

January 28, 2021

## **Guidance on COVID-19 for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities**

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, and **November 25, 2020**. As the Commonwealth – along with the nation – has obtained more data, deepened our scientific understanding of the COVID-19 virus, and contemplated innovative policy options, our guidance continues to evolve. **Revisions are in red text**. Facilities that are certified by the Centers for Medicare & Medicaid Services (CMS) should also continue to follow all relevant CMS guidance available now and in the future.

### **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). For Intermediate Care Facilities (ICFs), the “Care Plan” refers to the Individual Program Plan as described in 42 CFR § 483.440(c).
- 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. **“Cross-over visitation”** refers to visits from an individual residing in a PCH, ALR, ICF, independent living facility, skilled nursing facility or continuing care retirement community.
- e. **“Neutral zone”** means a pass-through area (such as a lobby or hallway not in a red, yellow, or green zone per [PA-HAN 530](#)) and/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).
- f. **“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.
- g. “**Non-essential personnel**” includes contractors and other non-essential personnel.
  - h. “**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.
  - i. “**Screening**” includes checking for fever and [symptoms of COVID-19](#) and asking questions about possible exposure.
  - j. “**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.
  - k. “**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.
  - l. “**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.
  - m. “**Universal masking**” means the protocols set forth in PA-HAN [492](#) and PA-HAN [524](#), with homemade cloth face covering being acceptable for visitors.
  - n. “**Visitors**” includes individuals from outside of the facility as well as cross-over visitors who will be interacting with residents.
  - o. “**Volunteer**” is an individual who is a part of the facility’s established volunteer program.

## 2. Screening 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. The following table outlines the Department’s recommended approach to continued testing in PCHs, ALRs, and ICFs, which are not experiencing an outbreak, to increase detection and prevent transmission of COVID-19.

This recommendation applies only to testing of asymptomatic individuals. Individuals with a prior confirmed diagnosis of COVID-19 do not need to be retested. However, based on CMS guidance, testing should be considered for those with a prior confirmed diagnosis 3 months after the date of onset of the prior infection if deemed necessary based on the following recommended testing intervals in the chart below. Prompt testing of any resident or staff experiencing COVID-19 compatible symptoms is required.

Facilities experiencing an outbreak should immediately begin universal testing, ideally of all staff and residents, but unit, wing, or floor specific testing is acceptable, if the facility has dedicated staff to units, wings, or floors.

Facilities should monitor their county positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing according to the table below.

Facilities should identify County % Positivity Rate using the [COVID-19 Early Warning Monitoring System Dashboard](#) or [CMS data](#).

- If the county positivity rate increases to a higher level of transmission, the facility is encouraged to begin testing staff at the frequency shown in the table below as soon as the criteria for the higher transmission are met.
- If the county positivity rate decreases to a lower level of transmission, the facility is encouraged to continue testing staff at the higher frequency level until the county positivity rate has remained at the lower transmission level for at least two weeks before reducing testing frequency.

In addition to this regular screening testing, all previous guidance on testing of symptomatic and exposed individuals as indicated in [PA-HAN 530](#) should be followed regardless of transmission level.

Residents who leave the facility routinely should be considered for regular testing. In the table below, the Department refers to residents who leave the facility routinely as having “outside contact,” 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.

Developing an appropriate screening testing strategy for each facility may depend on many local factors, including presence and availability of testing supplies and clinical support. Facilities that may need clinical support can complete the Universal Testing Needs Assessment form at [Universal Testing Needs Assessment Form](#). For certain facilities, there may be other factors that they should take into consideration when devising a screening testing strategy. For example, the Department believes that certain facility factors, such as the presence of a dementia unit or a

larger number of residents, may make a facility more prone to outbreaks, and such facilities should consider a more frequent screening testing strategy, more closely modeling the [Guidance for Screening Testing in Skilled Nursing Facilities](#).

<b>Recommended Testing Intervals for PCHs, ALRs, and ICFs Vary by Community COVID-19 Transmission Level</b>			
<b>Level of Community COVID-19 Transmission</b>	<b><u>County % Positivity</u></b>	<b>Routine Testing of Asymptomatic Residents</b>	<b>Routine Testing of Asymptomatic Staff</b>
<u>LOW</u>	<5%	Not recommended	Testing is encouraged of all staff members every 4-6 weeks
<u>MODERATE</u>	5% to 10%	Weekly testing is encouraged of all residents with outside contact in the last 14 days, if they have not otherwise been tested during that period.	Testing is encouraged of all staff that have not been tested in the past 30 days and repeat testing every 30 days
<u>SUBSTANTIAL</u>	>10%	Weekly testing is encouraged of all residents with outside contact in the last 14-days, if they have not otherwise been tested during that period.	Testing is encouraged of all staff members once per week

Facilities should continue testing as described in the above chart even after residents and staff in the facility have received vaccines until further advised.

