Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic — Assisted Living
(June 26, 2020)

BACKGROUND: During the Coronavirus Disease 2019 (COVID-19) pandemic, various restrictions have been put into place by Maryland assisted living facilities to limit the introduction and spread of SARS-CoV-2, the virus that causes COVID-19, in these settings. Guidance for implementing and enforcing these restrictions has been issued by many authorities, including Maryland Department of Health (MDH), Governor Larry Hogan, the Centers for Medicare and Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC). Any guidance herein would be superseded by more restrictive guidance or orders issued by Gov. Hogan or local health authorities.

Maryland communities began relaxing community-based restrictions on Friday, May 15, 2020, as part of Gov. Hogan's "Maryland Strong: Roadmap to Recovery." Information about the reopening status in each of Maryland's jurisdictions is at https://governor.maryland.gov/recovery/. This includes each jurisdiction's current stage of reopening. Assisted living facilities should not begin to relax restrictions until their surrounding jurisdiction enters Stage 2 of Gov. Hogan's "Maryland Strong: Roadmap to Recovery."

This document complements MDH's prior guidance, "Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities", dated April 17, 2020. It is similar to MDH nursing home guidance released on June 18, 2020 entitled "Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic — Nursing Homes". MDH recognizes that there are important differences between nursing homes and assisted living facilities, including in the vulnerability of residents, the size and layout of facilities, and the relevant federal and state regulations.

PURPOSE: The purpose of this document is to outline the milestones that should be met by Maryland assisted living facilities prior to relaxing restrictions (sometimes referred to as "reopening") that have been put in place during the COVID-19 pandemic. This document also outlines three progressive phases of relaxation with details about specific restrictions that can be relaxed during each phase and milestones that must be met before moving to the next phase. Note that the term "**phase**" used in this document in reference to three phases of relaxation is distinct from the "Maryland Strong: Roadmap to Recovery" **stages** of reopening. The guidance in this document is based on CMS Memo No. QSO-20-30-NH, "Nursing Home Reopening Recommendations for State and Local Health Officials" (May 18, 2020).

RESTRICTIONS THAT WILL NOT BE RELAXED: All assisted living programs shall comply with the MDH Directive and Order on Assisted Living Program Matters.

Certain restrictions that have been enacted at Maryland assisted living facilities will need to remain in place for the foreseeable future and will not be relaxed at any phase of the reopening process. Therefore, at the current time, the following restrictions will remain in place at all Maryland assisted living facilities-even those that have completed all phases of reopening:

- Facilities shall screen all persons who enter the facility (e.g., staff, volunteers, vendors, and visitors when permitted) for signs and symptoms of COVID-19, including temperature checks. Facilities shall refuse entrance to anyone screening positive for symptoms of COVID-19.

- Facilities shall screen all residents daily, including observing for signs and symptoms of COVID-19; asking questions about signs and symptoms of COVID-19; and where appropriate, temperature and pulse oximetry checks.

- All staff, volunteers, vendors, and visitors when permitted, shall wear the appropriate face covering (e.g., surgical mask, cloth face covering) at all times when they are inside the facility. All staff in close contact with residents of an assisted living program shall use appropriate CDC Standard and Transmission-based Precautions and follow Maryland Department of Health (MDH) guidance.

- Facilities should continue to dedicate space for cohorting and managing care for residents with COVID-19 separate from the general population. This can be challenging for some populations, such as memory care. Facilities with memory care units are encouraged to work with their local health departments and review the CDC Considerations for Preventing and Responding to COVID-19 in Memory Care.

- Additionally, facilities should dedicate space to quarantine new admissions and readmissions in private rooms for 14 days for the purposes of monitoring these residents for the development of signs or symptoms of COVID-19, to the extent possible. Dedicated staff who do not move between assigned units should be assigned to these areas as much as possible.

- All staff should wear appropriate personal protective equipment (PPE), including use of procedure or surgical facemasks (i.e. not cloth face coverings) when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE:

    - Residents on COVID-19 observation/quarantine unit (if available) – gloves, gown, N95 respirator or facemask if N95 respirator is unavailable, eye protection.

    - Residents with suspect or confirmed COVID-19 – gloves, gown, N95 respirator or facemask if N95 respirator is unavailable, eye protection.

