Interim Guidance for Skilled Nursing Facilities During COVID-19

The Pennsylvania Department of Health (Department) is providing the below guidance as an update to the guidance issued on December 24, 2020, to all Skilled Nursing Facilities (SNF). Facilities should continue to follow all relevant CMS guidance available now and in the future. **If there is a conflict between Department and CMS guidance, follow the CMS guidance.**

1. **Terms and Acronyms Used in this Guidance**

   a. **Terms**

   Terms defined for the purposes of this guidance are as follows:
   - **"Cross-over visitation"** refers to visits to a SNF from an individual residing in a personal care home, continuing care retirement community, or assisted living facility located on the same campus or in the same building that are not defined as compassionate care visitation by CMS.
   - "Fully vaccinated" refers to a person who is greater than or equal to two weeks following receipt of the second dose in a two-dose series, or greater than or equal to two weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendation for Vaccinated Persons.
   - **"Outbreak"** is defined by CMS QSO-20-38-NH as "a new COVID-19 infection in any staff member or any nursing home-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak."
   - **"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. Screening is one part of the *Core Principles of COVID-19 Infection Prevention* provided by CMS that SNFs should use to protect residents, staff, visitors, and others.
   - **"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). Social distancing is one of the *Core Principles of COVID-19 Infection Prevention* provided by CMS. The more recent term "physical distancing" is used to stress the importance of maintaining physical space when in public areas.

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[1] This updates the *Interim Guidance for Skilled Nursing Facilities During COVID-19* issued on December 24, 2020. Revisions are displayed in red font.

- **"Staff"** includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.
- "**Universal masking**" means the protocols set forth in PA-HAN 492 and PA-HAN 524, with homemade cloth face covering being acceptable for visitors. Use of a face covering or mask is one of the *Core Principles of COVID-19 Infection Prevention* provided by CMS.
- **"Visitors"** includes individuals from outside of the facility who will be interacting with residents. This includes cross-over visitors.
- **"Volunteer"** is an individual who is a part of the facility's established volunteer program.

b. **Acronyms**

Acronyms used in this guidance are defined as follows:
- CDC – Centers for Disease Control and Prevention
- CMS – Centers for Medicare and Medicaid Services
- PA-HAN – Pennsylvania Health Alert Network
- PPE – Personal Protective Equipment
- RCAT – Regional Congregate care Assistance Teams
- SNF – Skilled Nursing Facility

2. **Relevant Directives and Information**

This guidance is written in concert with applicable CMS Memorandums and PA-HANs.

a. **CMS Memorandums and Alerts**

Facilities must adhere to all CMS Memorandums for nursing homes. Two have been recently released that are of particular note for SNFs at this time:
- **Testing**: SNFs are to test residents and staff based on parameters and at the frequency set forth in the following CMS Memorandum – QSO-20-38-NH with the subject *Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool* dated August 26, 2020[2]. Testing must continue after vaccinations in accordance with QSO-20-38-NH until that document is revised or rescinded by CMS.
- **Visitation**: SNFs are to follow the visitation guidance set forth in the following CMS Memorandum – QSO-20-39-NH with the subject *Nursing Home Visitation – COVID-19* as amended March 10, 2021. This updated guidance should be reviewed carefully as it includes the impact of COVID-19 vaccinations on visitation. Another useful reference is the CMS Infographic entitled Mom's vaccinated: When Can I Visit Her Nursing Home?

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[2] The Department's Frequently Asked Questions on testing published September 29, 2020 is still applicable and up to date.

- **Voting**: SNFs are to follow the voting guidance set forth in the following CMS Memorandum – QSO-21-02-NH with the subject *Compliance with Residents' Rights Requirement related to Nursing Home Residents' Right to Vo*te dated October 5, 2020.
- **Holidays:** CMS issued an alert to reiterate the adherence to the Core Principles of COVID-19 Infection Prevention during the holiday season.