### **3. Restricted Visitor Policies**

Facilities and residents of facilities that are not in the lifting restrictions process or are in a county where there is substantial community transmission, as explained in Section 5, should follow the guidance in this Section for visitors. If facilities encounter regression criteria as outlined in Section 5b, or are in a county where there is substantial community transmission, they must resume the visitation policies described in this Section.

- a. To limit exposure to residents, restrict visitation as follows:
  - Restrict all visitors, except those listed in Sections 3b and 3c below.
  - Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors.
  - Restrict cross-over visitation from Skilled Nursing Facility, Independent Living

Facility and Continuing Care Community residents to the PCH, ALR or ICF.  
Ensure cross-over staff adhere to the facility's Infection Control Plan.

- b. The following personnel are permitted to access PCHs, ALRs and ICFs and must adhere to universal masking protocols in accordance with [HAN 524](#):
- Physicians, nurse practitioners, physician assistants, Emergency Medical Services, 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, ALR and ICF;
  - 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; and
  - Department of Human Services representatives or designees working on behalf of the Department;
  - Law enforcement.

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

- c. Compassionate Care visitation is recommended while visitation is otherwise restricted in limited situations as outlined below. 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. For ICFs, the Individual Program Plan (42 CFR § 483.440) and the Medical Care Plan (42 CFR § 483.460) should be updated to reflect the identified need for Compassionate Care and the circumstances under which such care will continue.

To ensure the safety of all residents and staff, Compassionate Caregivers should adhere to the following steps and recommended safety precautions:

- Caregivers are recommended to show proof of a negative COVID-19 test that was administered within the prior 7 days, preferably 72 hours if testing turn-around times allow, before initiating Caregiver duties. The Caregiver is subject to all ongoing testing guidelines that apply to facility staff pursuant to all guidance, as well as Orders issued by the Secretary of Health.
  - Caregivers are responsible for arranging for and covering the cost of testing.
- All Caregivers are to undergo screening (as defined in Section 1) prior to entering the facility, adhere to universal masking with a cloth face covering, and practice frequent hand sanitization and social distancing from staff and other residents.
  - Social distancing (as defined in Section 1) from the resident receiving Compassionate Care is strongly preferred but not required if distancing would not achieve the intended health outcomes of the visit.
- Caregivers should not visit more than 2 hours per day, and there should not be more than two Caregivers per resident at a time.

If a Caregiver does not comply with one or more of these public health practices, 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.

As well, 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 social 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.

#### **4. Restricted Dining Services and Communal Activities**

Facilities and residents of facilities that are not part of the lifting restrictions process as defined in Section 5 must follow the guidance in this Section for dining and communal activities, where the facility serves more than 8 residents. If facilities encounter regression criteria outlined in Section 5b, they should resume the dining and communal activities policies described in this Section.

- a. Communal activities should be restricted. If the outbreak is for a sustained period of two weeks or more, and the facility determines that communal activities are necessary for emotional well-being, small groups of five or less may be assembled in a common area with social distancing adhered to. The same group of individuals should be within the same groups, as well as of the same red, yellow or green zones.

- b. Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.
- c. 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.
- d. *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.
- e. 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.

<b>Precautions When Meals Are Served in a Common Area</b>
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| <ul style="list-style-type: none"> <li>➤ Stagger arrival times and maintain social distancing;</li> <li>➤ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;</li> <li>➤ 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</li> <li>➤ 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.</li> </ul> |
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## **5. Lifting Restrictions in PCHs, ALRs and ICFs**

During times of significant community transmission of COVID-19, facilities should restrict visitation in order to protect residents and staff from outbreaks. The Department has issued such guidance previously because of the direct connection between community transmission and outbreaks in facilities. There are times, however, when community transmission and facility outbreak status allow for safe visitation, and at that time, safe visitation should resume. To safely lift restrictions, there are two primary components:

- Prerequisites, requirements, and criteria (Sections 5a-b); and
- “Steps” (Section 5c).



