

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

4/16/2021

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 and an individual resident's COVID-19 and vaccination status, the 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 and revised March 10, 2021). 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.

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.

"Fully vaccinated against COVID-19" refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2 dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the [CDC's Public Health Recommendations for Vaccinated Persons](#).

"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
- 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 grounds to participate in a non-medically necessary event. Outdoor visitation at the LTC facility is not considered a visit outside the facility. In addition, an instance where an independent, oriented resident

participates in an activity (i.e. car ride) where they do not encounter any other person is not considered a visit outside the facility.

Required Visitation

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 less than 10%, and resident immunization rates are greater than or equal to 70%, 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 below.

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 visitors (indoor or outdoor visitors) and those who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms, close contact with a COVID positive individual, previous COVID-19 testing), and denial of entry of those with signs, symptoms, or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- 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 DHCQ regulations.
- 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

- LTC facilities must ensure:
 - Sufficient supply of PPE for 30 days
 - Proper use of appropriate PPE (minimum standards)
 - a 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 should wear a face covering or mask (that covers the mouth and nose) when leaving their room in the LTC facility.
- 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.
- Support persons must be tested for COVID-19 as per DHCQ regulations and DPH Guidance for LTC vendors. Point of Care testing may be used in the event PCR testing is not readily available.
- Facilities should 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.
- 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 guidance.
- 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 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.

Outdoor visitation

- The preferred method of visitation is in the outdoor setting even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow; therefore, all visits should be held outdoors whenever practicable.
- Aside from weather considerations or an individual's health status (e.g. medical condition(s), COVID-19 status), outdoor visitation must be routinely permitted.
- 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 allow and support indoor visitation for all residents regardless of vaccination status, with the following exceptions when visitation should be limited due to the high risk of COVID-19 transmission:
 - Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
 - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- 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).
- LTC facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) will affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Visitors should go directly to the resident's room or designated visitation area and visitor movement in the LTC facility should be limited.
- Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in room visitation while adhering to the core principles of COVID-19 infection prevention.
- If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors must physically distance from other residents and staff in the facility.

Indoor Visitation during an Outbreak

- When a single new COVID-19 infection in a facility staff or any LTC facility onset COVID-19 infection in a resident is identified, a facility should immediately begin outbreak testing and suspend indoor

visitation (except when required under federal law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases. Reminder: During an outbreak that appears to be unit based, every effort must be made to designate staff to the affected unit.
- If no additional cases are identified within the initial round of outbreak testing, unaffected areas of the facility may resume indoor visitation. The Division of Public Health epidemiologist will determine which areas of the facility are affected areas and must suspend visitation until outbreak testing is completed.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
- **Outbreak Testing:** For the initial round of outbreak testing, the long term care facility must include all staff that are in the facility at the time of the notification of the positive COVID test and any staff that enter the facility within the next 24 hours to determine if indoor visitation can resume. For the next 7 days, all staff that were not tested within the first 24 hours must be tested upon entrance to the facility. In addition, all residents must be offered a COVID-19 test within 24 hours of the notification of the positive COVID test.
- While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing.
- Visitors must be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Compassionate Care Visits

- Compassionate care visits should be allowed at all times regardless of a resident's vaccination status, the county's positivity rate, or an outbreak.
- 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.
- Fully vaccinated residents can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.
- Visitors must physically distance from other residents and staff.
- 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.

Communal Dining and Activities

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur for residents who have fully recovered from COVID-19, and for those **not** in quarantine or in isolation with suspected or confirmed COVID-19.

- Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person) appropriate hand hygiene, and use of a face covering (except while eating). Facilities should consider additional limitations based on status of COVID-19 infections in the facility.
- Group activities may be facilitated with social distancing among residents, appropriate hand hygiene, and use of a face covering.
- Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Visitor Testing and Vaccinations

- Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- Although not required, facilities in medium- or high-positivity counties are encouraged to offer testing to visitors, if feasible.
- Facilities may encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).

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:
Abigail Brady

Division of Health Care Quality
3 Mill Road
Wilmington, DE 19806
Phone: (302) 421-7410
Email: Abigail.Brady@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. Many doses vaccination have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic COVID-19 infection.

The Department of Health and Social Services (DHSS) is providing the following guidance regarding visits outside the facility.

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 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. The DHSS recommends visitation outdoors, or possibly indoors 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 who are not fully vaccinated and 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 are not fully vaccinated who participate in a visit outside the facility to quarantine for 14 days upon return to the facility.
 - b. If the resident who is not fully vaccinated 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 who is not fully vaccinated 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 who is not fully vaccinated 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
 - 3. They will notify the facility if anyone present at the visit outside the facility tests positive for COVID-19 or exhibits symptoms of COVID-19 within 14 days of the resident's visit/stay outside the

facility.

- vi. The facility should obtain a signed certification from each family/friend and resident (if the resident is unable to consent, the consent needs to be signed by the authorized representative) with a copy provided to the family/friend and resident.
- f. Prior to taking a resident out of the facility, family members should contact the facility's administration to make sure that an observation room will be available upon the return of the resident or they can make a reservation as delineated above. Facilities may require that families care for their loved ones until there is a room available to quarantine the resident. Families should work with the facility's administration to have a plan for quarantining the resident and for the resident's return.