pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 11, 2022

# Guidance on COVID-19 for Personal Care Homes and Assisted Living Residences

The Pennsylvania Department of Human Services (Department) is providing the below guidance as an update to the guidance issued on June 26, 2020, as updated on July 31, 2020, September 18, 2020, October 26, 2020, November 25, 2020, January 28, 2021, April 5, 2021, June 23, 2021 and January 11, 2022. As the Commonwealth – along with the nation – has obtained more data, deepened our scientific understanding of the COVID-19 virus, distributed vaccinations, and contemplated innovative policy options, our guidance continues to evolve. Revisions are in red text.

Guidance related to Intermediate Care Facilities may be found in Office of Developmental Programs (ODP) Provider Resource List.

## 1. Terms Used in this Guidance

Terms are defined for the purposes of this guidance as follows:

a. "**Care Plan**" refers to the Care Plan or Support Plan required by the Department's Office of Long-Term Living or Office of Developmental Programs. For Personal Care Homes (PCHs) and Assisted Living Residences (ALRs), the Support Plan is a written document that describes for each resident the resident's care, service or treatment needs based on the assessment of the resident, and when and by whom the care, service or treatment will be provided, as required at 55 Pa. Code §§ 2600.227 and 2800.227 (relating to Development of Support Plan).

b. "**Compassionate care**" refers to caregiver access necessitated to maintain or improve a resident's health and well-being based on documented "significant change" identified in the care or support plan.

c. "**Compassionate Caregiver**" (or "Caregiver") refers to a spouse or partner, family member, friend, volunteer, or other individual identified by a resident, the resident's family or facility staff to provide the resident with Compassionate Care.

d. "**Community Transmission**" refers to information provided by the CDC COVID Data Tracker at rates of High, Substantial, Moderate, Low and No Data. This measure has replaces County Positivity Rate as a the determining factor in COVID-19 response evaluation.

e. "**Cross-over visitation**" refers to visits from an individual residing in a PCH, ALR, independent living facility, skilled nursing facility or continuing care retirement community located on the same campus or in the same building that are not defined as compassionate care visitation.

f. "**Fully vaccinated**" refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

g. "**Immunocompromised**" refers to individuals with weakened immune systems including those with HIV/AIDS; cancer and transplant patients who are taking certain immunosuppressive drugs; and those with inherited diseases that affect the immune system (e.g., congenital agammaglobulinemia, congenital IgA deficiency). The risk of developing severe disease may differ depending on each person's degree of immune suppression. The CDC provides General Information for Immunocompromised Persons here.

h. "**Neutral zone**" means a pass-through area such as a lobby or or an area of the facility and facility grounds not typically occupied or frequented by residents with COVID-19 or residents isolated due to possible exposure to COVID-19 (such as an outside patio area or a dining or activity room).

i. "**New facility onset of COVID-19 cases**" refers to COVID-19 cases that originated in the facility. This does not include cases when a facility admitted an individual from a hospital with a known COVID-19 positive status, or unknown COVID-19 status that became COVID-19 positive within 14 days after admission, if quarantine had been maintained during their entire infectious period.

j. "**Non-essential personnel**" includes contractors and other non-essential personnel.

k. "**Outbreak**" means either of the following:
   - A staff person, volunteer or Compassionate Caregiver tests positive for COVID-19 and was present in the facility during the infectious period. The infectious period is either 48 hours prior to the onset of symptoms or 48 hours prior to a positive test result if the staff person is asymptomatic before being tested; OR
   - New facility onset of a COVID-19 case or cases.

l. "**Screening**" includes identifying "all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)," per CMS QSO-20-39-NH, as revised March 10, 2021.

m. "**Screening testing**" refers to regular testing of staff, and in some cases residents, when an outbreak is not occurring in the facility. The frequency of testing is based on intervals commensurate with the level of short-term COVID transmission occurring in the community.

n. "**Social distancing (or physical distancing)**" is the practice of increasing the physical space between individuals and decreasing the frequency of contact to reduce the risk of spreading COVID-19 (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). The more recent term "physical

distancing" is used to stress the importance of maintaining physical space when in public areas.

o. "**Staff**" means any individual employed by the facility or who works in the facility three or more days per week (regardless of their role), including contracted staff (such as therapists or PRN staff) who work in the facility three or more days per week. Personnel who attend to health care needs of the residents but are not employed by the facility and do not enter the facility three or more days per week are not considered staff.

p. "**Universal masking**" means the protocols set forth in PA-HAN 492 and PA-HAN 597, with homemade cloth face covering being acceptable for visitors.

q. "**Unvaccinated" refers to** a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known.

r. "**Visitors**" includes individuals from outside of the facility as well as cross-over visitors who will be interacting with residents.

s. "**Volunteer**" is an individual who is a part of the facility's established volunteer program.