The prerequisites and requirements define the capability and capacity an individual facility must have to safely lift restrictions. The criteria for moving forward and backward among the “Steps” is defined, and the requirements associated with visitation are specified. The “Steps” were developed to carefully allow PCHs, ALRs and ICFs to resume communal dining, activities, volunteers, non-essential personnel, visitors, and outings in a measured approach. The Steps strike a balance between protecting residents’ physical health (through incrementally reopening when it is safe) with their mental and emotional health (that necessitates visitation and communal activities).

Terms used are defined in Section 1. Given the interrelated nature of these Sections, it is recommended that each be read in coordination with the others

a. Prerequisites and Requirements

- All prerequisites must be met before entering Step 1 and maintained throughout Step progression:
  - Develop an Implementation Plan for Lifting Restrictions. The Plan must be posted on the facility’s website, if it has an existing website, or otherwise available to all residents, families, advocates such as the Ombudsman and the Department upon request. The Implementation Plan shall include, at a minimum, the following components:
    - A testing plan that, at minimum:
      - Includes a statement of when the facility completed their Universal Testing baseline;
      - Includes the capacity to administer screening testing as described in Section 2 and outlined in the *Recommended Testing Intervals for PCHs, ALRs, and ICFs Vary by Community COVID-19 Transmission Level* table;
      - Includes a procedure for addressing needed testing of non-essential staff and volunteers; and
      - Includes a procedure for addressing residents or staff that decline or are unable to be tested.
    - A plan to cohort or isolate residents diagnosed with COVID-19 in accordance with [PA-HAN 530](#) pursuant to Section 6 of this guidance.
    - A written protocol for screening all staff at the beginning of each shift, each resident daily, and all persons (visitors, volunteers, non-essential personnel, essential personnel, and Compassionate Caregivers) entering the facility or facility grounds.
    - A plan to ensure a current cache of an adequate supply of personal protective equipment (PPE) for staff, volunteers and Compassionate Caregivers.

- A plan to ensure adequate staffing and a current status of adequate staffing to avoid staffing shortages, and confirmation that the facility is not under a contingency staffing plan.
- A plan to allow for communal dining and activities to resume pursuant to the guidance provided in Section 5c “Steps to Lift Restrictions.”
- A plan to allow for visitation pursuant to the guidance provided in Section 5d “Visitation Requirements.”

b. Criteria for Advancing to and Regressing from Next Step:

The following criteria will be applied to determine movement among steps in Section 5c.

- **STEP 1:** To enter Step 1, the facility must meet all Prerequisites identified in Section 5a. If at any point during Step 1 there is a new outbreak (as defined in Section 1), the facility must cease Step 1 and return to the guidance described in Sections 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. If after a 14-day period, no new outbreak is detected in the facility, the facility may initiate Step 2.
- **STEP 2:** To initiate Step 2, the facility must have been in Step 1 for 14 consecutive days without a new outbreak. If at any point during Step 2 there is a new outbreak, the facility must cease Step 2 and return to the guidance described in Sections 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. Upon an outbreak, after 14 consecutive days, if no new cases are detected in the facility, the facility may reinitiate Step 2. The facility may initiate Step 3 after 14 consecutive days in Step 2, if no new outbreak (as defined in Section 1) is detected in the facility during the 14-day period.
- **STEP 3:** To enter Step 3, the facility must have been in Step 2 for 14 consecutive days without a new outbreak. If at any point during Step 3 there is a new outbreak, the facility must cease Step 3 and return to the guidance described in Section 3 and 4 relating to visitors and dining, respectively. Moving back to the guidance described in Sections 3 and 4 restarts the 14-day period count. If after a 14-day period, there is no new outbreak in the facility, the facility may reinitiate Step 2.

c. Steps to Lift Restrictions

The following Steps provide an incremental lifting of restrictions. Each time a facility moves from one Step to another, the PCH or ALR must notify the Department’s program

office Regional Director or OLTL at [RA-pwarlheadquarters@pa.gov](mailto:RA-pwarlheadquarters@pa.gov). ICFs must notify ODP through [RA-PWODPEMRGNCYSRQ@pa.gov](mailto:RA-PWODPEMRGNCYSRQ@pa.gov)

The prerequisites and requirements are detailed in Section 5a, and the criteria for advancing (or regressing) a Step are detailed in Section 5b. Further detail on visitation requirements is listed in Section 5d.

