Interim Guidance for Nursing Care Facilities During COVID-19

The Department of Health (Department) is providing the below guidance as an update to the guidance issued on March 18, 2020. Since the previous version of the guidance, the Department has issued several Health Alert Networks (HANs), which require greater detail in guidance for nursing care facilities (NCFs) regarding personnel allowed to access the facility amid visitor restrictions; health care personnel who become ill during their shift; admissions and readmissions for residents exposed to COVID-19; and testing for COVID-19 upon discharge from a hospital to an NCF. As well, the epidemiological understanding of COVID-19 has deepened, which resulted in a new section around cohorting residents, and the Secretary of Health issued an Order requiring facilities to report in Knowledge Center so the Department may have more real-time information in order to best serve facilities.

1. Admissions/Readmissions

All admissions and readmissions to NCFs must follow HAN 502 for Transmission-Based Precautions. Given the significant risk COVID-19 poses to residents of NCFs, the following guidelines should be followed related to admission and readmission of residents:

NCF Resident At Hospital for COVID-19	NCF Resident at Hospital for Anything Other than COVID-19
- Per HAN 502, if Transmission-Based Precautions are still required, the resident should be readmitted to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents. - *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for readmission. - If resident has already tested positive for COVID-19, do not test again as a condition for readmission. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.	- Hospital should test the patient before discharge to an NCF to ensure the patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered. - NCFs should not wait until test results are available before readmission if the resident is clinically indicated for discharge, but should be prepared to quarantine a resident until test results are available. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.
Individual at Hospital for COVID-19 Being Discharged to NCF	**Individual at Hospital for Anything Other than COVID-19 Being Discharged to NCF**
- Per HAN 502, if Transmission-Based Precautions are still required, the individual should go to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents.	- Hospital should test individual before discharge to a NCF to ensure patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered.

- *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. - If individual has already tested positive for COVID-19, do not test again as a condition for admission. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - An NCF must continue to take new admissions, if appropriate beds are available, and a suspected or confirmed positive for COVID-19 is not a reason to deny admission.	- NCFs should not wait until test results are available before admission if the individual is clinically indicated for discharge, but should be prepared to quarantine the individual until test results are available. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - NCF must continue to take new admissions, if appropriate beds are available.

2. Cohorting Residents

If an NCF 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 appears to conform with PA-HAN 496, submit a request to the Department's appropriate field 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.
- Whether the beds are Medicare or Medicaid (including proof of approval from the Department of Human Services to expand the number of Medical Assistance beds, if applicable).
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the 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 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 field office.

3. Mandatory Reporting through Knowledge Center

In accordance with the Order of the Secretary of Health issued on April 21, 2020, all NCFs licensed in the Commonwealth must complete the Nursing Care Facility Survey in the Knowledge Center at 8:00 a.m. daily. All fields indicated as mandatory must be completed. If any non-mandatory field has changed from the initial submission, the facility must update that field on the next calendar day's submission.

4. Visitors Policies

NCFs should limit outside visitors to the greatest extent possible to limit exposure for residents; however, there are some instances when visitation is necessary, which is outlined below. All visitors who enter the facility must adhere to universal masking protocols in accordance with HAN 492 and HAN 497. The following specific examples of inappropriate and appropriate visitation include:

1. Restrict all visitors, except those listed in the fourth bullet point below.

2. Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).

3. Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the NCF. Ensure cross-over staff adhere to the facility's infectious disease protocol.

4. The following personnel are exempt from visitor restrictions and are therefore permitted to access NCFs:

    o Physicians, nurse practitioners, physician assistants, and other clinicians;
    o Home health and dialysis services;
    o 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
    o Hospice services, clergy and bereavement counselors, offered by licensed providers within the NCF, as well as the Department of Health or agents working on behalf of the Department, or local public health officials.

5. Infection Control and Personal Protective Equipment (PPE)

- The infection control specialists designated by the facility must review PPE guidelines with all staff.
- Residents may not engage in communal activities until their Region is designated as Green, per the Governor's guidance.
- Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.) through actions such as using separate

entrances, performing service at off-hours, and performing only essential servicing activities.

- Arrange for deliveries to areas where there is limited person-to-person interaction.
- Evaluate environmental cleaning practices and increase frequency of cleaning and disinfection for high-touch surfaces.
- Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
  - HAN 497 Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting
  - HAN 492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings

6. Screening

Continue active screening of residents and health care personnel for fever and respiratory symptoms (using a checklist for employees such as the one developed by the American Health Care Association and the National Center for Assisted Living). Staff should be screened at the beginning and end of every shift. All other personnel who enter the facility should be screened.

Health care personnel with even mild symptoms of COVID-19 should consult with occupational health before reporting to work. If symptoms develop while working, health care personnel must cease resident care activities and leave the work site immediately after notifying their supervisor or occupational health services, in accordance with facility policy.

7. Dining Services

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

- Identify *high-risk choking residents and residents at-risk for 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.

- *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 (assuming a standard four-person table).

Precautions When Meals Are Served in a Common Area
➢ Stagger arrival times and maintain social 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.

This guidance is intended to assist with NCFs' response to COVID-19. With the Governor's authorization as conferred in the disaster proclamation issued on March 6, 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 COVID-19 Disaster Declaration. The Department may update or supplement this guidance as needed.

RESOURCES

Department's Guidance, FAQs, and Orders for Nursing Care Facilities:
https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx
Department's Health Alerts, Advisories, and Updates:
https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx