



ORDER OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

WHEREAS, on March 12, 2020, the Governor of Delaware issued a State of Emergency due to the public health threat of COVID-19, which took effect on March 13, 2020 at 8:00 a.m. E.D.T; and

WHEREAS, on March 16, 2020, the Governor of Delaware issued the First Amended Modification to the State of Emergency authorizing the Delaware Emergency Management Agency and Department of Health and Social Services, Division of Public Health to take “such other measures as they deem necessary to protect the health and safety of the public”; and

WHEREAS, on March 30, 2020, the Governor of Delaware issued the Eighth Modification to the State of Emergency, which authorized the Public Health Authority to make, amend and rescind orders, rules and regulations under Title 16 necessary for emergency management purposes: and

WHEREAS, on April 15, 2020, the Governor of Delaware issued the Eleventh Modification to the State of Emergency, which authorized the Public Health Authority to issue orders, as it deems necessary, to monitor, treat, prevent, reduce the spread of, and suppress COVID-19 in and around facilities and agencies licensed by the Division of Health Care Quality under Title 16;

NOW THEREFORE, Karyl Rattay, Director of the Division of Public Health, and Corinna Getchell, Director of the Division of Health Care Quality, on behalf of the Department of Health and Social Services, pursuant to the authority established in 16 *Del.C.* Ch.11, and the Governor's Declaration of a State of Emergency, as modified, do hereby declare that this Order shall be effective as of September 8, 2020 at 8:00 a.m. E.D.T., and shall remain in effect until further notice but not later than such time as the later of the Governor's Declaration of Public Health Emergency or Declaration of a State of Emergency (including Modifications) is lifted:

1. Long-term care facilities shall follow the guidance and requirements set forth in the COVID-19 Re-opening Plan in Long Term Care Facilities ("Re-opening Plan") and Support Person Guidance For Long Term Care Facilities ("Support Person Guidance").

2. The Re-opening Plan provides guidance on safely facilitating the re-opening of long-term care facilities and issues a framework that should be used as a tool allowing each facility to progress through re-opening stages at their own pace.

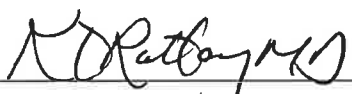
3. The Support Person Guidance provides considerations for identification and designation of a support person who, prior to visitor restrictions, was regularly engaged with the resident. The Support Person Guidance provides considerations for implementation of support persons.

4. Failure to comply with the Re-opening Plan or Support Person Guidance may result in administrative penalties as contemplated in 16 *Del. C.* § 107.

APPROVED this 2 day of September 2020 at 4:00 P.M. E.D.T.

DIVISION OF PUBLIC HEALTH

DIVISION OF HEALTH CARE QUALITY



Karyl T. Rattay, MD, MS, Director



Corinna Getchell, Director

COVID-19 Re-opening Plan in Long Term Care Facilities

Background

As part of the national Opening Up America Again, the federal government has provided guidance to states as they work on their plans for the general population. Nursing Homes and other vulnerable populations in congregate living situations require a slower progression to re-open. That plan must be fluid, in line with facility-specific conditions, and under the direction of the Delaware Division of Public Health (DPH), Division of Health Care Quality (DHCQ), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS). Depending upon each facility's current status with cases of COVID-19, their ability to allow visitors may change.

Purpose

The purpose is to provide guidance on safely facilitating the re-opening of long-term care facilities. Given each facility's differences, this framework is a tool to be used as needed. This document applies information from the CMS guidance memo, dated May 18, 2020. Each facility will progress through the re-opening stages at their own pace. Movement through each stage will need to remain fluid and flexible, as the status of COVID within the facility will determine which stage the facility should operate within.

Our post-acute care (PAC) work group at the State Health Operations Center (SHOC), in collaboration with DHCQ, will continue to review information and update this tool as needed. At this time, SHOC can still be reached at DPH_PAC@Delaware.gov or (866) 408-1899 ext. 2 should you have any questions.

