pennsylvania
DEPARTMENT OF HUMAN SERVICES

Coronavirus Disease 2019 (COVID-19):
Applying Department of Health Testing and Personal Protective Equipment Guidance for Long-Term Care Facilities' Residents and Health Care Personnel to Community and Life Sharing Homes
ODP Announcement 20-068 Update

AUDIENCE:

Providers licensed pursuant to 55 Pa. Code Chapters 6400 (Relating to Community Homes for Individuals with an Intellectual Disability) and 6500 (Relating to Life Sharing Homes).

PURPOSE:

This announcement provides guidance to Community and Life Sharing Home providers about how to apply updated COVID-19 testing guidance and infection control procedure guidance issued by the Pennsylvania Department of Health (DOH):

Updates to this announcement appear in red.

DISCUSSION:

DOH has released guidance that is targeted to large congregate-care settings such as skilled nursing facilities and Intermediate Care Facilities for Individuals with an Intellectual Disability, which does not specifically reference Community and Life Sharing Homes. However, some of the guidance provided can be applied to Community and Life Sharing Homes.

On September 10, 2020, DOH released 2020 – PAHAN – 524 – 09-10-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*. In addition, on October 7, 2020, DOH released 2020 – PAHAN – 530-10-07-ADV, *Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID- 19*, which superseded the previous testing

guidance for COVID-19 in long-term care facilities issued in PA-HAN-509. The guidance in both documents is targeted to large congregate-care settings such as skilled nursing facilities and Intermediate Care Facilities for individuals with an intellectual disability and does not specifically reference Community and Life Sharing Homes.

Note that testing conducted as below should be implemented in addition to existing infection prevention and control measures recommended by DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all residents and staff for signs and symptoms of COVID-19, and universal masking as source control.

NEW CONFIRMED CASES – RESIDENTS and STAFF

When an **individual in a Community Home** has been potentially exposed to COVID-19 or has been diagnosed with COVID-19, the provider should take immediate action to prevent transmission of COVID-19 to other residents and to staff. At minimum providers should do the following:

- Quarantine residents consistent with PA-HAN-559:
    - Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection, which includes the use of Transmission-Based Precautions for COVID-19 per PA-HAN-524.
        - This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.
    - Quarantine is no longer recommended for residents who are returning to the home after visitation or hospital stays if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days (i.e., no known exposure to COVID-19).

When a **staff person** has been potentially exposed to COVID-19 or has been diagnosed with COVID-19, the provider should take immediate action to prevent transmission of COVID-19 to residents and to other staff. At a minimum, providers should do the following:

- Staff should quarantine in accordance with the below guidance:

- For asymptomatic health care personnel (HCP) with potential exposure to COVID-19, determine work exclusion by following the guidance of PA-HAN-560.
- For symptomatic HCP with any known exposure to COVID-19, exclude immediately from work and counsel them to seek testing. Follow PA-HAN-535 and PA-HAN-553.
- For HCP who are asymptomatic, but test positive for COVID-19, follow guidance in PA- HAN-535 and PA-HAN-553.

If an individual in a Community Home or a staff person who works in a Community Home has a new confirmed case of COVID-19 infection, the provider should:

- Consider all residents and staff who have resided or worked in the home in the 48 hours prior to the resident or staff person becoming symptomatic as "potentially exposed." Additionally, any other persons with brief visits to the home should be considered potentially exposed if they were within 6 feet of others in the home, for a **cumulative** total of 15 minutes or more within a 24-hour period.

- If the resident or staff person was asymptomatic at the time they are confirmed with COVID-19:
  - Consider all residents and staff who have been in the home where the confirmed COVID-19 individual or staff person was present beginning 2 days after the positive individual's or staff person's own exposure occurred as "potentially exposed."
  - If the resident's or staff person's date of exposure cannot be determined, consider residents and staff who had contact with the resident or staff person confirmed with COVID-19 within 48 hours prior to the date the test specimen was collected as "potentially exposed."

- Test all residents and staff that are considered potentially exposed, as above, for the presence of SARS-CoV-2, the virus that causes COVID-19.
  - If test results are anticipated to take longer than 2-3 days, the provider should not wait to conduct mass testing. The provider should test all residents and staff while awaiting test results.
  - If testing capacity is limited, prioritize the testing of residents and staff who are close contacts of the resident or staff person who is confirmed to have COVID-19. A close contact is defined as any individual who was within 6 feet of an infected resident or staff person for a cumulative total

of 15 minutes or greater, within a 24 hour period, starting from 2 days before illness onset (or, for asymptomatic residents or staff people, 2 days before the test specimen was collected).

- The above residents should be tested even if baseline testing has been conducted in the past.

- Do not retest any asymptomatic residents or staff who had a confirmed COVID-19 infection within the past 90 days.

