

June 23, 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, November 25, 2020, January 28, 2021, April 5, 2021 and June 23, 2021. 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.** 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 located on the same campus or in the same building that are not defined as compassionate care visitation.
- e. **“Fully vaccinated”** refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons.



- f. “**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).
- g. “**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 for their entire infectious period.**
- h. “**Non-essential personnel**” includes contractors and other non-essential personnel.
- i. “**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.
- j. “**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.
- k. “**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.
- l. “**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.
- m. “**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.
- n. “**Universal masking**” means the protocols set forth in [PA-HAN 492](#) and [PA-HAN 563](#), with homemade cloth face covering being acceptable for visitors.

- o. **“Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known.**
- p. **“Visitors”** includes individuals from outside of the facility as well as cross-over visitors who will be interacting with residents.
- q. **“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, including those who have been fully vaccinated. Based on CMS guidance, testing individuals with a prior confirmed diagnosis of COVID-19 should be considered 90 days 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, **regardless of whether the staff or resident is fully vaccinated**, 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 testing **of unvaccinated staff and residents** 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, <b>Unvaccinated</b> Residents</b>	<b>Routine Testing of Asymptomatic, <b>Unvaccinated</b> 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

### 3. Visitation

#### i. Visitor Policies

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

- Unvaccinated residents, if the COVID-19 county positivity rate is Substantial (>10%) 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-554](#).
- Residents in quarantine, whether fully vaccinated or not, until they have met criteria for release from quarantine.

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

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas of the facility, then visitation can resume in areas/units with no COVID-19 cases. However, the facility should suspend **indoor** visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing described in [PA-HAN 570](#).
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, **indoor** visitation can resume for residents in areas/units with no COVID-19 cases.
  - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g. new cases in two or more units), then facilities should suspend **indoor** visitation for all residents (fully vaccinated or not), until the facility meets the criteria to discontinue outbreak testing.
  - If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, **indoor** visitation should be suspended.
- 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, 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.

It is recommended that facilities in Moderate (5% to 10%) 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 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.

Even when **indoor** visitation is limited, the following personnel are permitted to access PCHs, ALRs and/or ICFs and must adhere to universal masking protocols in accordance with PA-HAN 563 and 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, 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;
- Department of Human Services representatives or designees working on behalf of the Department;
- Federal and state surveyors; and
- Law enforcement.

In order to maintain safety during visitations, facility must establish and enforce a visitation plan that meets the following requirements:

- 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 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 physical distancing.
- Ensure compliance with the following requirements 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 is in a Moderate or Substantial positivity rate 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. Therefore, **in accordance with the CDC's [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)**, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor. 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.

## ii. Compassionate Care Visitation

Compassionate Care visitation should be permitted at all times, regardless of resident's vaccination status, the county's positivity rate, 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. 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 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.

#### **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, 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 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-563](#) 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, 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.

Per [PA-HAN-568](#) if all residents and staff participating in the activity or communal dining are fully vaccinated, then residents may choose to have close contact and to not wear source control.

**Precautions When Meals Are Served in a Common Area with Unvaccinated Residents and Staff**

- Stagger arrival times and maintain physical distancing;
- Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;
- 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
- 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 the first round of outbreak testing is completed and reveals no additional COVID-19 cases in other areas of the facility. Communal activities can resume in areas/units with no COVID-19 cases. However, the facility should suspend communal activities on the affected unit until the facility meets the criteria to discontinue outbreak testing described in [PA-HAN 570](#).
- 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 QSO-20-39-NH (as updated April 27, 2021) regarding outbreaks applies to accessing services in beauty and/or barber shops as well.

## **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, 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).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency.
- 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 570 should also be referred to for cohorting guidance in the event of an outbreak or exposure of residents to COVID-19.



As per [PA-HAN 566](#), fully vaccinated inpatients and residents in healthcare settings, including PCHs, ALRs, and ICFs, should continue to quarantine following prolonged contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with COVID-19 infection, including the use of Transmission-Based Precautions for COVID-19 per [PA-HAN-563](#).

## **7. Mandatory Reporting**

All PCH and ALRs should follow 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 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 563, 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. 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](mailto: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](#).

## **10. 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.

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.

## **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-certificationsurvey/certificationgeninfo/policy-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 \(cms.gov\)](https://www.cms.gov/medicare/quality/survey-and-certification/center-for-clinical-standards-and-quality/survey-and-certification-group/qso-20-39-nh-revised)

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

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