



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Memorandum

**To: Skilled and Intermediate Care Nursing Facilities
Assisted Living Facilities
Rest Residential Homes**

From: Corinna Getchell, Division Director 
Division of Health Care Quality

Subject: Updated COVID-19 Reopening Plan in Long Term Care Facilities

Date: January 26, 2021

As part of the ongoing efforts to address the pandemic, the Division of Health Care Quality (DHCQ) is issuing this memorandum to update the reopening plan and visitation guidance for long term care (LTC) facilities. This update replaces the November 20, 2020 version and is effective immediately.

LTC facilities, residents, and visitors must continue to follow the guidelines for visitation and adhere to the core principles of infection prevention outlined in the reopening guidance. The DHCQ supports family engagement and has updated the guidance to permit designated support persons in the facility regardless of the facility's COVID-19 status.

We continue to express our sincere gratitude for everyone doing what they can to help protect the LTC facility residents.

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

1/26/2021

Background

In the state of Delaware, skilled and intermediate care nursing facilities, assisted living facilities and rest residential facilities are included in the definition of long-term care (LTC) facilities. The LTC facility re-opening plan must be fluid, in line with facility-specific conditions, and under the direction of the Delaware Division of Health Care Quality (DHCQ), Division of Public Health (DPH), 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 LTC facilities. Given each facility's differences, this framework is a tool to be used as needed. This document applies information from the CMS guidance memos QSO-20-30-NH (May 18, 2020) and QSO-20-39-NH (September 17, 2020). 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.

DHCQ in collaboration with our post-acute care (PAC) work group at the State Health Operations Center, 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

- LTC facilities must submit a plan describing how they will facilitate outdoor visitation while following all COVID precautions. This plan must be submitted to and approved by the DHCQ.
- LTC facilities must meet the noted criteria to progress from one stage to another.
- LTC facilities must document criteria to progress from Stage 1 to Stage 2 or from Stage 2 to Stage 3 and present the documentation to the DHCQ for written approval prior to moving from one stage to another.
- Any time a new LTC facility onset¹ COVID-19 positive case of a resident within the facility is diagnosed, or the facility is conducting outbreak testing, the facility must return to Stage 1. A written notification must be made to the DHCQ.
- The Public Health Authority may, at any time, require any or all facilities to function at the Stage 1 level dependent upon COVID-19 cases and hospitalizations in the State/County/Community.

Definitions

“Facility Staff” means LTC facility employees, LTC vendors, and volunteers who provide services to residents on behalf of the facility. In addition, this definition also includes students in the LTC facility's nurse aide training programs or students from an affiliated academic institution.

“High risk activity” means activities such as:

- indoor dining at a restaurant;
- spending time in any indoor setting with friends or family members other than the support person or the LTC residents and staff;
- a visit outside of the facility; or

¹ A new “LTC facility onset” refers to a COVID-19 case that originated in the LTC facility, and not cases where the LTC 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.

- any setting outside the LTC facility where social distancing and face coverings are not maintained.

“Outbreak” means a single new COVID-19 infection in a facility staff or any LTC facility onset COVID-19 infection in a resident. A resident admitted to the facility with COVID-19 does not constitute a facility outbreak.

“Support person” means a person designated by the resident/resident’s representative and facility administrator 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 LTC facility resident, but is not the designated support person. A visitor must maintain social distancing of at least six (6) feet and must not have any direct physical contact with the LTC resident.

“Visit outside of the facility” means any timeframe in which a LTC facility resident leaves the facility to participate in a non-medically necessary event. Outdoor visitation at the LTC facility is not considered a visit outside the facility.

Guidance

Visitation can be conducted through different means based on a facility’s structure, such as outdoors, dedicated visitation spaces, or resident rooms, and residents’ needs, such as for compassionate care situations.

Regardless of how visits are conducted, LTC facilities must adhere to the core principles of COVID-19 infection prevention to reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- Active screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms, close contact with a COVID positive individual, previous COVID-19 testing), and denial of entry of those with signs, symptoms, or exposure. Check-in must include signing a visitor’s log (name, address, phone number, date, time, name of resident, resident room number and resident unit).
- Hand hygiene (Handwashing and frequent use of alcohol-based hand rub are preferred. Anyone entering the LTC facility must use an alcohol-based hand rub prior to entering the facility.)
- Face covering or mask (must cover mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Frequent cleaning and disinfecting of high contact or common surfaces in the facility, and designated visitation areas after each visit
- Appropriate use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 positive residents)
- Resident COVID-19 testing conducted as per the Delaware DPH guidance.
- Staff COVID-19 testing conducted as required by DHCQ regulations.

These principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for LTC facilities and should be adhered to at all times. Additionally, visitation should be person-centered while considering the residents’ physical, mental, and psychosocial well-being and supporting their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear

Plexiglas dividers, curtains). Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Considerations

- While progressing through the re-opening stages, LTC facilities must ensure:
 - Sufficient supply of PPE for 30 days
 - Proper use of appropriate PPE
 - cloth face coverings for visitors, residents, and staff/vendors not providing direct care
 - required medical masks and gloves for staff/vendors providing direct care and full PPE when appropriate
 - Proper hand hygiene
 - Social distancing when able
- Residents 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.
- Outdoor visitation:
 - The preferred method of visitation is in the outdoor setting as there is a lower risk of transmission due to increased space and airflow; therefore, all visits should be held outdoors whenever practicable.
 - Aside from weather considerations, an individual's health status, or a facility's outbreak status, outdoor visitation should be routinely facilitated.
 - LTC facilities should have a process to limit the number and size of visits simultaneously to support safe infection prevention practices.
- Indoor visitation:
 - LTC facilities should accommodate and support indoor visitation, including reasons beyond compassionate care visits, if the LTC facility meets the criteria for Stage 2 or 3 of the reopening plan.
 - LTC facilities should use the COVID-19 county positivity rate, found on the [COVID-19 Nursing Home Data](#) site as additional information to determine how to facilitate indoor visitation (NOTE: the county positivity rate does not need to be considered for outdoor visitation):
 - Low (<5%) and Medium (5% - 10%) = Visitation should occur according to the core principles of COVID19 infection prevention and facility policies (beyond compassionate care visits)
 - High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies
- Compassionate care visits:
 - The term "compassionate care visit" does not exclusively refer to end-of-life situations.
 - Examples of other types of compassionate care situations include, but are not limited to:
 - A resident, who was living with their family before recently being admitted to a LTC facility, is struggling with the change in environment and lack of physical family support.
 - A resident who is grieving after a friend or family member recently passed away.

- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- In addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.
- Compassionate care visits should be conducted using social distancing; however, if a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.
- LTC facilities should work with residents, families, resident representatives, and the Ombudsman program through a person-centered approach, to identify the need for compassionate care visits.
- 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 fourteen (14) days after the visit.
- Support persons must be tested for COVID-19 as per DHCQ regulations and DPH Guidance for LTC vendors. Visitor testing prior to visitation will be at the discretion of the facility.
- LTC facilities may encourage visitors to be tested for COVID-19 (on their own) prior to a scheduled visit (i.e. within 2-3 days) and provide evidence of negative test results and the date of the test.
- Communications regarding visits should include expectations on: testing (if applicable) and strict adherence to the rules and the core principles of COVID-19 infection prevention.
- 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 a 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 DHCQ must be permitted to enter the LTC facility. All such individuals should adhere to the core principles of COVID-19 infection prevention and must be tested for COVID-19 prior to LTC facility entry and in accordance with DPH LTC vendor testing requirements.
- LTC facilities must permit immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000.) Such individuals must adhere to the core principles of COVID-19 infection prevention. For purposes of routine COVID testing requirements, these individuals shall be treated as LTC vendors and must be tested for COVID-19 in accordance with DPH LTC vendor testing requirements.
- Health care workers who are not employees of the facility but provide direct care to the residents, such as hospice workers, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. These health care workers must adhere to the core principles of COVID-19 infection prevention and must comply with LTC vendor COVID-19 testing requirements.