Note: The provider should also test all individuals and staff who were potentially exposed if:

- An individual or staff person is *suspected* (i.e. not confirmed) to have COVID-19, and

- The individual or staff person is symptomatic, and

- The individual or staff person has no history of confirmed COVID-19 within the past 90-days, and

- The individual or staff person's test results will not be available for 2 or more days following the date of the test.

Occasionally, test results may return as **inconclusive or indeterminate result**. When this occurs, another test should be completed as soon as possible, and the resident should continue to be treated as potentially exposed.

POST-TESTING ACTIONS TO PREVENT TRANSMISSION

Providers should take immediate action to prevent transmission when residents and staff have been potentially exposed or have been diagnosed with COVID-19. These steps include, but are not limited to:

- Quarantining potentially exposed and diagnosed individuals such that they have no contact with individuals who have not been exposed.

- Ensuring that staff who work in homes where potentially exposed or diagnosed individuals reside do not work in homes with individuals who have not been exposed.

- If it is not possible to limit staff to only one home, the staff must change Personal Protective Equipment (PPE) and perform hand hygiene before moving to different homes.

- Staff who work in homes where potentially exposed or diagnosed individuals reside must wear full PPE at all times.

REPEAT TESTING TO ENSURE TERMINATION OF TRANSMISSION

After testing all individuals and staff persons in response to a new case as discussed above, repeating the testing for residents or staff persons who test negative for COVID-19 is recommended as follows, to confirm whether transmission has been terminated:

- Immediately retest any resident or staff who subsequently develops fever or symptoms consistent with COVID-19.
- Continue repeat testing of all previously negative residents and staff persons in the "potentially exposed" group at least once a week until the testing identifies no new cases of COVID-19 among staff at least 14 days since the most recent positive result.
    - Include residents and staff with a history of COVID-19 infection more than 90 days prior in the testing.
    - If test capacity is limited, direct repeat rounds of testing to individuals who leave and return to the home for medical care, visits with family, or other reasons.
    - If testing capacity is limited, direct repeat rounds of testing to staff who work at other homes where there are known or suspected COVID-19 cases. Note: Staff who work in homes where potentially exposed or diagnosed individuals reside should not work in homes with individuals who have not been exposed/diagnosed as a precautionary measure during the pandemic.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Providers are expected to follow both the guidance outlined in ODP Announcement 20-088 Reissue: Guidance on Masks, Screening, and Handwashing and the guidance from DOH in 2020–PAHAN –524–09-10-UPDUPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting regarding the use of PPE:

PROVIDING SUPPORT TO RESIDENTS SUSPECTED OR CONFIRMED POSITIVE FOR COVID-19

Providers should select appropriate PPE and provide it to staff in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). Healthcare Personnel (HCP) must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Staff providing direct care to an individual with suspected or confirmed COVID-19 infection should adhere to Standard Precautions, which are the basic practices that apply to all patient care, regardless of the patient's suspected or confirmed infectious state, and apply to all settings where care is delivered. These practices protect health care personnel and prevent health care personnel or the environment from transmitting infections to other patients.

In addition to adhering to Standard Precautions, such staff should use a NIOSH-approved N95 or N-95-equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Other acceptable Non-NIOSH approved respirators can be found in Appendix A of the PPE Emergency Use Authorization.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Providers should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

- Additional information about using PPE can be found at the following Centers for Disease Control and Prevention (CDC) link: Using PPE.

OPTIMIZING THE SUPPLY OF PPE

Each provider is expected to develop policies and procedures that, at a minimum, address the procurement of PPE and how PPE will be distributed to all staff in the event that the provider needs to provide support to an individual who is suspected or confirmed positive for COVID-19.

The greatly increased need for PPE caused by the COVID-19 pandemic has caused PPE shortages. In order to help providers plan and optimize the use of PPE, the CDC has developed a Personal Protective Equipment (PPE) Burn Rate Calculator.

The CDC guidance *Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages* can be used to help providers prioritize measures to conserve PPE supplies. This guidance summarizes the CDC's strategies to optimize personal protective equipment (PPE) supplies in health care settings and provides links to the CDC's full guidance documents on optimizing supplies. The strategies included in the guidance provide a continuum of options using the framework of surge capacity when PPE supplies are stressed, running low, or exhausted. When using these strategies, providers should:

- Implement them sequentially
- Monitor their current PPE inventory, supply chain, and utilization rate
- Train health care personnel on the use of PPE and have them demonstrate competency with donning and doffing any PPE ensemble that is used to perform job responsibilities
- As PPE availability returns to normal, promptly resume standard practices

Providers with a critical need for PPE supply, who have exhausted other supply chain avenues for obtaining PPE, should submit a request for PPE fulfillment.

Questions about any of the information contained in the announcement may be directed toward your ODP Regional Office or RA-PWODPEMRGNCYRSPRQ@pa.gov