## 2. Screening and Outbreak Testing

The level of COVID-19 transmission in the community surrounding a long-term care facility has a direct impact on the risk of COVID-19 introduction into the facility. Facilities should adhere to screening testing recommendations for residents and staff in PA-HAN 609, PA-HAN 610, CMS QSO-20-38-NH.

## 3. Visitation

i. Visitor Policies

In order to maintain safety during visitations, facilities should establish and enforce a visitation plan that meets the following criteria:

- Establish a schedule of visitation hours.
- Designate a specific visitation space in a neutral zone, ensuring that visitors can access that area passing only through other neutral zones. Where possible, use a specified entrance and route for visitors.
    - Outdoor visitation is strongly preferred when weather and resident appropriate, even when the resident and visitor are fully vaccinated as outdoor visits pose a lower risk of transmission due to increased space and airflow. Ensure coverage from inclement weather or excessive sun, such as a tent, canopy, or other shade or coverage.
    - When indoor visitation is necessary such as in the event of severe weather (e.g. rain, excessive heat, cold or humidity, etc.), facilities should have a

plan for how visitation will safely occur indoors in neutral zones. Visits should not occur in the resident's room if the room is shared, unless the health of either resident prevents them from leaving their room. In these cases, the facility should attempt to allow for in-room visitation following safe infection control procedures.

- Ensure adequate staff or volunteers to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit. Facilities may leverage technology to use volunteers to perform scheduling activities remotely.
- Establish and maintain visitation spaces that provide a clearly defined six-foot distance between the resident and the visitor(s).
- Determine the allowable number of visitors per resident based on the facility's capability to maintain physical distancing and infection control protocols.
- Use an EPA-registered disinfectant to wipe down visitation area between visits.
- Provide a facemask to each resident (if they are able to comply) to wear during visit.
- Children may be permitted to visit when accompanied by an adult visitor, within the number of allowable visitors as determined by the facility. Adult visitors must be able to manage children, and children older than 2 years of age must wear a cloth facemask during the entire visit. Children must also maintain strict physical distancing.
- Ensure compliance with the following criteria for visitors:
    - Establish and implement protocols for screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
    - In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.
    - Provide alcohol-based hand sanitizer to each visitor and demonstrate how to use it appropriately, if necessary.
    - Visitors must:
        1. Wear a face covering or facemask during the entire visit;
        2. Use alcohol-based hand sanitizer before and after visit;
        3. Stay in designated facility locations;
        4. Sign in and provide contact information;
        5. Sign out upon departure; and
        6. Adhere to screening protocols.

In order to safely allow visitation in long-term care facilities, Infection Prevention practices should be in place and adhered to at all times as detailed in CMS QSO 20-39 NH. Visitors who are unable to follow these infection control procedures should be denied access or asked to leave the facility. While testing of visitors is not required, frequent visitors or visitors while the county has a Substantial or High level of community transmission should be encouraged to be tested and provide proof of a negative result and date.

CMS, CDC, and the Department of Health continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention practices, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, the Department is aware of the toll that separation and isolation has taken and acknowledges that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Facilities should refer to the CDC's Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination, PA-HAN 609, and CMS QSO-20-39-NH for guidance in supporting close contact (including touch) with visitors. Regardless, visitors should physically distance from other residents and staff in the facility.

Despite restrictions, residents' rights should be honored while adhering to all applicable public health and regulatory guidance.

Facilities should not restrict indoor visitation without a reasonable clinical or safety cause. Facilities should allow unrestricted indoor visitation at all times and for all residents, regardless of the vaccination status of the resident or visitor except for in the following circumstances:

- Unvaccinated residents, if the COVID-19 county community transmission level is Substantial or High and < 70% of residents in the facility are fully vaccinated.
- Residents with confirmed COVID-19 infection, whether fully vaccinated or not until they have met the criteria to discontinue Transmission-Based Precautions as per PA HAN 597.
- Residents in quarantine, whether fully vaccinated or not, until they have met criteria for release from quarantine.