Upon admission or readmission, a resident may not participate in the following Steps for 14 days, or until completion of Transmission-Based Precautions as outlined in [PA-HAN-517](#). The facility must ensure that residents not participating in the following Steps adhere to the restrictions in Sections 3 and 4 of this guidance.

Compassionate Caregivers are allowed as the resident's support plan specifies.

	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>
<b>Dining</b>	Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least six feet). If residents cannot be spaced six feet or more apart, roommate residents may be seated together. Implement the <b>Precautions When Meals Are Served in a Common Area</b> in Section 4, Restricted Dining Services.		
<b>Activities</b>	Limited activities may be conducted with <i>five or fewer</i> residents. Social distancing, hand hygiene, and universal masking are required.	Limited activities may be conducted with <i>ten or fewer</i> residents. Social distancing, hand hygiene, and universal masking are required.	Activities may be conducted with residents. Social distancing, hand hygiene, and universal masking are required.
<b>Non-Essential Personnel</b>	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Non-essential personnel (e.g., barbers) are allowed as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and universal masking.	Non-essential personnel are allowed, with screening and additional precautions including social distancing, hand hygiene, and universal masking.
<b>Volunteers</b>	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Volunteers are allowed only for the purpose of assisting with visitation protocols such as scheduling of visits, transporting (but not	Volunteers are allowed. Screening, social distancing, and additional precautions including hand hygiene

	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>
		lifting) residents and monitoring visitation. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.	and universal masking are required.
<b>Visitors</b>	Adhere to restrictions in Section 3, Restricted Visitor Policies.	Outdoor visitation (weather permitting) is allowed in neutral zones to be designated by the facility. If weather does not permit outdoor visitation, indoor visitation is allowed in neutral zones to be designated by the facility and defined in the Implementation Plan. Cross-over visitation is only permitted if there is no new outbreak in the facility in which the cross-over visitor resides, unless the cross-over visitor resides in a green zone (per <u>PA-HAN 530</u> ). Review Section 5d for additional requirements.	Indoor visitation is allowed in neutral zones to be designated by the facility and defined in their Implementation Plan. Visiting in a resident's room (within facility's established protocols) is permitted only if the resident is unable to be transported to designated area. Cross-over visitation is only permitted if there is no new outbreak in the facility in which the cross-over visitor resides unless the cross-over visitor resides in a green zone (per <u>PA-HAN 530</u> ). Review Section 5d for additional requirements.
<b>Facility Outings</b>	Adhere to restrictions in Section 3, Restricted Visitor Policies	Adhere to restrictions in Section 3, Restricted Visitor Policies	Outings limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene, and universal masking are required.

d. Visitation Requirements

Except for on-going use of virtual visits, facilities may still restrict visitation due to the facility’s COVID-19 status, a resident’s COVID-19 status, visitor symptoms, level of community COVID-19 transmission, or lack of adherence to proper infection control practices. Guidelines based on level of community transmission can be found below and should be considered in addition to the Steps to lifting restrictions and other factors mentioned in this section. It is recommended that facilities in moderate or substantial percent positivity counties test visitors, if feasible, prioritizing visitors that visit regularly (e.g., weekly). Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

<b>Recommended Visitation Guidelines for PCHs, ALRs, and ICFs Vary by Community COVID-19 Transmission Level</b>		
<b>Level of Community COVID-19 Transmission</b>	<b>County % Positivity</b>	<b>Visitation Status</b>
Low	<5%	Indoor visitation is allowed in neutral zones to be designated by the facility and defined in their Implementation Plan.
Moderate	5% to 10%	Outdoor visitation (weather permitting) is allowed in neutral zones to be designated by the facility. If weather does not permit outdoor visitation, indoor visitation is allowed in neutral zones to be designated by the facility and defined in the Implementation Plan.
Substantial	>10%	Adhere to restrictions in Section 3, Restricted Visitor Policies.

Facilities should not restrict visitation without a reasonable clinical or safety cause. Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, 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.

For visitation to be permitted under Steps 2 and 3 (as described in Section 5c), a facility must establish and enforce a visitation plan within the Implementation Plan that meets the following requirements while ensuring the safety of visitation and the facility’s operations:

- i. Establish a schedule of visitation hours.