- Emergency Medical Services (911) personnel do not need to be screened so they can attend to an emergency without delay. If possible, facilities should allow for outdoor or entry-way transfer of care if medically appropriate to limit potential exposure to other residents and staff.
- If a 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 the DHCQ for review. The COVID-19 positive unit must remain in Stage 1.
- Data specific to each county in Delaware can be found on the My Health Community webpage: <https://myhealthycommunity.dhss.delaware.gov/locations/state/coronavirus-school-reopening>
All in-person LTC visitation must cease until further notice if two (2) of the following county indicators in the school reopening criteria are in red: case rates, positivity, hospitalizations. DPH will monitor this data and send an e-mail each Monday.
- **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 LTC facility onset within the last 14 days)

Visitation	<ul style="list-style-type: none"> • Indoors: NO routine visitors; Compassionate care visits <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 ○ LTC facility must adhere to the core principles of COVID-19 infection prevention. ○ No contact ○ Staff monitor to ensure safety compliance ○ Facility-designated location ○ Staff to disinfect visitation area before and after each visit ○ Recommend reasonable limits on the number of individuals visiting with any one resident at the same time
Non-essential Personnel	<ul style="list-style-type: none"> • None at this time • Support person is permitted – See “Appendix A - Support Person Guidance for Long-term Care Facilities” • State licensed barbers/hairdressers may provide services only to COVID-19 naïve 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. The resident’s practitioner must review the necessity of the visit and speak with the consultant to determine if a telehealth visit can be accommodated.

	<ul style="list-style-type: none"> • 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 • Visit outside the facility – refer to Appendix B
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"> • Facility staff testing should be consistent with DPH guidance • Resident testing should be consistent with DPH guidance

Stage 2 – No new LTC facility onset within the last 14 days, the facility is not currently conducting outbreak testing and has adequate staffing to meet residents needs

Visitation	<ul style="list-style-type: none"> • Indoors: same as Stage 1 (Red) PLUS: <ul style="list-style-type: none"> ○ Applies to COVID-19 negative or recovered residents only. ○ LTC facility must adhere to the core principles of COVID-19 infection prevention. ○ Visits should be scheduled for a specific length of time to ensure all residents are able to receive visitors. ○ Facilities should limit the number of visitors per resident at one time and limit the number of visitors in the facility at one time (based on the size of the building and the physical space/layout of the building). ○ Must check in upon arrival. Check-in must include signing a visitor’s log (name, date, time, name of resident, resident room #, resident unit). ○ Visits can occur in a visitation room designated by the provider or a resident room if there are no roommates. If there is a situation where there is a roommate, and the health status of the resident prevents them from leaving the room: 1. the LTC facility must have agreement from the roommate and/or roommates representative; and 2. should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention. ○ Facilities should limit visitor movement in the facility. Visitors should go directly to the resident’s room or designated visitation area.
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	<ul style="list-style-type: none"> ○ Visitors should adhere to the core principles of COVID-19 infection prevention. ○ Staff monitor visits to ensure compliance with the core principles of COVID-19 infection prevention. ● Outdoors: same as Stage 1 (Red)
Non-essential Personnel	<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 “Appendix A - 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.
Communal Dining	<ul style="list-style-type: none"> ● Permitted for COVID-19 negative/recovered residents only. ● Adherence to the core principles of COVID-19 infection prevention ● Minimum 6 feet social distancing ● Face coverings for residents when not eating
Trips Outside the Building	<ul style="list-style-type: none"> ● Medically necessary only. The resident's practitioner must review the necessity of the visit and speak with the consultant to determine if a telehealth visit can be accommodated. ● 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 ● Visit outside the facility – refer to Appendix B
Group Activities	<ul style="list-style-type: none"> ● 10:1 Resident to staff ratio ● Adherence to the core principles of COVID-19 infection prevention ● 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 LTC facility onset within facility for 28 days the facility is not currently conducting outbreak testing and has 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 resident and support person must adhere to the core principles of COVID-19 infection prevention. 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, the resident must quarantine for 14 days upon return to the LTC facility. Visit outside the facility – refer to Appendix B
Group Activities	<ul style="list-style-type: none"> Same as Stage 2
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)

Required Visitation

Except for on-going use of virtual visits, LTC facilities may restrict visitation due to the COVID-19 county positivity rate, the facility’s COVID-19 status, a resident’s COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor(s) related to the COVID-19 public

health emergency. However, a LTC facility may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v) and/or 16 Delaware Code, §1121. For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a LTC facility must facilitate in-person visitation consistent with the regulations, which can be done by applying this guidance. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4) and/or 16 Delaware Code, §1121, and the LTC facility would be subject to citation and enforcement actions.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

Civil Monetary Penalty (CMP) Funds to Aid Visitation

LTC facilities may apply to use CMP funds to help facilitate in-person visits. CMP funds can be used to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in person visits.

Funding for tents and clear dividers is limited to a maximum of \$3,000 per LTC facility. LTC facilities must note that when installing tents, the facility needs to ensure compliance with appropriate life safety code and state fire marshal requirements.