    - Residents in the general population – Facemasks and Standard Precautions and Transmission-based Precautions based on underlying diagnoses and presence of colonization or infection with multidrug-resistant organisms.

- For any trips outside of a facility, the facility should share the resident's COVID-19 status with any transportation services that are used and with any medical entities with whom the resident has an appointment. Residents must wear a facemask or cloth face covering at all times while they're outside of the facility if tolerated; facemasks should only be removed if/when required for the medical appointment.

PREREQUISITES FOR FACILITIES TO BEGIN RELAXING RESTRICTIONS: Before beginning the process to relax any COVID-19 restrictions, all facilities (including those that have never had a COVID-19 case) should meet certain criteria, outlined below. Note that different jurisdictions and different facilities within the same jurisdiction will likely be in different phases of relaxing restrictions.

- The facility must not be experiencing an ongoing outbreak of COVID-19, defined as one or more confirmed cases of COVID-19 in a resident or staff member.

- Absence of any facility-onset COVID-19 cases within the last 14 days. A facility-onset case is defined as a new laboratory-confirmed case of COVID-19 in a resident of an assisted living facility who has been admitted to the facility for >14 days. Note that a new admission of a COVID-19 positive patient from a hospital or nursing home to the assisted living facility is not considered a facility-onset case.

- No staffing shortages present and the facility is not under a contingency or crisis staffing plan as described in CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages.

- Universal source control is in place, requiring all residents, staff, and anyone else entering the facility to wear a facemask or cloth face covering at all times while in the facility. Those who refuse are not allowed entry.

- Persons inside the facility are required to maintain social distancing (>6 feet apart) at all times, including in break rooms and restrooms.

- Persons entering the facility are required to perform hand hygiene upon entrance.

- Staff have access to adequate PPE. CDC's contingency capacity strategy for optimizing use of PPE is allowable, but their crisis capacity strategy is not. A **non-exhaustive** list of crisis capacity strategy PPE practices that **must be discontinued** prior to relaxing restrictions includes:

- Use of substitutes for isolation gowns, such as rain jackets, resident gowns, or laboratory coats.

- Use of any kind of isolation gown for more than one patient, including on a unit dedicated to the care of COVID-19 residents only.

- Re-use of cloth isolation gowns.

- Re-use of facemasks or N95 respirators for the care of multiple patients, with removal of the facemask or respirator between encounters. (Extended use, in which the same facemask or respirator is worn continuously without being removed is allowed, and in fact, is required as universal source control.).

- Use of gloves, facemasks, or N95 respirators beyond the manufacturer-designated shelf life.

- Use of N95 respirators approved under standards used in countries other than the United States.

- Use of faceshields as a substitute for facemasks.

- Extended use of disposable gloves, in which the same pair of gloves is worn without changing them between patients or tasks.

- Use of non-healthcare glove alternatives, such as food service or industrial chemical resistance gloves.

- Local acute care hospitals must have capacity to accept transfers from the facility.

REQUIRED TESTING CAPACITY TO RELAX RESTRICTIONS: In addition to the other prerequisites for relaxing restrictions listed above, assisted living facilities must be able to conduct COVID-19 testing among residents and staff. Facilities should not use antibody testing to fulfill these testing criteria. Specifically, assisted living facilities must be able to:

- Ensure capacity for testing for any residents who develop symptoms of COVID-19 or who are tested in response to a case associated with the facility, including a plan for specimen collection.

- Ensure capacity for testing of staff who need testing. The testing can be provided in the facility, or facilities can establish relationships with an outpatient or urgent care setting for staff testing, including individual primary care providers.

- Ensure the laboratories performing testing are CLIA-certified and can process these tests with a quick turnaround time (ideally <48 hours).

- Provide written procedures for addressing residents or staff that decline testing or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).

PHASES FOR RELAXING RESTRICTIONS: Each of the three phases for relaxing COVID-19 at Maryland assisted living facilities is described below. Facilities should spend a minimum of 14 days in a given phase, with no new facility-onset cases of COVID-19, prior to advancing to the next phase. At any point in the process, if a new facility-onset COVID-19 case is detected, the facility must return to the highest level of mitigation (i.e. pre-Phase 1) and begin the entire process over again. Additionally, increases in community case counts could necessitate pausing or reversing the process of relaxing restrictions for both the community and facilities. Health authorities may also prohibit a facility from advancing to the next phase if other significant concerns are identified, which are not specified within this document. Facilities with both assisted living programs and nursing homes should work with their local health department to determine the appropriateness of their nursing home or assisted living program progressing through different phases of relaxation at different times. Guidance may be different for facilities who have mixed acuity residents in a single building versus a physically separate building or based on facility size.