### ii. Indoor Visitation During an Outbreak

Unrestricted indoor visitation may still occur if there has been a new onset of COVID-19 in the facility based on the following criteria:

- If testing per PA-HAN 609 reveals no additional COVID-19 cases, then visitation can resume in areas/units with no COVID-19 cases. However, the facility should

suspend unrestricted indoor visitation on the affected unit until the facility meets the criteria to discontinue testing.

- If the visitation location is closed off from other parts of the facility in a manner which reduces airflow between the visitation area and the rest of the facility such as in a designated visitation area or the resident's room. If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- Note: all visitors, including healthcare workers and other personnel should be notified about the potential exposure to COVID-19 due to the outbreak and should adhere to infection control procedures.

Residents who are on Transmission-Based Precautions for COVID-19 should only receive visits that are virtual, through windows, in a location which is closed off from other parts of the facility in a manner which reduces airflow between the visitation area and the rest of the facility such as in a designated visitation area the resident's room as described in CMS QSO-20-39, or in-person for compassionate care situations, with adherence to Transmission-Based Precautions. However, this restriction should be lifted once Transmission-Based Precautions are no longer required.

### iii. Visistor Testing and Vaccination

While not required, we encourage facilities in counties with Substantial or High levels of community transmission to offer testing to visitors, if feasible. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 72 hours) with proof of negative test results and date of test. Visitors should be encouraged to become fully vaccinated when possible to further prevent COVID-19 transmission.

### iv. Entry of Healthcare Workers, Other Providers of Services, and Ombudsman

Even when indoor visitation is limited in PCHs and ALRs, facilities must ensure access is permitted to the following persons while adhering to universal masking protocols in accordance with PA-HAN 597 and facility screening protocols:

- Physicians, nurse practitioners, physician assistants, Emergency Medical Services (Emergency Medical Services personnel and health care personnel responding to an emergency are not required to be screened so that they may attend to an emergency promptly), and other clinicians;
- Home health and dialysis services;
- Department of Aging Older Adult Protective Service investigators;
- Department of Human Services Adult Protective Services investigators;

- Long-Term Care Ombudsman;
- Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the PCH and ALR;
- Visitors to include but not be limited to family, friends, clergy, and others during end of life situations;
- Compassionate Caregivers (refer to 3c for further information on Compassionate Care visitation);
- Department of Health, designees working on behalf of the Department of Health, and local public health officials;
- Department of Human Services representatives or designees working on behalf of the Department;
- Essential Family Caregivers as designated through processes outlined by the Department of Health;
- Federal and state surveyors; and
- Law enforcement.

ii. Compassionate Care Visitation

Compassionate Care visitation should be permitted at all times, regardless of resident's vaccination status, the level of community transmission, or an outbreak **while visitation is otherwise restricted in limited situations**. The Department recognizes the connection between mental, emotional, and physical health. Prolonged isolation may so significantly impact a resident's mental and emotional health that their physical health becomes impaired. In such instances, the Department expects facilities to work with the resident, family and staff to provide the resident with access to care needed to maintain or improve their health status. Care provided by Compassionate Caregivers may be considered if there is a documented "significant change" in a resident's condition, an end-of-life situation, bereavement due to the loss of a loved one, or emotional support for a resident who has just moved into a licensed setting and is adjusting to their new surroundings. A significant change should be considered as:

> A major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.

If other circumstances develop, which the facility, resident and resident's designated representative agree that Compassionate Care may help to alleviate, this should be considered and the justification documented in the Care Plan. Spouses or partners who

are residents in a facility on the same campus should automatically be considered for Compassionate Care without meeting any of the other criteria for eligibility. This would include cross-over visitation between Independent Living, PCHs and ALRs.

The facility, resident and family should coordinate to identify the need for Compassionate Caregiving. For PCHs and ALRs, the support plan required by 55 Pa. Code §§ 2600.227 and 2800.227 should be updated to reflect the identified need for Compassionate Care and the circumstances under which such care will continue.

