have decided to implement universal eye protection for staff members to guard against healthcare exposures to COVID-19 that could potentially lead to the need to quarantine healthcare staff. Facilities must continue using universal face masking and may consider adding universal eye protection to further guard against potential exposures.

6. Can we continue to reuse isolation gowns?

No. Not when you are in the process of re-opening. Prior to relaxing restrictions, facilities must discontinue the reuse and extended use of isolation gowns. Gowns should only be used one time before discarding or being sent to laundry such as in the case of cloth isolation gowns.

7. Do we need to continue using universal gowning for all residents in general population?

It depends. If your facility has an active outbreak of COVID-19, then you should use universal gowning under the direction of your local health department for the care of all exposed residents regardless of symptoms of COVID or COVID-19 test results, for at least 14 days after the last exposure. If your facility does not have an active outbreak of COVID-19 then you should use the appropriate standard and transmission based precautions for all residents. Facilities should always use contact and droplet precautions for residents suspected or confirmed with COVID-19, residents on observation, and residents requiring the use of transmission-based precautions for non-COVID reasons (e.g. cdiff).

8. Are KN95s still allowed as respirators?

KN-95s are acceptable as respirators as long as they are on the FDA approved list. KN-95s should not be reprocessed.

Relaxed Restrictions

1. If a nursing home has never had a facility-onset case of COVID-19 can they skip the first two phases and move into phase three?

No. A facility must spend 14 days in each phase before moving into subsequent phases. A facility should ensure that the relaxation of restrictions does not result in cases prior to further relaxing restrictions at the facility.

2. Can a nursing home decide to maintain restrictions longer or implement slower relaxation of restrictions?

Yes. A nursing home may decide to adopt a slower implementation or partial implementation of the guidance while preparing to safely relax restrictions put in place during the COVID-19 pandemic. For example, a facility may decide to begin limited outdoor visitation in phase one but hold off on limited communal dining while preparing their dining hall for safe dining. If a nursing home does hold off on relaxing one or more restrictions for a given phase (e.g., Phase 1) and then moves to another phase (e.g., Phase 2), the nursing home is able to implement all of the elements of the new phase if all of those elements can be done safely and appropriately. However, the phased approach is deliberately established to ensure that particular “relaxed” elements/activities can be accomplished safely before moving to the next phase, so nursing homes should be very careful about moving from, for example, no group activities (pre-Phase 1) to group activities, including activities, involving up to 10 people.

3. **When can we allow hairdressers and other contractors in the facility?**

This is allowed in phase 2. A limited numbers of non-essential healthcare personnel or contractors may be allowed entry into the facility during Phase 2. Contractors 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.

4. **Can dementia residents who will not wear a mask be allowed out of their room?**

It depends. Residents who are suspected or confirmed with COVID-19 should be confined to their room regardless. If not suspected or confirmed with COVID-19, residents who will not wear a mask may be allowed out of their room but facilities must, to the best of their ability, ensure social distancing between residents.

5. **Can large facilities with multiple buildings relax restrictions for one building but not the other if there are only cases in one building and all other criteria are met?**

Possibly. Situations like this will be addressed with the state and local health department on a case by case basis.

6. **If a facility accepts a resident from the hospital who has laboratory-confirmed COVID-19, do they need to pause or restart the process of relaxing restrictions?**

No. Facilities may accept COVID+ residents onto their COVID unit without impacting their reopening progress.

7. **If our community is in phase 3 can we also move into phase 3.**

Not automatically. Nursing homes must enter each phase in order and spend 14 days in each phase before progressing to the next phase.

8. **If a resident cannot wear a mask during visitation, can plexi-glass or other similar fluid-resistant barriers be used as a substitute?**

Yes. A facility may use a plexiglass barrier or similar fluid resistant barrier to allow visitation when residents are not able to wear a facemask.

9. When is a resident allowed to leave their rooms?

Residents who are not suspected or confirmed with COVID-19 or under observation may leave their rooms during phase 1, provided that they maintain social distancing and universal masking. Facilities should abide by the restrictions in their current phase, ensuring that small group activities and congregating is limited to what is prescribed during the phase of reopening that they are currently in. Residents should remain in their rooms, to the extent possible, during an outbreak of COVID-19.

10. If a facility can meet all the other criteria but still has an ongoing outbreak, can that facility move into phase 1 of relaxing restrictions

No, a facility must wait until 14 days after the last case before moving into phase 1 of relaxing restrictions.