Communication with DHCQ and DPH

- Facilities must meet the noted criteria to progress from one stage to another.
- Facilities must document criteria to progress from Stage 1 to Stage 2 or from Stage 2 to Stage 3 and present the documentation to DHCQ for written approval prior to moving from one stage to another.
- Any time a new long term care facility onset¹ COVID-19 positive case of a resident within the facility is diagnosed, the facility must return to Stage 1. A written notification must be made to DHCQ.
- The Public Health Authority may, at any time, require any or all facilities to function at the Stage 1 level dependent upon the public health emergency status of the State/County/Community.

Definitions

"High risk activity" means activities such as indoor dining at a restaurant, going to a gym or a gathering involving ten (10) or more people outside of the long-term care cohort or any setting where social distancing and face coverings care not maintained.

¹ A new "long term care facility onset" refers to a COVID-19 case that originated in the long term care facility, and not cases where the long term care facility admitted individuals with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission.

“Support person” means a person designated by the resident/resident’s representative and facility administrator (or designee) to provide care and emotional support to the resident in accordance with “Support Person Guidance for Long-term Care Facilities.”

“Visitor” means a person that visits a long term care facility resident, but does not provide any direct care to the resident.

Considerations

- While progressing through the re-opening stages, facilities must ensure sufficient supply for 30 days and proper use of appropriate Personal Protective Equipment (PPE): cloth face coverings for visitors, residents, and staff/vendors not providing direct care. Required medical masks for staff/vendors providing direct care, gloves, full PPE when appropriate, proper hand hygiene and social distancing when able.
- Individuals who have a medical condition that makes it hard to breathe or a disability that prevents the individual from wearing a face covering can request a reasonable accommodation from the facility.
- Indoor visitation rooms should be near an entrance so that screening and check-in can occur, and so that the amount of time visitors walking through the facility is limited. Screening must include an on-site temperature read for each individual and baseline questions regarding current CDC-recognized symptoms the individual may be experiencing. Check-in must include signing a visitor’s log (name, date, time, name of resident, resident room #, resident unit).
- Facilities may want to consider a standard disclosure for visitors to sign upon arrival stating they are aware of the risks and must notify the facility if they start experiencing symptoms, test positive for COVID-19 or have been asked to isolate within 14 days after the visit.
- Support persons must be tested for COVID-19 as per DPH Guidance for LTC vendors. Visitor testing prior to visitation is strongly encouraged will be at the discretion of the facility.
- Communications regarding visits should include expectations on: testing (if applicable) and strict adherence to rules.
- Nursing, certified nurse aide and allied health students are considered essential personnel. With the permission of the LTC facility, schools may schedule and conduct clinicals in an LTC facility. All instructors and students must be tested for COVID-19 prior to LTC facility entry and in accordance with DPH LTC vendor testing requirements.
- Federal/state surveyors, investigators, ombudsmen, and other state personnel as approved by DPH and/or DHCQ must be permitted to enter the LTC facility. All such individuals must be tested for COVID-19 prior to LTC facility entry and in accordance with DPH LTC vendor testing requirements.
- If an LTC facility has a distinctly separate unit for COVID-19 positive residents (separate entrance/exit, no shared common spaces with the remainder of the facility and designated staff), the COVID-19 naïve or recovered unit may submit a plan to progress to Stage 2 or 3 to DHCQ for review. The COVID-19 positive unit must remain in Stage 1.
- **Further opening beyond Stage 3 will be dependent upon CDC/CMS/DPH guidance.**

Stage 1 – Highest level of vigilance for mitigating spread of COVID-19 (New long term care facility onset within the last 14 days)

