

**Pennsylvania Department of Health issued guidance that included the following:**

- Nursing care facilities must continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital who are stable to alleviate the increasing burden in the acute care settings. This may include stable patients who have had the COVID-19 virus.
- Facilities should continuously consult the 2020 Health Alerts, Advisories and Updates for the most current information related to Test of Cure under the title “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19.”
- Nursing care facilities should continue to employ normal discharge-to home criteria to assist in LTC bed availability.
- If there has been a positive case, then appropriate quarantine measures shall be taken at the direction of the Department of Health of the CDC.

In order to ensure your facility is prepared during this pandemic. It is recommended that nursing facilities contact their referring hospitals and discuss concerns, barriers, potential needs (supplies, PPE, staff), bed availability to ensure everyone’s well-being.

As you continue to evaluate risk and community spread scenarios, nursing facilities may want to consider consolidating bedrooms or relocating residents to different areas of the facility if applicable. During this time, it is imperative that nursing facilities continue to update your Healthcare Coalition and Emergency Plan.

Below are general strategies that the CDC recommends to prevent the spread of COVID-19 in LTCF. These are the same strategies your facilities use every day to detect and prevent the spread of other respiratory viruses like influenza and can be utilized to assist in continuing to manage Admissions and Discharges.

**If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community,**

- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Facilities should notify the health department immediately and follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#), which includes detailed information regarding recommended PPE.

If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation.

Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.

- While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.

**These are things facilities should do when there are cases in their facility or sustained transmission in the community.**

Healthcare Personnel Monitoring and Restrictions:

- Implement universal use of facemask for HCP while in the facility.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.

Resident Monitoring and Restrictions:

- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
  - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Implement protocols for cohorting ill residents with dedicated HCP.

Other Resources:

- [COVID-19 Hospital Preparedness Checklist](#), including long-term acute care hospitals
  - [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
  - [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)
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## Interim Guidance for Nursing Facilities During COVID-19 (3/18/20)

The Department of Health has received questions from nursing care facilities, associations, and constituents regarding best practices in nursing homes related COVID-19 including visitation policies. The Department is supporting guidance on critical measures issued by CMS for all nursing facilities, advise that facilities do the following:

- Restrict all visitors, effective immediately, with exceptions for compassionate care, such as during end-of-life situations
- Restrict all volunteers, non-essential health care personnel and other personnel (i.e. barbers);
  - This does not include the following:
    - Home-health and dialysis services;
    - The Department of Aging/Area Agency on Aging and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*; and
    - Hospice services offered by licensed providers within the nursing home facility.
- Restrict cross-over visitation from personal care home (PCH), Assisted Living, and/or Continuing Care Community residents to nursing homes. Ensure cross-over staff adhere to the facility's infection disease protocol.
- When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all communal activities.
- When there is no community spread of COVID-19 within their county or adjacent counties, facilities should, at a minimum, implement social distancing in dining practices and group activities. The following recommended approaches should be considered:
  - **Testing**
    - Implement active screening of residents and health care personnel for fever and respiratory symptoms (Recommended Screening Questions below);
    - Staff should be screened at the beginning and end of every shift; and
    - Complete a Facility Entry Screening Form for each screening (Template accompanies this guidance)
    - If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.
  - **Admissions/Discharges**
    - Nursing care facilities must continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital who are stable to alleviate the increasing burden in the acute care settings. This may include stable patients who have had the COVID-19 virus.
      - Facilities should continuously consult the 2020 Health Alerts, Advisories and Updates for the most current information related to Test of Cure under the title "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19"

in Healthcare Settings” See: <https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx>.

- Nursing care facilities should continue to employ normal discharge-to-home criteria to assist in LTC bed availability. If there has been a positive case, then appropriate quarantine measures shall be taken at the direction of the Department of Health of the CDC.
- **Dining services:**
  - Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance
  - Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets
    - Meals for these residents should be provided in their rooms. If that is not possible then the residents should remain at least six (6) feet or more from others if in a common area for meals, with as few other residents in the common area as feasible during their mealtime
  - If residents are brought to the common area for dining, then the following steps must be taken:
    - Stagger arrival times and maintain social distancing;
    - Attempt to separate tables as far apart as possible; with goal of residents being at least six (6) feet apart;
    - Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;
    - Have residents sit at tables by themselves to ensure that social distancing between residents can be maintained; and
    - Staff should take appropriate precautions with eye protection and gowns for this high-risk for choking resident population, given the risk to cough while eating.
  - Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more. Where it is not possible to have residents at six feet, than no more than one person per table (assuming a standard four [4] person table).
    - Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.
- **Communal Activities**
  - Do not engage in communal activities unless doing so is necessary to maintain the health and welfare of the residents;
  - When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all group activities and communal dining; and
  - If engaging in communal activities, only do so where a 6-foot separation can be maintained.

- The following applies to any communal activities:
  - A resident can attend only if the resident has no fever or respiratory symptoms. – This requires the facility to perform evaluations as transporting to activity or as patients enter room;
  - The activity does not include food prep;
  - During the activity there are no shared bowls of food or containers of drinks (bottles or shared pitchers) such as pretzels, popcorn etc. If snacks are served, they must be individually wrapped, or drinks poured and served by staff;
  - No games where cards or game pieces would be passed between residents; and
  - Avoid group singing activities.
  
- OTHER
  - The infection control specialists designated by the facility must review PPE guidelines with all staff;
  - Minimize resident interactions with service providers (e.g. plumbers, electricians, etc.) through actions such as use of separate entrances, performing service at off-hours, and perform only essential servicing activities;
  - Arrange for deliveries to areas where there is limited person-to-person interaction;
  - Evaluate environmental cleaning practices and consider increasing frequency for high-tough surfaces; and
  - Remain adaptable, creative and supportive of all staff working in this pandemic situation.

The Centers for Medicare and Medicaid Services (CMS) provided additional guidance to nursing facilities to actively take employees temperature and document absence of shortness of breath, new or change in cough, and sore throat. If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.

Facilities should identify staff that work at multiple facilities and restrict them if appropriate, based on any knowledge of exposure to COVID-19 of residents in those facilities.

This is **immediately applicable to all nursing facilities in Pennsylvania.**

Please refer to the Department's website for the most up-to-date information.

Reference: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>



### **Recommended Screening Questions1:**

All individuals entering the nursing home should be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub on entry?  
YES / NO – If no, please have them to do so
  
2. Ask the individual if they have any of the following respiratory symptoms?  
Fever  
Sore throat  
Cough  
Shortness of breath

If YES to any of the above, restrict the individual from entering the nursing home.  
If NO to all of the above, proceed to question #3 for employees and step #4 for all others.

- 3A. For employees, you may check the employee's temperature and document results  
Fever (defined as temperature greater than or equal to 100.0 degrees Fahrenheit)  
present?

If YES, restrict the individual from entering the nursing home.  
If NO, proceed to step 3B.

- 3B. For employees, ask if they have:  
Worked in facilities with recognized COVID-19 cases?

If YES, ask if they worked with a person with confirmed COVID-19?  
YES/NO

If YES, restrict them from entering the nursing home.  
If NO, proceed to step 4.

4. For visitors who are allowed to visit due to compassionate care situations *and are asymptomatic upon screening*, allow entry to the nursing home and remind the individual to:
  - Wash their hands or use alcohol-based hand rub throughout their time in the nursing home;
  - Not shake hands with, touch or hug individuals while in the nursing home;
  - Wear a facemask while in the nursing home and
  - Restrict their visit to the resident's room or other location designated by the facility.

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1 American Healthcare Facilities Association