To maintain safety during visitation, Compassionate Caregivers should adhere to the same requirements as all other visitors.

If a Caregiver does not comply with one or more safety requirements for visitors, they should be asked to leave the facility, and their Caregiver status should be reassessed by the facility in order to protect staff and other residents.

The facility should comply with the following steps related to Compassionate Caregivers to ensure the safety of all residents and staff:

- Update the resident's care or support plan with measurable objectives and timeframes for action related to Compassionate Caregiving.
    - The resident is not limited to a total number of Caregivers or number of days per week that visits can occur; however, the care plan or support plan decision makers should carefully consider who is needed and at what frequency to maintain or improve the resident's health status without introducing unnecessary risk posed by an increased number of individuals entering the facility.
- The first Compassionate Care visit for each Caregiver should be observed by facility staff in the setting in which Caregiving will typically happen (e.g., the resident's room) to orient the Caregiver to specific safety measures the Caregiver needs to take to protect residents and staff.
    - For example, during the first visit, staff should show the Caregiver where facility hand sanitizer stations are, instruct them on how to use hand sanitizer properly, check if a cloth mask is being worn incorrectly, identify demarcations in the resident's room that should not be crossed to ensure physical distancing from a roommate, etc. Staff should correct any deficiencies. Staff only need to observe the visit until the Caregiver is fully oriented and any deficiencies are remediated.
- Upon subsequent visits, staff should occasionally check-in, as possible, to ensure safety measures are being adhered to.
    - For example, staff should intermittently check-in to ensure that masks are still being worn, hand sanitizer has been used recently, distancing from other residents is being practiced, etc.

- The facility should have a policy and procedure for how to handle instances in which a Caregiver refuses to take a COVID-19 test prior to initiating Caregiver duties.
- Facilities should keep a log of all Caregivers who enter the facility to include their name, address, phone number, e-mail address, date, time in, and time out, in the event contact tracing is necessary.

iii. Essential Family Caregivers

Act 67 of 2021 establishes requirements for the Department of Health, in consultation with the Department of Human Services to create protocols to allow a resident of a congregate care facility or an individual with descion-making authority for the resident to designate an individual as the resident's essential care giver during a declaration of disaster emergency. Facilities must adhere to all protocols promulgated for this purpose.

**4. Hospital Stays, Outings for Medical Appointments, and Outings for Non-Medical Reasons**

Facilities should establish a policy to address safety measures beyond additional testing to safeguard the spread of the virus from residents who leave the facility routinely which could include but is not limited to outpatient health care visits including dialysis treatment, social visits in the community, day programs, employment, and return after admission to another health care facility.

i. Hospital Stays

Hospitals must conduct COVID-19 testing when a patient is being discharged from a hospital to a PCH or ALR as per the Guidance on Hospitals' Responses to COVID-19:

- Hospitals treating an inpatient who will be discharged to a PCH or ALR must test the patient for COVID-19 prior to discharging the patient unless one of the following exceptions applies:
  - A patient who is not currently exhibiting symptoms of COVID-19 and who tested positive for COVID-19 within the last 90 days does not need to be tested prior to discharge.
  - If a test was administered upon admission to the hospital, and the resident is discharged in less than 72 hours, a second test is not required.
  - If a patient tested positive for COVID-19 prior to admission to the hospital, the hospital does not need to test the patient again.

- The test must be administered within the 72-hour period prior to discharge, and the result must be obtained and communicated to the receiving facility prior to discharge.
- Patients with a positive COVID-19 test result should only be discharged to a PCH or ALR with the ability to adhere to infection prevention and control recommendations of the Department and the CDC for the care of COVID-19 patients. PCHs or ALR that meet these criteria may not refuse to accept or readmit a patient or resident with a positive COVID-19 test result but may refuse to accept a patient-resident if a COVID-19 test has not been administered. If a test has not been administered, the hospital is responsible for immediately performing a test and providing the result prior to discharge.