Visitation	<ul style="list-style-type: none"> • Indoors: NO routine visitors; Compassionate care <u>only</u> • Outdoors: <ul style="list-style-type: none"> ○ By appointment only ○ Must check in upon arrival ○ Applies to COVID negative/recovered residents only ○ Minimum 6 feet social distancing ○ No contact ○ Masks at all times (face coverings for residents and visitors) ○ Staff monitor to ensure safety compliance ○ Facility-designated location ○ Staff to disinfect visitation area before and after each visit ○ Proper hand hygiene
Non-essential Personnel	<ul style="list-style-type: none"> • None at this time • State licensed barbers/hairdressers may provide services only to COVID-19 naive or recovered residents. The following restrictions apply: <ul style="list-style-type: none"> ○ Barber/hairdresser must meet the LTC vendor testing requirements as determined by DPH and wear appropriate PPE while in the facility. ○ Masks at all times (face coverings for residents and vendor) ○ Proper hand hygiene and gloves if providing direct care ○ Minimum 6 feet social distancing when able ○ Services may only be provided to one (1) resident at a time.
Communal Dining	<ul style="list-style-type: none"> • None at this time
Trips Outside the Building	<ul style="list-style-type: none"> • Medically necessary only • Masks at all times (face coverings for residents) • The facility MUST share the resident’s COVID-19 status with the transportation service and with the entity with whom the resident has the appointment • Transportation staff, at a minimum, must wear a face covering. If a resident is COVID-19 presumptive or positive, transportation staff must wear full PPE, including gown, gloves, mask and face shield or eye protection. • Transportation equipment must be sanitized in between transports
Group Activities	<ul style="list-style-type: none"> • None at this time
Screening	<ul style="list-style-type: none"> • Screen 100% of all persons entering facility • Screen 100% residents at least daily
Cohorting of Residents	<ul style="list-style-type: none"> • Continue cohorting residents in appropriate areas of the facility based on COVID-19 status • Designated staffing – no crossover
Staff PPE	<ul style="list-style-type: none"> • Masks at all times: N95 masks required for aerosolizing procedures. Medical masks for staff providing direct care, face coverings for all others. • Appropriate PPE as required by COVID status of residents and type of direct contact with residents • Gloves when providing direct care
Mandatory Testing	<ul style="list-style-type: none"> • Staff testing should be consistent with DPH guidance • Resident testing should be consistent with DPH guidance

Stage 2 – No new long term care facility onset within the last 14 days and adequate staffing to meet residents' needs

<p>Visitation</p>	<ul style="list-style-type: none"> ● Indoors: same as Stage 1 (Red) PLUS: <ul style="list-style-type: none"> ○ Visits can occur in a visitation room designated by the provider (away from residents) and as close to the front, rear or any other entrance as possible. ○ Limit of one (1) to two (2) visitors per resident per visit ○ By appointment only ○ Must check in upon arrival ○ Applies to COVID negative/recovered residents only ○ Minimum 6 feet social distancing ○ No contact ○ Masks at all times (face coverings for residents and visitors) ○ Staff monitor to ensure safety compliance ○ Staff to disinfect visitation area before and after each visit ○ Proper hand hygiene ● Outdoors: same as Stage 1 (Red)
<p>Non-essential Personnel</p>	<ul style="list-style-type: none"> ● Must check in ● Screened upon arrival (temperature and questionnaire) ● Permit limited non-essential services that may be necessary for residents' psychological well-being (i.e. state licensed barbers/hairdressers, support person). ● All non-essential personnel must meet the LTC vendor testing requirements as determined by DPH and wear appropriate PPE while in the facility ● Face coverings at all times (for residents, support persons, visitors and vendor) ● Proper hand hygiene, gloves if providing direct care ● Minimum 6 feet social distancing when able ● Support person is permitted – See "Support Person Guidance for Long-term Care Facilities" ● Therapy pets: Therapy pets may be brought to the facility and may be petted by residents. Residents should use hand sanitizer before and after contact with therapy pets. *Note: the handler must be tested for COVID-19 per DPH LTC vendor testing requirements.
<p>Communal Dining</p>	<ul style="list-style-type: none"> ● Permitted ● Minimum 6 feet social distancing ● Face coverings for residents when not eating
<p>Trips Outside the Building</p>	<ul style="list-style-type: none"> ● Medically necessary only ● Face covering for resident ● The facility MUST share the resident's COVID-19 status with the transportation service and with the entity with whom the resident has the appointment ● Transportation staff, at a minimum, must wear a face covering. If a resident is COVID-19 presumptive or positive, transportation staff must wear full PPE, including gown, gloves, mask and face shield or eye protection. ● Transportation equipment must be sanitized in between transports
<p>Group Activities</p>	<ul style="list-style-type: none"> ● 10:1 Resident to staff ratio ● Minimum 6 feet social distancing ● Facility-designated location ● Face coverings for residents ● Face coverings for non-direct care staff