PHASE 1

Criteria for Entering Phase 1 (in addition to prerequisites outlined above)

- Assisted living facilities should not begin to relax restrictions until their surrounding jurisdiction enters Stage 2 of Gov. Hogan's "Maryland Strong: Roadmap to Recovery."

Guidance for Phase 1

- Limited communal dining is allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Such residents may eat in the same room, but social distancing protocols must be followed with limited numbers of residents in the room (no more than 50% of total capacity as defined by the fire code). The number of residents sitting at the same table should be limited, to ensure at least 6 feet of separation from others. Facemasks or cloth face coverings must be in place while residents are not actively eating. Staff serving residents must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.

- Limited, small gatherings (no more than 5 persons) may be allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols should be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced. Large group activities should continue to be restricted.

- Indoor visitation continues to be prohibited except in end-of-life circumstances. Any visitors that are allowed for these situations must be screened upon entry, required to wear a facemask or cloth face covering, and must only be allowed access to the room of the resident they are visiting.

- Outdoor visitation may continue when the following criteria are met: no more than 2 visitors at a time; social distancing and masking are maintained at all times between residents and visitors.

- Non-essential healthcare personnel and volunteers continue to be restricted.

- Non-medically necessary trips outside of the facility should be avoided.

PHASE 2

Criteria for Entering Phase 2

- Entering Phase 2 requires that no new facility-onset cases have been identified in the previous 28 days (14 days prior to Phase 1 plus 14 days during Phase 1).

- Facilities must also continue to have adequate staff, PPE, and access to testing as previously described.

- Local hospitals must continue to have adequate capacity for admissions.

Guidance for Phase 2

- Limited communal dining as described in Phase 1 may continue.

- Allow entry of limited numbers of non-essential healthcare personnel or contractors as determined necessary by the facility. Such persons who are allowed entry must be screened upon entry, follow social distancing protocols, wear a facemask or cloth face covering at all times while in the facility, and must adhere to hand hygiene policies.

- Group activities, including outings, for no more than 10 persons at a time may be allowed for residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols must be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.

- Indoor visitation continues to be prohibited except in end-of-life circumstances. Any visitors that are allowed for these situations must be screened upon entry, required to

wear a facemask or cloth face covering, and must only be allowed access to the room of the resident they are visiting.

- Volunteers continue to be restricted.

PHASE 3

Criteria for Entering Phase 3

- Entering Phase 3 requires that no new facility-onset cases have been identified in the previous 42 days (i.e., 14 days prior to phase 1 plus 14 days during Phase 1 plus 14 days during Phase 2).

- Facilities must also continue to have adequate staff, PPE, and access to testing as previously described.

- Local hospitals must continue to have adequate capacity for admissions.

Guidance for Phase 3

- Limited communal dining as described in Phases 1 and 2 may continue.

- Indoor visitation is allowed. Visitors must be screened upon entry, required to wear a facemask or cloth face covering, and must only be allowed access to the room of the resident they are visiting. Considerations for visitation when restrictions are being relaxed include:

    - Permit visitation only during select hours and limit the number of visitors per resident (e.g., no more than 2 visitors at one time).

    - Schedule visitation in advance to enable continued social distancing.

    - Restrict visitation to the resident's room or another designated location at the facility (e.g., outside).

- Additional non-essential healthcare personnel or contractors may be allowed entry to the facility, following additional precautions as described in Phase 2.

- Allow entry of volunteers, who must be screened upon entry, follow social distancing protocols, wear a facemask or cloth face covering at all times while in the facility, and adhere to hand hygiene policies.

- The number of persons allowed to participate in group activities, including outings, may be increased to a number that ensures social distancing requirements can still be maintained. Such activities should still be limited to residents who are not on quarantine or isolation and have tested negative for COVID-19, or who have

recovered from COVID-19 and have met criteria for discontinuation of Transmission-Based Precautions. Social distancing protocols must be followed, ensuring at least 6 feet of separation between people. Residents and staff must wear facemasks or cloth face coverings. Hand hygiene policies should be reinforced.