  All PCHs and ALRs should have up-to-date policies to ensure adherence to infection prevention and control recommendations ensuring a patient/resident is able to return to their residence without interruption upon discharge from a hospital whenever possible. If assistance is needed for policy development or readmission of a resident, the appropriate regional office should be contacted. Regional Congregate Care Assistance Teams (RCATs) can also assist with alternate care sites that can be utilized.

ii. Outings for Medical Appointments

Residents should continue to receive necessary medical care that is needed outside of the facility regardless of vaccine status. Typically, transportation for these appointments is provided by the facility. If the resident chooses to have a family member or friend transport them to the appointment, there should be no known risk of COVID-19 transmission in keeping with the facility's current screening and testing protocols. In all instances, the resident and those involved in the transportation should adhere to appropriate infection prevention and control protocols as outlined in PA-HAN-597 including universal masking. If a mask can be tolerated, the resident should wear one during transport and the driver should be wearing a mask as well. All should be screened upon return to the facility as well.

Staff should be cognizant of residents who go off-site for outpatient medical care, including dialysis, and remain alert for notification of any known exposures. After an exposure facilities should conduct testing, case identification, contact tracing, quarantine, observation, and any other necessary medical care, regardless of vaccine status.

iii. Outings for Non-Medical Reasons

Each facility should develop a policy to include precautions for outings for non-

medical reasons, although there will be those scenarios that need assessed on a case-by-case basis. Considerations for development of those policies and making those assessments include:

a. The extent to which infection prevention and control precautions (including universal masking, hand hygiene, and physical distancing) are achieved based on the circumstances of the outing;
b. Whether the resident is fully vaccinated;
c. The resident's level of vulnerability due to vaccination status and any chronic or immunocompromised conditions; and
d. Duration of the outing, including whether it includes an overnight stay or vacation to another state.

## 5. Dining Services and Communal Activities

With adherence to infection prevention protocols, communal dining and group activities may occur with physical distancing for residents who are fully recovered from COVID-19 and those not in isolation or quarantine under Transmission-Based Precautions. Physical distancing, use of hand hygiene and face coverings should be utilized. Facilities should consider additional limitations based on status of COVID-19 infections in the facility. See the CDC guidance Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination for additional information on communal dining and activities.

Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation or Transmission-Based Precautions) with physical distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

| **Precautions When Meals Are Served in a Common Area with Unvaccinated Residents and Staff** |
|---|
| ➢ Stagger arrival times and maintain physical distancing;<br>➢ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;<br>➢ Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and<br>➢ Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. |

Facilities should adhere to the following guidance for dining and communal activities if there is an outbreak in the facility:

- Communal activities should be restricted until testing is completed.
- Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.
- Identify *residents at-risk for choking or aspiration* who may cough, creating droplets. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other. If residents cannot be spaced six feet or more apart, roommate residents may be seated together.
- *Residents who need assistance with feeding* and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, then no more than one resident who needs assistance with feeding may be seated at a table. If residents cannot be spaced six feet or more, roommate residents may be seated together.
- Facilities which are unable to accommodate in-room meal services due to space or staffing issues should provide meals at alternate times to allow for six feet or more between residents and follow the precautions below.

Per CMS guidance provided to the states, facilities should continue to screen visitors and contractors, including beauty and/or barber shop staff and implement source control measures. Reopening the beauty and/or barber shop depends on the facility's ability to maintain infection prevention and control measures including proper social distancing, hand hygiene, use of proper face coverings, and sanitation of equipment used between residents. Additionally, the facility must ensure that residents participating in the beauty and/or barber shop must also adhere to infection control practices by wearing a face covering and maintaining distance from other residents. If an outbreak occurs in the facility, the guidance in CMS QSO-20-39-NH regarding outbreaks applies to accessing services in beauty and/or barber shops as well.

## 6. Cohorting Residents

If a PCH or ALR wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents in COVID-care units, for admission units or a unit-based or facility-wide approach to outbreak response the facility has been advised to do so to respond to an outbreak with ongoing transmission.
submit a request to the Department's appropriate regional office for approval. Each request will be considered on a case-by-case basis, and dialogue with the facility will occur to acquire all details needed for the Department to render a decision. To ensure the Department

has the necessary information to enter into that dialogue, include at a minimum the following information for the new or expanded space (if applicable) with the request:

- Number of beds and/or residents impacted, including whether residents will be moved initially.
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the resident's room.
- Staffing levels and plan for having adequate staffing for the duration of the cohorting. Please see PA-HAN 569 for additional information on work restrictions for healthcare personnel with exposure to COVID-19, as well as guidance on contingency and crisis staffing mitigation strategies.
- Plan for locating displaced residents including care of vulnerable residents (such as dementia residents) either in the same facility or sister facility.
- Description of how residents with COVID-19 or unknown COVID-19 status will be handled (e.g., moving within the facility, admitted from other facilities, admitted from the hospital).
- Contact information for person responsible for the request.