Screening	<ul style="list-style-type: none"> • Same as Phase 1 (Red)
Cohorting of Residents	<ul style="list-style-type: none"> • All residents are negative BUT beds should be maintained for isolation of a new case(s) and for quarantining of admissions/readmissions when needed. • All residents have either never tested positive for COVID-19 OR have previously tested positive for COVID-19 and meet the criteria to discontinue transmission-based precautions
Staff PPE	<ul style="list-style-type: none"> • Same as Stage 1 (Red)
Mandatory Testing	<ul style="list-style-type: none"> • Same as Stage 1 (Red)

Stage 3 – No new long term care facility onset within facility for <u>28 days</u> and adequate staffing to meet residents' needs	
Visitation	<ul style="list-style-type: none"> • Indoors: same as Stage 2 (Yellow) • Outdoors: same as Stage 1 (Red)
Non-essential Personnel	<ul style="list-style-type: none"> • Same as Stage 2 (Yellow)
Communal Dining	<ul style="list-style-type: none"> • Same as Stage 2 (Yellow)
Trips Outside the Building	<ul style="list-style-type: none"> • Face covering for resident • The facility MUST share the resident's COVID-19 status with the transportation service and with the entity with whom the resident has the appointment • Transportation staff, at a minimum, must wear a face covering. If a resident is COVID-19 presumptive or positive, transportation staff must wear full PPE, including gown, gloves, mask and face shield or eye protection. • Transportation equipment must be sanitized in between transports. • Excursions outside the facility solely with the support person are permitted provided: <ul style="list-style-type: none"> ○ the activity cannot be a high-risk activity ○ residents and support persons must follow all COVID-19 precautions such as wearing face coverings, social distancing and hand hygiene. ○ The support person must report all activities upon return to the facility. • If the resident leaves the LTC facility and participates in a high-risk activity, or visits with anyone other than the support person, the resident must quarantine for 14 days upon return to the LTC facility.
Group Activities	<ul style="list-style-type: none"> • Minimum 6 feet social distancing • Facility-designated location • Face coverings for residents (as tolerated) • Face coverings for non-direct care staff
Screening	<ul style="list-style-type: none"> • Same as Stage 1 (Red)
Cohorting of Residents	<ul style="list-style-type: none"> • Same as Stage 2 (Yellow)
Staff PPE	<ul style="list-style-type: none"> • Same as Stage 1 (Red) & 2 (Yellow)
Mandatory Testing	<ul style="list-style-type: none"> • Same as Stage 1 (Red) & 2 (Yellow)

Support Person Guidance for Long-term Care Facilities

Since mid-March 2020, visitor restrictions have been in place in long-term care (LTC) facilities including skilled and intermediate nursing facilities, assisted living facilities and rest residential facilities. Visitor restrictions were put in place to help mitigate and prevent the spread of COVID-19. The Delaware Division of Public Health (DPH) recognizes the importance of social distancing and physical separation to help keep residents safe. DPH also acknowledges the unintended consequences of prolonged physical separation and isolation on a resident's overall health and well-being. Although technology can help decrease loneliness for some residents, technology is not a sustainable replacement for in-person contact. This is especially true for residents with cognitive impairments, visual and/or hearing difficulties, and mobility limitations as they struggle to maintain connections with loved ones.

