














Reopening Delphi, Round 2 Voting
Q1-Q41, total 41 questions
 21 revised statements, 20 new statements







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
Definitions	I agree with the following modification of the formal CDC definition of Healthcare personnel (HCP). "HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, <u>beauticians and hairdressers</u> , engineering and facilities management, administrative, billing, and volunteer personnel)". (Added Beauticians to CDC definition of HCP)	17	1	1	19	 89%
Definitions	I agree with the following definition: "Testing, Active/Surveillance: Testing for active surveillance of asymptomatic individuals."	19	0	0	19	 100%
Definitions	I agree with the following definition: "Testing, Outbreak Investigation: Testing of symptomatic or asymptomatic residents in response to an outbreak investigation of a positive staff or resident case."	17	0	2	19	 89%
Definitions	I agree with the following definition: "Testing, Diagnostic: Testing of symptomatic residents or staff."	19	0	0	19	 100%
Definitions	I understand the CDC definition of NH-onset COVID-19 infection to include a COVID-19 unknown or negative nursing home resident who tests positive for COVID-19 more than 14 days after admission to the facility.	19	0	0	19	 100%
Definitions	A NH-onset COVID-19 infection definition does not include an asymptomatic COVID-19 resident who has recovered from the disease but tests positive within 90 days of onset of symptoms.	13	5	1	19	 68%

Criteria for Entrance into Phase 3	Q11. In order for a nursing facility to proceed with phased reopening, there should be no new NH-onset cases for 28 days.	14	1	4	19	▲ 74%
Criteria for Entrance into Phase 3	Q12 In order to progress through phased reopening, the facility and local health district should have a proposed plan to mitigate and assist in any staffing shortage as deemed necessary for routine patient care, including assisting residents with ADL care and companionship.	18	1	0	19	● 95%
Criteria for Entrance into Phase 3	Q16 In order to progress through phased reopening, the nursing home has designated one or several staff members who are engaged in infection prevention and oversight of local facility COVID-19 response and procedures.	19	0	0	19	● 100%
Active Testing and Surveillance	Q32. Testing a proportion of randomly selected asymptomatic HCP (staff) who have not previously tested positive should be done for surveillance efforts. The frequency and sample size of staff should be guided by size of facility and level of local community spread.	15	1	3	19	▲ 79%
Active Testing and Surveillance	Testing a proportion of randomly selected asymptomatic resident who have not previously tested positive should not be done for surveillance efforts. Instead, residents who are asymptomatic should only be tested during outbreak investigations of close contacts of a known COVID-19 positive resident or staff member.	10	4	5	19	▲ 53%
Active Testing and Surveillance	In facilities without any positive COVID-19 cases, test 100% of asymptomatic HCP (staff) who have previously not tested positive weekly for 4 weeks; if no new positives may test 25% of asymptomatic HCP (staff) every 7 days such that 100% of facility staff are tested each month	10	3	6	19	▲ 53%
Active Testing and Surveillance	Once one NH-onset case (case definition from CDC) has been identified within a facility, facilities should resume testing of asymptomatic HCP (staff) who have not previously tested positive.	16	3	0	19	● 84%
Active Testing and Surveillance	Q33 Residents who are asymptomatic should be allowed to opt out of testing for sole purposes of surveillance. This statement would not be applicable for contact tracing with a known exposure to a COVID-19 patient or staff member.	13	2	4	19	▲ 68%

Active Testing and Surveillance	The facility should make every effort possible to secure a collection method that is least invasive and uncomfortable if testing residents and staff with a low pre-test probability of COVID-19 disease (asymptomatic without known exposure), such as saliva testing or nasal/oral swabs instead of a nasopharyngeal swab.	18	0	1	19	 95%
Active Testing and Surveillance	Q38 An asymptomatic resident who has previously tested positive for COVID-19 and recovered does not need to be tested again within an 8 week window of prior onset of symptoms.	14	2	3	19	 74%
Active Testing and Surveillance	An asymptomatic resident who has previously tested positive for COVID-19 and recovered does not need to be tested again within a 90 day window of prior onset of symptoms.	11	5	3	19	 58%
Active Testing and Surveillance	An asymptomatic resident who has previously tested positive for COVID-19 and recovered does not need to be tested again.	2	3	11	18	 11%
Active Testing and Surveillance	Q36 During an outbreak investigation, there should be a low threshold to extend testing of all staff and residents to entire units, floors, buildings if the situation deems it necessary. Asymptomatic residents and staff who have previously tested positive would not be subject to repeat testing.	15	0	3	18	 83%
Active Testing and Surveillance	Q28 Test all symptomatic residents and staff but allow individual residents autonomy with an appropriate plan on how to isolate and cohort a resident who is symptomatic but does not wish to be tested. A symptomatic staff member who does not wish to be tested would be excluded from work until they meet the return to work criteria of a presumed positive individual.	17	0	2	19	 89%
Outbreak Investigation and Phase Regression	Q94. Once one nursing home resident tests positive for COVID-19, an outbreak investigation should include baseline testing of close contacts (to include roommate, neighboring rooms, and staff)	18	0	1	19	 95%
Outbreak Investigation and Phase Regression	Q95. Once one nursing home staff member tests positive for COVID-19, an outbreak investigation should include baseline testing of close contacts (to include roommate, neighboring rooms, and staff)	16	0	2	18	 89%