To apply to receive CMP funds for tents or clear dividers, please contact:

Renee Purzycki

Social Service Chief Administrator

Quality Improvement Section

3 Mill Road

Wilmington, DE 19806

Phone: (302) 421-7444

Email: Renee.Purzycki@delaware.gov

<http://www.dhss.delaware.gov/dhss/dltcrp/pubs.html>

Appendix A

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 Health Care Quality (DHCQ) recognizes the importance of social distancing and physical separation to help keep residents safe. DHCQ 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 members 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.

Appendix B

Visits Outside the Facility Guidance

The virus that causes Coronavirus 2019 Disease ("COVID-19") is easily transmitted, especially in group settings. Many residents of long term care (LTC) facilities are being treated for health conditions that make them particularly vulnerable to suffering the most serious complications of COVID-19 infection, including death. The State of Delaware is currently experiencing a rise in COVID-19 cases and community spread. As the upcoming holiday season will include family visitation, it is imperative for the residents of LTC facilities that their families and facility staff take precautions in order to provide a safe environment for everyone.

Because of the risk of the rapid spread of the virus, and the need to protect all members of the community, especially residents of LTC facilities who are at increased risk of serious complications and death from COVID-19, the Department of Health and Social Services (DHSS) is providing the following guidance regarding visitation during the upcoming holiday season and going forward.

1. DHSS strongly recommends against families taking residents out of facilities for celebrations, events or gatherings. The Centers for Disease Control and Prevention (CDC) has reported that a significant driver of the recent case increases is small family gatherings. The CDC and the DHSS recommend that individuals at increased risk of severe illness from COVID-19 avoid in-person gatherings with individuals with whom they do not live.
2. Instead of family visits outside of the facility, the DHSS recommends visitation outdoors, or possibly indoors in facilities that meet the requirements for indoor visitation in accordance with the [COVID-19 Re-opening Plan in Long Term Care Facilities](#).
3. Increased virtual communications in lieu of visitation should be used by facilities during the holidays. Facilities should encourage families that decide to bring residents to gatherings outside of the facility to follow CDC guidance for celebrating the holidays: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>
4. Facilities should remind residents to follow all recommended infection prevention and control measures when participating in visits outside of the facility, including social distancing, hand hygiene and wearing a cloth face covering or face mask.
5. Families that decide to take their family members out of their facilities should plan in advance of the event. Residents that participate in a visit outside the facility must be quarantined upon their return to the facility in accordance with CDC guidance as follows:
 - a. Require all individuals who participate in a visit outside the facility to quarantine for 14 days upon return to the facility.

- b. If the resident lives in a private residence or room, the resident may be quarantined in their private residence or room. These residents should still be separated from others in the facility for 14 days upon their return.
- c. If the resident has a roommate, the resident should be quarantined in an observation room in the facility's new admission/re-admissions cohort, if one is available, for 14 days upon their return.
- d. If the resident does not reside in a private room and an observation room is not available, the facility should notify the family that the resident will not be permitted to return to the facility until a room is available or until the facility is otherwise able to cohort returning residents in compliance with current CDC and DHSS guidance and directives.
- e. Facilities should develop and implement a plan in preparation for the return of residents leaving the facility for visits outside the facility that includes the following:
 - i. Estimate how many residents can be cohorted, dependent on the facility's available space, for a 14-day quarantine period based on current census and projected census, as well as available PPE and staff.
 - ii. Establish a sign-up process for residents and families to make reservations before taking a resident out of the facility. Reservations should be available up to the number of people the facility can accommodate for a 14-day quarantine period. Require the number of days requested for leave to be confirmed 36 hours before the resident leaves the facility.
 - iii. Create a waiting list for those residents who request a reservation after the established limit has been reached. Residents that leave without a reservation or on a waiting list may not be guaranteed readmittance to the facility at the end of their visit outside of the facility; please plan in advance for such situations. Residents/families should be informed of this possibility.
 - iv. Require 36 hours' notice of cancellation/change in plans before a resident is taken out of the facility for a family visit.
 - v. Require the resident and family/friend to certify that:
 - 1. They are aware of the possible dangers of exposure to COVID-19 for both the resident and family/friend;
 - 2. They will follow masking, social distancing and hand hygiene practices pursuant to CDC and DHSS directives; and