Recognizing the critical role family members and other close, outside caregivers have in the care and support of residents, and recognizing how they advocate for the resident, it is strongly recommended that LTC facilities consider designating as a support person (SP), a family member or other outside caregiver, who, prior to visitor restrictions, was regularly engaged with the resident at least once a week to provide companionship and/or assist with activities requiring one-on-one direction. The goal of SPs is to help high-risk residents who are missing care previously provided by a loved one or outside caregiver.

The decision to designate a SP should be individualized and integrated with person-centered care planning. Realizing both the potential benefits and risks of allowing additional "essential" caregivers into the building, LTC facilities should carefully consider the current status of COVID-19 in their facility and local communities prior to designating SPs. If LTC facility residents have been cohorted by COVID-19 status, SPs are allowed in COVID-19 negative areas only. The goal of such a designation is to help ensure these high-risk residents continue to receive individualized, person-centered care.

Guidance for facilities electing to designate support persons

- Designation is at the sole discretion of the LTC facility administrator (or designee) and only upon agreement by the resident (and/or their representative). This designation and agreement should outline what support will be provided by the SP.
- A SP should be a family member or other outside caregiver (e.g., friend, volunteer, private personal caregiver) age 18 or older who provided regular (at least weekly) care and support to the resident in a home or facility environment before the pandemic.
- A negative COVID-19 test is required before the SP may be scheduled for support, and the SP is subject to regular testing required of LTC vendors.

- Schedule and amount of time in facility must be agreed upon in advance and may be one (1) to four (4) hours per day based upon the individualized and integrated person-centered care plan. The LTC facility must allow evening and weekend visits that accommodate the SP who may be limited by work or childcare barriers.
- Ensure scheduling of SPs visits considers numbers of SPs in the building at the same time. The facility may establish time limits as needed to keep residents safe.
- Utilize the SP to provide care and emotional support in the same manner as prior to the pandemic (e.g. help with meal set up, grooming, and companionship), or in whatever manner necessary, as resident health care or psychological conditions may have changed.
- Designate a central point of entry where the SP signs in and is actively screened for symptoms of COVID-19 prior to entering the building, in the same manner as facility staff.
- The SP must wear all necessary personal protective equipment (PPE) while in the building (minimally a face mask at all times and gloves when providing direct resident care), and must perform frequent hand hygiene. The facility should ensure hand sanitizing stations and alcohol-based hand rubs are accessible.
- The facility must educate the SP on how to don/doff necessary PPE appropriately.
- The SP must inform the LTC provider if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit to the resident.
- Direct the SP to provide care in the resident's room, or in facility-designated areas within the building. The SP must limit movement in the facility. The SP may take the resident outside for a walk during their time with the resident; pushing a wheelchair while the SP is wearing appropriate PPE, and the resident is wearing a face covering, as tolerated, is an acceptable activity. The SP may also take the resident on excursions as permitted in the "COVID-19 Re-opening Plan in Long Term Care Facilities".
- The SP must maintain social distancing of at least 6 feet with staff and other residents while in the building.
- The SP may not visit a resident during a resident's 14-day quarantine, and may not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.
- The LTC facility may restrict or revoke SP status if the SP fails to follow social distancing, use of PPE, or other COVID-19 related rules of the facility. Prior to restriction/revocation, the facility, SP, and resident should discuss in an attempt to mediate the concerns.

Implementation of SPs should be accompanied by pre-planning and communications with facility staff, residents, and their designated representatives. LTC facilities should provide information on plans for SPs and the intended return of care and support by family members and outside caregivers needed by residents vs. general family visitation that will come at a later date. It will also be important to share information on the COVID-19 status of the facility with the SPs.

