Reopening Delphi, Round 1 Voting
Q9-Q86, total 78 questions

Legend	
GREEN if >=80%	80%
YELLOW if >=51%	51%
RED if <50%	25%

Category	Statement	Agree	Neutral	Disagree	Total Cast Votes (max n=21)	Status
Criteria for Entrance into Phase 3	Q9. Overall local community health metrics should be improving as evidenced by a community test positivity rate <10% and adequate local hospital capacity defined by the local health department.	18	0	1	19	95%
Criteria for Entrance into Phase 3	Q10. Completion of Phase 1 and 2 requirements that include at least one round of universal testing of all healthcare staff and residents.	19	1	0	20	95%
Criteria for Entrance into Phase 3	Q11. There should be no evidence of a new nursing home COVID-19 outbreak (defined as >2 NH-onset of cases in close proximity) at least the last 28 days.	10	1	9	20	50%
Criteria for Entrance into Phase 3	Q12 There should be no staffing shortage as deemed necessary for routine patient care, including assisting residents with ADL care and	15	3	3	21	71%
Criteria for Entrance into Phase 3	Q13 There should be a respiratory protection plan in place for the nursing home to include staff fit testing for N95 masks.	19	0	2	21	90%
Criteria for Entrance into Phase 3	Q14 There should be at least a 14-day supply of adequate PPE supplies for the nursing home to be able to manage daily patient flow and planning for a potential surge of COVID-19 positive patients.	19	2	0	21	90%
Criteria for Entrance into Phase 3	Q15 There should be sufficient disinfecting supplies including hand sanitizer, soap, detergent, etc for 14-days in stock.	19	2	0	21	90%
Criteria for Entrance into Phase 3	Q16 The nursing home has designated a full-time staff person engaged in infection prevention and oversight of local facility COVID-19 response and	16	1	4	21	76%
Criteria for Entrance into Phase 3	Q17 Regular reporting to the CDC NHSH LTCF COVID-19 module is occurring weekly (staffing, PPE, testing).	17	2	2	21	81%
Criteria for Entrance into Phase 3	Q18 There is a written screening and testing plan submitted to the local health department.	19	2	0	21	90%
Criteria for Entrance into Phase 3	Q19 There is a written isolation and cohorting plan submitted to the local health department.	20	1	0	21	95%

Criteria for Entrance into Phase 3	Q20 There is a written process for new admissions that includes appropriate isolation and precautions for all new residents submitted to the local health department.	20	1	0	21	95%
Universal Source Control	Q21 Residents, visitors, and volunteers wear cloth face coverings or a facemask when in a shared-	17	0	2	19	89%
Universal Source Control	Q22 Direct patient care staff wear the appropriate PPE when interacting with residents.	20	0	0	20	100%
Universal Source Control	Q23 Social distancing, hand washing, and disinfection practices need to continue in direct-patient care areas.	20	0	0	20	100%
Screening	Q24 All persons entering the facility (including staff, visitors, volunteers, and vendors) should undergo screening to include: temperature check, exposure questionnaire, and symptom questionnaire.	18	1	0	19	95%
Screening	Q25 Entry screening is performed by a screener who has received training in basic infection control, appropriate education on questionnaires and hands-on practice with thermometer.	18	1	1	20	90%
Screening	Q26 All persons attempting to enter the facility who have a either recorded a temperature >99.5 F or report having taken a medication to treat fever (anti-pyretic such as acetaminophen) should not be permitted to enter.	18	1	1	20	90%
Screening	Q27 All residents should undergo a daily symptom screening and have temperature monitored.	17	2	1	20	85%
Active Testing and Surveillance	Q28 Test all symptomatic residents and staff but allow individual autonomy with an appropriate plan on how to isolate and cohort an individual who is symptomatic but does not wish to be tested.	15	0	5	20	75%
Active Testing and Surveillance	Q29 Treat a symptomatic resident who does not wish to be tested as a presumed positive. Isolate and cohort accordingly.	20	0	0	20	100%
Active Testing and Surveillance	Q30 All residents, staff should have undergone baseline testing as part of Phase 1 and Phase 2.	17	1	1	19	89%
Active Testing and Surveillance	Q31 Have a plan for ongoing surveillance testing of asymptomatic staff and residents.	19	0	1	20	95%
Active Testing and Surveillance	Q32 A 10% sample of randomly selected asymptomatic staff and residents among different units/floors represents an adequate	4	6	8	18	22%
Active Testing and Surveillance	Q33 Residents who are asymptomatic should be allowed to opt out of testing for asymptomatic surveillance.	11	2	7	20	55%
Active Testing and Surveillance	Q34 A trigger to increase testing of asymptomatic individuals would be based on response to an outbreak investigation and contact tracing results.	19	0	1	20	95%

Active Testing and Surveillance	Q35 One COVID-19 + case in staff or residents should trigger the execution of a comprehensive plan addressing contact tracing, isolation/cohorting, and testing within 24 hours of positive test result.	18	0	1	19	95%
Active Testing and Surveillance	Q36 There should be a low threshold to extend universal testing of all staff and residents to entire units, floors, buildings if just 1 NH-onset case in facility occurs.	13	3	3	19	68%
Active Testing and Surveillance	Q37 There should be a low threshold to extend universal testing of all staff and residents to entire units, floors, buildings if greater than 2 NH-onset cases in a facility within 1-week period.	17	0	2	19	89%
Active Testing and Surveillance	Q38 A resident who has previously tested positive does not need to be tested again within an 8 week window of prior onset of symptoms.	11	3	4	18	61%
Active Testing and Surveillance	Q39 Routine surveillance testing of asymptomatic staff and patients should be done monthly.	7	6	6	19	37%
Contact Tracing	Q40 A process should be identified for how facilities will actively track staff/ resident and visitor interactions to help facilitate appropriate contact tracing in the event of an outbreak investigation.	20	0	0	20	100%
Contact Tracing	Q41 In the event of a PUI or COVID-19 positive staff or resident, a list of individuals with possible exposures should be able to be generated for the prior 3 days (preferably 5 days) within 24 hours.	19	0	1	20	95%
Cohorting and Isolation	Q42 There should be a written cohorting and isolation plan for the facility.	19	1	0	20	95%
Cohorting and Isolation	Q43 New admissions should be placed in a dedicated area of the facility where appropriate isolation and contact precautions are maintained.	19	0	0	19	100%
Cohorting and Isolation	Q44 A facility should have a designated area for cohorting of COVID-19 positive residents even if no active cases exist.	17	3	0	20	85%
Cohorting and Isolation	Q45 Facilities should be able to accommodate individual resident care preferences regarding testing, cohorting, and isolation as long as the individual risks for other residents is not	15	2	3	20	75%
Visitor Guidelines	Q46 A process should exist by which visitors and volunteers can sign up for a defined time period, preferably electronically.	18	2	0	20	90%
Visitor Guidelines	Q47 The facility should maintain a sign-in log that includes contact information (phone and email) of visitors and volunteer to help with contact tracing.	20	0	0	20	100%
Visitor Guidelines	Q48 A resident should not be allowed more than 2 visitors during one visit.	15	3	2	20	75%
Visitor Guidelines	Q49 Screening of all visitors and volunteers should be performed.	20	0	0	20	100%

Visitor Guidelines	Q50 A negative COVID-19 test is not a requirement prior to visiting a nursing home.	14	1	5	20	70%
Visitor Guidelines	Q51 Social distancing, hand hygiene and mandatory face masks are required in shared-spaces during	18	0	2	20	90%
Visitor Guidelines	Q52 Gloves and a gown are required if visitors wish to engage in physical contact with a nursing home resident, such as hugging, hand holding, or meal assistance.	16	3	1	20	80%
Visitor Guidelines	Q53 Visitors should not be visiting a nursing home resident who is actively symptomatic with the exception of compassionate visitations at the end-of-life. All appropriate level II PPE must be worn at that time.	15	1	4	20	75%
Visitor Guidelines	Q54 Nursing homes should have a designated area for visitations to occur. Ideally outside, except for situations where the outdoor conditions would not allow a safe visit.	19	0	1	20	95%
Visitor Guidelines	Q55 Indoor visitation areas should be accessible without walking through a patient care area, must be disinfected between scheduled visits, and should be large enough to facilitate social distancing between different visitor groups.	17	1	2	20	85%
Visitor Guidelines	Q56 Visitor guidelines should prioritize and make special arrangements to allow a designated care giver (or dedicated support person) or surrogate decision-maker the ability to frequently visit and provide compassionate care to a resident exhibiting behaviors that require frequent re-direction in cases of delirium, dementia, or other psychosocial	19	1	0	20	95%
Visitor Guidelines	Q57 Visitors that do not adhere to recommendations or do not allow screening procedures to take place such as temperature checks would not be allowed in the building.	20	0	0	20	100%
Visitor Guidelines	Q58 Visitors should be guided to the visitor area as to limit their interactions with other areas, staff or patients.	17	2	1	20	85%
Healthcare Personnel	Q59 Allow entry of all essential and non-essential healthcare personnel, contractors, and vendors with appropriate screening, social distancing, hand hygiene, and face coverings.	14	2	4	20	70%
Healthcare Personnel	Q60 Consider a designated care giver (or dedicated support person) an essential member of the healthcare team.	15	1	3	19	79%

Communal Dining	Q61 Cohort dining groups according to level of exposure and risk. For example, if necessary to accommodate resident/surrogate preferences, a risk-accepting group could be a cohort that attends congregate events together, provided that the facility can manage them separately.	16	0	3	19	84%
Communal Dining	Q62 Do not allow symptomatic residents with an unknown COVID-19 status entry into a shared communal dining environment.	19	0	0	19	100%
Group Activities	Q63 Do not allow symptomatic residents with an unknown COVID-19 status to participate in group activities in which proper infection control practices cannot be maintained.	20	0	0	20	100%
Group Activities	Q64 Make every effort possible to maintain social distancing, practice hand hygiene, and wear a mask during group activities.	20	0	0	20	100%
Group Activities	Q65 Try to facilitate indoor group activities in a well-ventilated space that allows for appropriate social distancing.	20	0	0	20	100%
Group Activities	Q66 Make an effort to offer residents the ability to join a risk-accepting group that could be cohorted together for activities, provided that the facility can manage them separately.	17	1	2	20	85%
Non-medically Necessary Trips Outside Facility	Q67 The facility should make every effort possible to help facilitate a leave of absence deemed in the best interest for the resident, understanding that it may put the resident at risk.	14	2	3	19	74%
Non-medically Necessary Trips Outside Facility	Q68 Residents must adhere to face coverings, hand hygiene, and social distancing during trips outside of the facility.	18	1	1	20	90%
Non-medically Necessary Trips Outside Facility	Q69 Upon return to the facility, residents must have their clothes laundered and must be bathed.	10	4	4	18	56%
Non-medically Necessary Trips Outside Facility	Q70 As long as the outside visit does not involve close contact with COVID+ individuals or symptomatic individuals, the resident would not be subject to isolation upon re-entry to the facility.	8	5	5	18	44%
Non-medically Necessary Trips Outside Facility	Q71 A resident that makes a trip outside the facility and is exposed to a COVID+ individual, symptomatic individual or otherwise fails the screening questionnaire upon re-entry to the building would be subject to 14 days of isolation.	17	0	3	20	85%

Outbreak Investigation and Phase Regression	Q72 A new SNF admission who has remained under isolation in a private room becomes symptomatic within 14 days of admission and tests positive. In this situation, I would re-test and extend testing to close contacts. If no further positive cases, this situation would not warrant facility wide testing or phase	16	1	2	19	84%
Outbreak Investigation and Phase Regression	Q73 A new SNF admission who has remained under isolation in a private room within 14 days of admission tests positive on routine surveillance testing of asymptomatic residents. In this situation, I would re-test the resident only. If no further positive cases, this situation would not warrant facility wide testing or phase regression.	10	1	7	18	56%
Outbreak Investigation and Phase Regression	Q74 During an outbreak investigation of a single case it is determined that there is 1 NH-onset case on an isolated wing with isolated staff. This scenario would warrant testing of the entire wing staff and residents but not warrant facility wide testing or phase regression.	17	1	1	19	89%
Outbreak Investigation and Phase Regression	Q75 During an outbreak investigation, it is determined that there is >2 NHonset cases in a building within a short time period (<14 days). There is concern for wide spread disease in the building. This scenario would warrant testing of the entire facility and phase regression with subsequent restrictions on visitors,	18	1	0	19	95%
Outbreak Investigation and Phase Regression	Q76 An asymptomatic HCP tests positive on routine surveillance testing and is appropriately following work-restrictions. This situation would not warrant facility wide testing or phase regression.	8	4	5	17	47%
Outbreak Investigation and Phase Regression	Q77 A symptomatic HCP tests positive. This would warrant testing of close contacts (staff and residents) of the immediate patient care area.	18	0	1	19	95%
Outbreak Investigation and Phase Regression	Q78 Phase regression and facility wide restrictions should not be imposed after one isolated COVID-19 case. Rather, a prompt outbreak investigation should occur with further results triggering appropriate	18	0	0	18	100%
Special Patient Populations, Scenarios	Q79 Dialysis patients who leave the facility regularly for hemodialysis will remain under appropriate isolation and contact precautions and not mix with COVID-, asymptomatic individuals.	16	2	2	20	80%
Special Patient Populations, Scenarios	Q80 Hairdressers and stylists should be considered direct patient care staff and be subject to the same screening and work restrictions as other healthcare facility staff.	19	1	0	20	95%

Special Patient Populations, Scenarios	Q81 Targeted testing for hairdressers, hospice staff, special patient populations, and other residents or staff with increased exposures would not be subject to increased testing.	6	2	10	18	33%
Special Patient Populations, Scenarios	Q82 Patients that are unable to adhere to social distancing or face coverings should be allowed to visit with family in a private isolated area as long as visitors were full PPE.	17	1	1	19	89%
Immunity	Q83 A patient who has recovered from COVID-19 disease and is 3 weeks post onset of symptoms is likely not infectious to another individual as long as they have not developed new symptoms.	14	2	0	16	88%
Immunity	Q84 A cohort of asymptomatic individuals who have all recovered from COVID-19 can safely be cohorted together.	15	3	0	18	83%
Immunity	Q85 Antibody testing is not a surrogate marker of individual immunity at the present state of antibody research.	13	3	1	17	76%
Immunity	Q86 A persistently positive asymptomatic individual who has recovered from COVID-19 and is post 8 weeks from onset of symptoms is not considered	11	3	3	17	65%