Upon submission of the request, a representative from the Department will reach out to the facility's contact person to discuss next steps. Questions regarding this process can be directed to the appropriate regional office.

PA-HAN 610 should also be referred to for cohorting guidance in the event of an outbreak or exposure of residents to COVID-19.

## 7. Mandatory Reporting

All PCH and ALRs should following reporting instructions issued by the Office of Long Term Living, Bureau of Human Services Licensing for residents and staff.

## 8. Infection Control and Personal Protective Equipment (PPE)

a. Review PPE guidelines with all staff.
b. Screen residents and staff for fever and respiratory symptoms. Staff should be screened at the beginning of every shift, and residents should be screened daily. All other personnel who enter the facility should be screened.
c. Staff with even mild symptoms of COVID-19 should consult with their supervisor before reporting to work. If symptoms develop while working, staff must cease resident care activities and leave the work site immediately after notifying their supervisor, in accordance with facility policy.
d. Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.)

e. Arrange for deliveries to areas where there is limited person-to-person interaction.
f. Ensure cleaning practices comport with CDC guidance.
g. Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
    - PA-HAN 597, Infection Prevention Update
    - Order of the Secretary of the Pennsylvania Department of Health Directing Long-Term Care Facilities to Implement Measures for Use and Distribution of Personal Protective Equipment

## 9. Local Ordiances

All PCH and ALRs should follow local local ordinances or other local requirements regarding the COVID-19 Pandemic.

## 10. Support and Resources During the COVID-19 Pandemic

There is support available for testing, staffing, and PPE. If approved by the Long-Term Care Task Force, these resources are provided at no cost to the facility.

- **Testing**: To request assistance with COVID-19 outbreak testing, complete this online form: Universal Testing Needs Assessment Form. Your request will be considered, and someone from the Long-Term Care Task Force will be in touch with you. For questions about testing, email ra-dhCOVIDtesting@pa.gov.
- **Staffing**: For short-term crisis staffing support due to a COVID-19 outbreak, complete this online form to request staffing for a 3-5 day period: Pennsylvania Long-Term Care Task Force Staffing Support Request. If your facility is working with Penn State or UPenn RCAT, you must work directly with their RCAT for staffing support and NOT utilize this form.
- **PPE**: For PPE requests, complete this online form: Healthcare Facility / Agency PPE Critical Needs Assessment Form.
- **RCAT**: The RCAT program consists of health systems that will provide COVID-19 outbreak support to long-term care facilities. Learn more about RCAT.

## 11. COVID Alert PA App

The COVID Alert PA app is a critical tool in our fight against the spread of the COVID-19 virus. Residents and staff with a smartphone should be encouraged to download this free app. After downloading *COVID Alert PA*, users can opt-in to receive alerts if they have had a potential exposure to someone who tested positive for COVID-19. It can help reduce the risk of unknowingly spreading the virus to family, friends, coworkers, residents, and the larger community.

*COVID Alert PA* protects your privacy and personal information. It uses Bluetooth Low

Energy (BLE) technology to detect if users are in close contact with another app user. (This is the same technology that smartphones use to connect to wireless headphones or a vehicle.) The app does not use GPS, location services, or any movement or geographical information, and it will never collect, transmit, or store your personal information and is completely anonymous.

## RESOURCES

Department's Guidance, FAQs, and Orders for Skilled Nursing Facilities:
https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx
Department of Health's Health Alerts, Advisories, and Updates:
https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx
CMS Nursing Home Reopening Recommendations Frequently Asked Questions:
https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf
CMS Memo: Nursing Home Reopening Recommendations for State and Local Officials:
https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials
CMS Memo: Center for Clinical Standards and Quality/Survey & Certification Group:
QSO-20-39-NH Revised (cms.gov)
CMS Alert: Core Principles of COVID-19 Infection Prevention during the holiday season:
https://www.cms.gov/files/document/covid-facility-holiday-recommendations.pdf