Outbreak Investigation and Phase Regression	Q96. Once one NH-onset case (case definition from CDC) has been identified within a facility, facilities should resume testing of asymptomatic HCP (staff) who have not previously tested positive.	17	1	1	19	 89%
Outbreak Investigation and Phase Regression	Q76 An asymptomatic HCP tests positive on routine surveillance testing and is appropriately following work-restrictions. This scenario should prompt an outbreak investigation of close contacts but should not automatically warrant a phase regression as long as the outbreak investigation does not identify new cases among staff or residents who have not previously tested positive.	18	0	1	19	 95%
Outbreak Investigation and Phase Regression	Q73. A new or returning asymptomatic nursing home resident without a prior diagnosis of COVID-19 and who has remained under isolation in a private room for 14 days since admission tests positive during facility testing of asymptomatic residents. Not during an outbreak investigation and there has been no exposure to a COVID-19 positive patient or staff. In this situation, I would re-test the resident only. If subsequently negative and no further suspicion of COVID-19 in the building, this scenario would not warrant facility-wide testing or phase regression.	14	1	4	19	 74%
Cohorting and Isolation	Q45 Facilities should be aware and document individual resident and/or surrogate decision-makers' care preferences regarding testing, cohorting, and isolation. It may be possible to cohort a certain group of individuals (ie recovered COVID-19 positive patients who are asymptomatic) as long as the risks for other residents is not substantially increased.	19	0	0	19	 100%
Visitor Guidelines	Q48 During visits with family or friends, a facility may need to limit the number of visitors to no more than 2 visitors during one visit due to physical space constraints in order to allow social distancing to take place.	19	0	0	19	 100%
Visitor Guidelines	Q53 Visitors who wish to visit a nursing home resident who is actively symptomatic and has tested positive for COVID-19 should be strongly discouraged from visiting with the exception of compassionate visitations at the end-of-life. All appropriate level II PPE must be worn at that time.	16	1	2	19	 84%

Visitor Guidelines	Visitors who wish to visit a nursing home resident who is actively symptomatic but for whom COVID-19 testing is pending or unknown should have an informed consent discussion with nursing leadership, demonstrate appropriate donning/doffing of PPE and agree to wear appropriate PPE during the visit.	8	1	8	17	 47%
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. They would be subject to the same testing and surveillance requirements as the rest of the HCP (staff) cohort. Visitors including non-employed caregivers and surrogate-decision makers would be subject to the visitor guidelines.	14	0	5	19	 74%
Healthcare Personnel	Q60 The facility should consider a designated care giver (or dedicated support person, surrogate decision-maker) an essential member of the healthcare team who would not be subject to visitor guidelines if resources (PPE, training, monitoring) are available at the time and the person is directly engaged in compassionate care to alleviate a residents psycho-social stress as a result of isolation.	15	0	4	19	 79%
Special Patient Populations, Scenarios	Q81. Hairdressers, beauticians, hospice staff and other staff members who work within a nursing home should be included in the CDC definition of Healthcare Personnel (HCP) and follow the same guidelines regarding screening and testing.	19	0	0	19	 100%
Non-medically Necessary Trips Outside Facility	Q70. A resident who engages in a visit with family or friends beyond the nursing home grounds, remains outside, and the visit does not involve close contact with COVID+ individuals or symptomatic individuals would not be subject to isolation upon re-entry to the facility.	3	4	11	18	 17%
Non-medically Necessary Trips Outside Facility	A resident who engages in a supervised outside visit with family or friends within the nursing home grounds, remains outside, and the visit does not involve close contact with COVID+ individuals or symptomatic individuals would not be subject to isolation upon re-entry to the facility.	17	1	1	19	 89%

Non-medically Necessary Trips Outside Facility	Q69 After a resident returns from an outside trip beyond the nursing facility grounds and prior to the resident resuming activities within a shared space, the resident should practice hand hygiene and have their wheelchair and belongings disinfected.	17	0	2	19	 89%
Non-medically Necessary Trips Outside Facility	After a resident returns from an outside trip beyond the nursing facility grounds and prior to the resident resuming activities within a shared space, the resident should be bathed according to accepted practice with soap and have the clothes they were wearing laundered in a standard fashion.	9	5	5	19	 47%
Non-medically Necessary Trips Outside Facility	Q67 The facility should have a discussion regarding risks/benefits with every resident and family who requests a leave of absence with a bed hold. This would include a discussion on hand hygiene, social distancing, and mask covering as well as subsequent isolation upon return to the facility if deemed necessary at the time of the visit based on level of community spread.	17	1	1	19	 89%
Immunity	Q86 A currently asymptomatic individual who has recovered from COVID-19 and is post 8 weeks from onset of symptoms is not considered infectious and should not be tested. If tested and the test returns positive, as long as the resident remains asymptomatic, it would not be considered a re-infection and the patient is not contagious.	11	2	4	17	 65%
Immunity	A currently asymptomatic individual who has recovered from COVID-19 and is post 90 days from onset of symptoms is not considered infectious and should not be tested. If tested and the test returns positive, as long as the resident remains asymptomatic, it would not be considered a re-infection and the patient is not contagious.	9	1	7	17	 53%
Immunity	A currently asymptomatic individual who has recovered from COVID-19 is not considered infectious and should not be tested. If tested and the test returns positive, as long as the resident remains asymptomatic, it would not be considered a re-infection and the patient is not contagious.	6	4	7	17	 35%
Immunity	Q85 Antibody testing can be a surrogate marker of individual immunity but does not currently inform clinical practice; recovery from prior infection does.	11	0	5	16	 69%