b. **PA-HANs**

All SNFs should follow the direction provided in the PA-HAN Alerts, Advisories, and Updates applicable to those facilities. At this time, those are as follows:
- 492 - 04/03/20 - ALT - Universal Masking
- 496 - 04/14/20 - ADV - Cohorting Residents
- 524 – 09/10/20 – UPD – UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting
- 530 - 10/07/20 - ADV - Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID-19
- 534 - 10/30/20 - UPD - Guidance on Reporting Point of Care SARS-CoV-2 Test Results
- 537 - 11/30/20 - ADV - Testing and Management Considerations for Long-term Care Facility Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating
- 541 – 12/16/20 – ADV – Infection Prevention and Control Considerations for Healthcare Personnel with Signs and Symptoms Following COVID-19 Vaccination
- 542 - 12/19/20 - ADV - Infection Prevention and Control Considerations for Residents of Long-term Care Facilities with Signs and Symptoms Following COVID-19 Vaccination
- 543 - 12/30/20 - UPD - Providing Demographic Variables as Part of Laboratory Submission Forms
- 545 - 01/06/21 - ADV - COVID Vaccination Indicators and Contraindications
- 546 - 01/07/21 - ALT - SARS-CoV-2 B.1.1.7 Variant Identified in Pennsylvania Resident
- 547 - 01/22/21 - UPD - UPDATE: Point of Care Antigen Test for Long-term Care Facilities
- 548 - 01/22/21 - UPD - UPDATE: Point of Care Antigen Test Use and Interpretation
- 550 - 02/08/21 - ADV - SARS-CoV-2 Variants- Situation Updates and Public Health Response
- 552 - 02/17/21 - UPD - UPDATE: COVID Vaccine Second Dose Administration and Timing
- 553 - 02/22/21 - UPD - UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
- 554 - 02/23/21 - UPD - Discontinuation of Transmission- Based Precautions for Patients with COVID-19
- 556 - 02/28/21 - ADV - Change in Pfizer-BioNTech COVID-19 Vaccine Transportation and Storage Conditions
- 55 7- 03/09/21 - ADV - Call for Cases: Multisystem Inflammatory Syndrome in Adults (MIS-A)
- 559 - 03/16/21 - UPD - UPDATE Quarantine Recommendations for Persons Exposed to COVID-19

- 560 - 03/16/21 - UPD - Work Restrictions for Healthcare Personnel with Exposure to COVID-19

3. **PPE and Infection Prevention**

   Appropriate use of PPE and infection prevention measures are critical in stopping the spread of COVID-19. The following guidance is provided for PPE and infection prevention[3] in SNFs.

   a. **Order of the Secretary of Health Issued August 17, 2020**

      In accordance with the 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[4] issued on August 17, 2020:
      - Each facility shall develop, implement, and adhere to policies and procedures that provide for the procurement and distribution of PPE to all staff.
      - The policies and procedures must, at a minimum, include distribution of respirators to staff providing direct patient care to COVID-19 positive and suspected cases and staff assigned to provide direct patient care in COVID-19 units. The respirators distributed by each facility must be National Institute for Occupational Safety and Health-approved particulate filtering facepiece respirators, or if those are not available, respirators approved by the Food and Drug Administration, including through an Emergency Use Authorization, as named in Appendix A. The respirator distribution must occur prior to the beginning of the staff member's shift, and the respirator must be replaced as soon as practical if the facility is notified by a staff member that their mask has become soiled, damaged, or otherwise ineffective.

   b. **CMS Core Principles of Infection Prevention**

      In the CMS Memorandum (Ref QSO-20-39-NH) as revised March 10, 2021, the following *Core Principles of COVID-19 Infection Prevention* are provided:
      - Screening of all who enter the facility for signs and symptoms of COVID-19[5] (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);
      - Hand hygiene (use of alcohol-based hand rub is preferred);
      - Face covering or mask[6] (covering mouth and nose);
      - Social distancing at least six feet between persons;

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[3] See also PA-HAN 524.

[4] See also the Frequently Asked Questions in response to the 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.

[5] CMS makes the following exception in QSO-20-39-NH: EMS personnel do not need to be screened so they can attend to an emergency without delay.

[6] See also PA-HAN 492.

- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit;
- Appropriate staff use of PPE;
- Effective cohorting of residents[7] (e.g., separate areas dedicated COVID-19 care); and
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (See QSO-20-38-NH).

c. **Communal Dining Precautions**

The following precautions are advised for communal dining in SNFs:
- Stagger arrival times and maintain social distancing (also known as 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.

d. **Cross-over Visitation Precautions**

Cross-over visitors must adhere to the same infection prevention precautions as other visitors. If there is an outbreak in the facility from which the cross-over visitor originates, cross-over visitation is permissible only if the cross-over visitor resides in a green zone (per PA-HAN 530).

e. On-site Beauty and Barber Shops

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 March 10, 2021) regarding outbreaks applies to accessing services in beauty and/or barber shops as well.

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[7] See also PA-HAN 496.

4. **Support and Resources During the COVID-19 Pandemic**

   There is support available for testing, staffing, and PPE. If approved by the Long-Term Care Task Force, these resources are provided at no cost to the facility.
   - **Testing**: To request assistance with COVID-19 outbreak testing, complete this online form: Universal Testing Needs Assessment Form. Your request will be considered, and someone from the Long-Term Care Task Force will be in touch with you. For questions about testing, email ra-dhCOVIDtesting@pa.gov.
   - **Staffing**: For short-term crisis staffing support due to a COVID-19 outbreak, complete this online form to request staffing for a 3-5 day period: Pennsylvania Long-Term Care Task Force Staffing Support Request. If your facility is working with Penn State or UPenn RCAT, you must work directly with their RCAT for staffing support and NOT utilize this form.
   - **PPE**: For PPE requests, complete this online form: Healthcare Facility / Agency PPE Critical Needs Assessment Form.
   - **RCAT**: The RCAT program consists of health systems that will provide COVID-19 outbreak support to long-term care facilities. Learn more about RCAT.

5. **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.

6. **Hospital Stays, Medical Appointments, and Outings**

   a. **Hospital Stays**

      The following bullets stipulate the only mandate for COVID-19 testing when a patient is being discharged from a hospital to a SNF:
      - Hospitals treating inpatients who will be discharged to a SNF must test the patient for COVID-19 prior to discharging the patient.
        - Patients who are not currently exhibiting symptoms of COVID and who tested positive for COVID-19 within the last 90 days do not need to be tested prior to discharge.
        - If a test is administered upon admission to the facility, and the resident is discharged within the 72-hour period, 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 SNF prior to discharge.
- Patients with a positive COVID-19 test result should only be discharged to a SNF with the ability to adhere to infection prevention and control recommendations of the Department and the CDC for the care of COVID-19 patients. SNFs that meet this criterion 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.

b. **Medical Appointments**

Residents should continue to receive necessary medical care that is needed outside of the SNF. Typically, transportation for medical appointments is provided by the SNF. 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 face covering or mask can be tolerated, the resident should wear one during transport and the driver should be wearing a face covering or mask as well. If a resident has been fully vaccinated, that resident may choose to have close contact (including touch) with the family member or friend who is transporting them. If close contact occurs, hand hygiene should be performed before and after (in addition to universal masking). All should be screened upon return to the SNF 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. If there is no known exposure, testing is not necessary.

c. **Outings for Non-Medical Reasons**

Each SNF should develop a policy to address 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:
- 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;
- Whether the resident is fully vaccinated.
- The resident's level of vulnerability due to any chronic or immunocompromised conditions; and
- Duration of the outing, including whether it includes an overnight stay.

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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. Residents with this type of high-risk outing do not need to be placed under transmission-based precautions unless exposure is known or highly suspected[8]. Factors of a high-risk outing include:

- Substantial community spread in the area(s) visited or home county (≥10% county positivity rate or incident rate ≥100/100,000 incidence) **AND**
- A gathering of more than 10 people **AND**
  - Failure of consistent universal masking for the duration of the outing **OR**
  - Failure of physical distancing from resident (for example, hugging or riding in a vehicle with persons not wearing face coverings or masks).

7. **Cohorting (Expanding the Number of Beds or Converting Closed Wings or Entire Facilities)**

If a SNF 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. 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 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 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 field office.

8. **Mandatory Reporting through Survey123**

In accordance with the amended Order of the Secretary of Health issued on December 24, 2020, all SNFs licensed in the Commonwealth must complete the survey data collection tool daily. All facilities

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[8] See PA-HAN 530 for more information.

must update all data fields each day, including cumulative case counts (total counts identified in the facility since the beginning of the outbreak) where indicated.

9. **Mandatory Completion of the COVID-19 Vaccine Needs Assessment Survey**

    In accordance with the Order of the Secretary of Health issued on March 16, 2021, all SNFs licensed in the Commonwealth must complete the COVID -19 Vaccine Needs Assessment Survey.   The initial survey was due by March 23, 2021. Facilities are required to respond to subsequent Survey requests. Subsequent Survey response due dates will be determined as needed.

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.