- ii. 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.
  - a. Outdoor visitation is strongly preferred when weather and resident appropriate. Facilities should have a plan for how visitation will safely occur in neutral zones in the event of severe weather (e.g. rain, excessive heat, cold or humidity, etc.).
- iii. For the outdoor visitation area, ensure coverage from inclement weather or excessive sun, such as a tent, canopy, or other shade or coverage.
- iv. 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.
- v. Establish and maintain visitation spaces that provide a clearly defined six-foot distance between the resident and the visitor(s).
- vi. Determine the allowable number of visitors per resident based on the facility's capability to maintain social distancing and infection control protocols.
- vii. Use an EPA-registered disinfectant to wipe down visitation area between visits.
- viii. Determine those residents who can safely accept visitors at Steps 2 and 3.
- ix. Prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness. These residents should also be evaluated for Compassionate Caregiving.
- x. Provide a facemask to each resident (if they are able to comply) to wear during visit.
- xi. Children are 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 social distancing.
- xii. Ensure compliance with the following requirements for visitors:
  - a. Establish and implement protocols for screening visitors for signs and symptoms of COVID-19. Do not permit visitors to access facility or facility grounds if they do not pass screening.
  - b. Provide alcohol-based hand sanitizer to each visitor and demonstrate how to use it appropriately, if necessary.
  - c. Visitors must:
    - Wear a face covering or facemask during the entire visit;
    - Use alcohol-based hand sanitizer before and after visit;
    - Stay in designated facility locations;
    - Sign in and provide contact information;
    - Sign out upon departure; and
    - Adhere to screening protocols.

e. **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, ALR, or ICF as per the [Guidance on Hospitals' Responses to COVID-19](#):

- Hospitals treating an inpatient who will be discharged to a PCH, ALR, or ICF 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, ALR, or ICF 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, ALRs, and ICFs 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, ALRs, and ICFs 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 if a facility is unable to safely cohort.

ii. Outings for Medical Appointments

Residents should continue to receive necessary medical care that is needed outside of the facility. 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 [524](#) 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. Such exposure would require testing, case identification, contact tracing, quarantine, observation, and any other necessary medical care.

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 social distancing) are achieved based on the circumstances of the outing;
- b. The resident's level of vulnerability due to any chronic or immunocompromised conditions; and
- c. Duration of the outing, including whether it includes an overnight stay or vacation to another state (this could be informed by whether the vacation is to a [state](#) for which a 14-day quarantine is recommended upon return).

If the outing poses a high risk based on a number of factors (below), testing may be appropriate. Ideally, wait at least 2-3 days following the outing to perform testing. Transmission-based precautions should also be considered for residents with this type of high-risk outing upon return to the facility, and should always be



implemented if exposure is known or highly suspected as per [PA-HAN 530](#). Factors of a high-risk outing include:

- a. Substantial community spread in the area(s) visited ( $\geq 10\%$  county positivity rate)  
**AND**
- b. A gathering of more than 10 people.

Residents who travel out of state must adhere to the [Amended Order of the Secretary of the Pennsylvania Department of Health for Mitigation Relating to Travel](#) (amended and effective November 25, 2020, and any subsequent amendment), unless the resident falls within one of the exceptions articulated in that Order.

## 6. Cohorting Residents

If a PCH, ALR or ICF wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents, first review [PA-HAN 496](#), Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities. If the facility's planned strategy conforms to PA-HAN 496, 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.
- 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).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency issued on March 6, 2020.
- 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.

## 7. Mandatory Reporting

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

All ICFs should follow reporting instructions issued by the Office of Developmental Programs (ODP) 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:
  - [HAN 492, Universal Masking of Health care Workers and Staff in Congregate Care Settings](#)
  - [HAN 520, Infection Prevention Update](#)

With the Governor's authorization as conferred in the disaster proclamation issued on March 6, 2020, as renewed on June 3, 2020, all statutory and regulatory provisions that would impose an impediment to implementing this guidance are suspended. Those suspensions will remain in place while the proclamation of disaster emergency remains in effect.

This updated guidance will be in effect **immediately** and through the duration of the Governor's proclamation of disaster emergency. The Department may update or supplement this guidance as needed.

## **9. 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:

<https://www.cms.gov/files/document/qso-20-39-nh.pdf>

CMS Alert: Core Principles of COVID-19 Infection Prevention during the holiday season:

<https://www.cms.gov/files/document/covid-facility-holiday-recommendations.pdf>