



Frequently Asked Questions About Nursing Facility Orders and Support Efforts

Updated May 6, 2020

In March, the Maryland Department of Health (MDH) issued [Recommendations for Infection Control and Prevention of COVID-19 in Facilities Serving Older Adults](#) and guidance for [Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities](#).

In response to increasing cases of COVID-19 in Maryland's nursing facilities, Governor Larry Hogan issued his [first executive order specific to nursing home facilities](#) on April 5. The order authorized MDH Secretary Robert R. Neall to take any action necessary to protect Maryland's most vulnerable population from the virus.

This and [later orders](#) created a framework of support for nursing facilities, along with new requirements, aimed at protecting residents and staff.

How is Maryland helping nursing facilities face the challenges associated with COVID-19 and required compliance?

Maryland is responding to requests for assistance from nursing facilities under the flexibility granted by Governor Hogan's executive order through ["Response Teams"](#) established by Secretary Neall. These teams compliment our "strike teams," which help facilities with assessments, testing and clinical care. For more information, see [Frequently Asked Questions About "Strike Teams"](#).

How will the mandate for universal testing of residents and staff help nursing facilities?

Testing, regardless of a person's symptoms, will allow for strategic targeting and isolation of COVID-19 in nursing homes. Universal testing will help facilities control, prevent and reduce the spread of the virus. Nursing facilities will follow established protocols for isolating residents who test positive. Any staff who test positive must leave the facility and go into isolation ([see preparing for staff shortages](#)).

When and how will this universal testing be conducted?

Sites will be prioritized based on inherent risk based on patient status, previous site experience and geographic location. Facilities will receive advanced notice of test date but may not decline testing. Testing will be coordinated with testing lab capacity. The Maryland National Guard will coordinate test delivery with the facility. Facilities may use their own tests but must test all residents and staff on the same day.

How can strike teams help with universal testing?

Strike teams can help nursing homes access personal protective equipment (PPE) and testing specimen collection training following a train the trainer model.

How will facilities get test results?

The tests will be processed in state with results available within 24 hours. Results will be reported through a secure link established with MDH.

How can nursing homes prepare for potential staffing shortages due to universal testing?

Nursing homes should take the following actions to prepare for potential staffing shortages:

1. Let all staffing agencies normally used know that testing will be conducted so they can be prepared to support additional coverage.
2. Utilize the [Chesapeake Registry](#).
3. Contact your local health department and hospital partners for potential staffing support.
4. For widespread shortages, contact your local health department to request a [bridge team](#).

How do “bridge teams” support nursing facilities?

Bridge teams cover any potential staffing shortage due to the mandated universal COVID-19 testing of nursing home residents and staff. A bridge team provides continuity of care for residents when staffing falls [below required levels](#).

Each bridge team includes a registered nurse and five to seven aides per 12-hour shift who can care for up to 100 residents per shift for four days. The goal is to give the nursing home time to hire temporary staff to cover for COVID-19 positive staff during the 14-day isolation period.

How do nursing homes register with the Chesapeake Registry and how will it benefit the facilities?

Nursing facilities must now register with the [Chesapeake Registry](#) to help identify whether state-aided staffing is needed to ensure adequate coverage. The Registry, affiliated with the Maryland Hospital Association (MHA), is a staffing resource that can quickly connect available quality supplemental staffing with employers.

To register and request staffing , email covidstaffing@mhaonline.org. Facilities will complete a short-term contract. Registration may take up to two days to validate. Any questions can be directed to Meghan McClelland at mmcclelland@mhaonline.org.

How will the Chesapeake Regional Information System for Our Patients (CRISP) new reporting requirements help?

CRISP, Maryland’s secure health information exchange, allows nursing facilities to share data with a variety of healthcare stakeholders. Effective in April, nursing facilities must update CRISP daily to include their bed census and COVID-specific data. Timely data sharing will help monitor the spread, or mitigation, of COVID-19 in nursing homes.

What is the role of the new Special Safety and Compliance Officer?

The Special Safety and Compliance Officer will monitor and support nursing facilities in their efforts to comply with the increased, and changing, state regulations and directives related to COVID-19. Governor Hogan appointed Col. Eric Allely, State Surgeon of the Maryland National Guard, to serve as the Special Safety and Compliance Officer.

What is the purpose of the Nursing Home Task Force?

The Nursing Home Task Force is a multi-agency team led by the Special Safety and Compliance Officer, Col. Eric Allely. The task force was assembled to support nursing home facilities and ensure their compliance with ever increasing and changing COVID-19 regulations and improve communications with MDH and the public. By integrating the efforts of various state partners and MDH staff, the team will support the nursing facility to achieve universal testing, access to personal protective equipment (PPE) and meet staffing needs.

How is the state supporting facilities that need personal protective equipment (PPE)?

On April 5, Sec. Neall mandated that all nursing facility personnel wear a facemask and all personnel who are in close contact with residents wear PPE, including a facemask, eye protection, gloves and gown.

Facilities can request PPE from the state by submitting a [PPE Request Form](#). If needed, the Strike Team’s Assessment Team can help a facility to determine their equipment and PPE

supply needs.

All nursing homes are required to follow the CDC's [Strategies to Optimize the Supply of PPE and Equipment](#).

What action has the state taken to help nursing home residents treated for COVID-19 in the hospital when discharged?

Under the Secretary's April 5 order, previously ill residents are guaranteed the right to return to their "home" facility if the facility can follow the [CDC recommendations for transmission-based precautions](#).

The order directs the Office of Health Care Quality (OHCQ) to assist hospitals and nursing homes in placing patients. OHCQ can be reached at mdh.dischargeassist@maryland.gov.

What facilities are covered under the Governor's order and Secretary's order?

Nursing home facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and COMAR 10.07.02 are covered under the Governor's and Secretary's orders. The orders also apply to assisted living facilities, hospice facilities, residential treatment facilities, home health agencies and any related institution.

What COVID-19 guidance are nursing facilities required to follow?

Nursing facilities must fully comply with all CDC, Centers for Medicare and Medicaid Services (CMS) and MDH guidance related to COVID-19.