

## **Considerations for Reopening**

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### **Visits to the Home**

- To begin, I would use the symptom screening tool we have circulated to the homes, and not permit visitation if either the visitor or resident has a symptom. I would also ask the visiting family if anyone they were in close contact with or in their home has been sick in the last 14 days. If so, I would not allow the visit.
- I would continue to advise that programs not allow visitors in the actual homes -- this puts all residents at risk, not just those who are receiving a visit.
- Beyond that, as communities re-open, I think it is generally about meeting residents and their families where they are, and an individualized approach may be best.
- If families must come into close contact -- for example, because residents will not understand why they cannot hug their parents or siblings and will become distressed -- my suggestion would be for programs to give the visiting family a disposable gown and gloves in addition to a mask (we have used a similar approach for end-of-life visits), and supervise donning and doffing. That way, they won't contaminate clothing.
- The best approach is to do visitation outside the home with 6 feet of separation.

### **Visiting Public Spaces**

- Visiting public spaces is concerning because residents of a DDA program may struggle to adapt to new social distancing norms in stores or restaurants (e.g., they may continue to shake hands, pay with cash, etc., as is habitual). If residents cannot abide by these norms, it wouldn't be safe for them to participate in these kinds of activities.

### **Overnight Visits**

Finally, there is the question of residents leaving to stay overnight in houses with their family, possibly for several days, and then coming back to their group home. It is important to recognize that this carries risk not only for the resident who leaves the home, but also for others living in the home in the event s/he should bring COVID-19 back into the home. My advice would be, if programs allow this overnight visitation:

- Screen the hosting family over the phone with the symptom screening tool, and do not allow residents to visit sick family.
- Develop a plan for what residents will do if they are staying with family and one of their family members becomes sick or tests positive for COVID-19. The best approach is probably for them not to come back to the group home, and instead to try to quarantine in their family's home, but separated from the sick family members, until 14 days have passed since their last exposure to a sick family member.

- Consider requiring that all residents who leave their homes to visit family overnight do a 14-day quarantine when they return home. That means they should try to remain separate from other residents in the group home, by dining alone and using a private bathroom, and staff working with them should use full PPE.

**Our guidance is that close contact with visitors is best done with PPE. So it is best to plan accordingly, and consider whether close contact is appropriate if PPE is not available.**

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