

How the facility will relax restrictions



### 13. How the facility will relax restrictions and mitigate risk of resurgence:

Facility will follow the recommendations of CMS and guidance from DPH, IDPH and the CDC for relaxing restrictions and mitigating risk of resurgence. Decisions on relaxing restrictions will be made with careful review of a number of facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials and nursing homes. Factors that will inform decisions about relaxing restrictions in the facility include:

- **Case status in community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).
- **Case status in the nursing home(s):** Absence of any new onset of COVID-19 cases in the facility (resident or staff), such as a resident acquiring COVID-19 in the facility.
- **Adequate staffing:** No staffing shortages and the facility is not under a contingency staffing plan.
- **Access to adequate testing:** The facility will have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan will consider the following components:
  - The capacity for **all** facility **residents** to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for **all staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
  - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
  - A procedure for addressing residents or staff that decline 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).

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- **Universal source control:** Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), facility will restrict their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.
- **Access to adequate Personal Protective Equipment (PPE) for staff:** Facility will follow CDC's guidance and Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes.

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### **Attachment 1 – Recommended Nursing Home Phased Reopening for States**

The reopening phases below cross-walk to the phases of the plan for [Opening Up America Again](#), and includes efforts to maintain rigorous infection prevention and control, as well as resident social engagements and quality of life. Note: The Opening Up America Guidance for communities includes visitation guidance for “senior care facilities.” The term “senior care facilities” refers to a broader set of facilities that may be utilized by seniors, and is not specific to Medicare/Medicaid certified long term care facilities (i.e., nursing homes), whereas, this guidance is specific to nursing homes.

Due to the elevated risk COVID-19 poses to nursing home residents, we recommend additional criteria for advancing through phases of reopening nursing homes than is recommended in the broader Administration’s Opening Up America Again framework. For example:

- Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received a base-line test, and the appropriate actions are taken based on the results;
- States should survey those nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID-19; and
- Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again (in other words, a nursing home’s reopening should lag behind the general community’s reopening by 14 days).

For additional criteria, please see attached CMS Memo date May 18, 2020 and the attached Appendix.