

INFORMATION FOR FAMILIES OF NURSING CARE FACILITIES STAFF AND RESIDENTS FREQUENTLY ASKED QUESTIONS

The families of nursing care facility staff and residents are concerned about the health and safety of their family members during the COVID-19 pandemic. Nursing care facilities are experiencing many challenges as they continue to provide services while protecting the health of both their employees and residents. The Pennsylvania Department of Health is issuing these Frequently Asked Questions to address concerns that families have raised. The response to the COVID-19 pandemic continues to evolve. It is important to keep informed; check the [Department of Health's](#) website often.

Q: What precautions are nursing care facilities taking to protect residents against COVID-19?

A: The Centers for Disease Control and Prevention (CDC) recommends nursing care facilities implement aggressive action to prevent the introduction and spread of COVID-19. Nursing care facilities in Pennsylvania are restricting visitors, implementing sickleave policies for ill staff, restricting movement of residents and group activities, and actively checking every person entering a facility for fever and symptoms of illness. All staff and others (e.g., contractors) entering nursing care facilities are required to wear masks, which helps prevent the spread of illness should one of them carry the virus and not have symptoms yet.

Q: What should nursing care facilities do about outside visitation? Who can visit and when?

A: The Department of Health (Department) has followed CDC guidance on visitation policies since the beginning of our response to COVID-19 and will continue to do so until we can be sure visitation will not put residents and staff at risk. We understand that limiting visitation is hard for residents and families; however, contact with visitors is the primary way that residents could become exposed to and contract COVID-19. In order to protect residents and staff, we need to continue limiting visitation, despite how challenging that is. The following limits are in place until the region or county in which the facility is located is designated as in the Green phase, or fully reopened, per the [Governor's guidance](#) on reopening the Commonwealth:

- Family and friends of residents living outside the facility are not able to visit residents, including visits from residents from personal care homes, assisted living residences, or continuing care communities to nursing care facilities;
- All non-essential workers and volunteers (i.e., barbers, beauticians) are not allowed to enter the facility;
- The following persons are allowed access to residents and should be provided with appropriate personal protective equipment (PPE):
 - Health care workers who provide services such as hospice and home health care;
 - Physicians, nurse practitioners, physician assistants and other clinicians may treat residents under their care;
 - The Department of Aging, the Area Agency on Aging and the Department of Human Services may have access *when there has been a report of serious bodily injury, sexual abuse, or serious physical injury*; and
- Visitation is permitted for compassionate care situations (such as end of life care, clergy, bereavement counselors, etc.) and should be allowed on a case-by-case basis.

Visitors must be screened prior to entering the facility, using the same protocols as staff screening, for a fever or any other symptoms of COVID-19. Visitors that show any symptoms of illness are not permitted in the facility. Compassionate care visitors are required to follow mitigation protocols, such as practicing proper handwashing, and wearing a face mask or face covering at all times. Visitors' access must be restricted to only the room or location in which the resident receiving services is located.

Q: What is the appropriate screening protocol for residents?

A: Facilities should be actively monitoring residents at least every 12 hours. If any two of the [signs and symptoms of COVID-19](#) are detected in any resident, staff in the facility should:

- Initiate precautions per CDC guidelines;
- Check room air pulse oximetry;
- Increase frequency of vital sign screening, including pulse oximetry, to every 8 hours;
- Screen for influenza; and
- If negative, screen for COVID-19.

If any one of the signs and symptoms is detected in any resident:

- Initiate precautions per CDC guidelines;
- Check a room air pulse oximetry; and
- Increase frequency of vital sign screening, including pulse oximetry to every 8 hours

Q: What is the screening protocol for staff who are suspected of having COVID-19?

A: Staff must be screened upon entering the building using a checklist such as the one developed by the [American Health Care Association and the National Center for Assisted Living](#)). The Centers for Medicare and Medicaid Services (CMS) issued guidance to nursing facilities to actively take employees' temperature and document absence of shortness of breath, new or change in cough, and sore throat prior to starting a shift. Sick employees should stay home. If an employee becomes ill during their shift, they must leave the building immediately while wearing a facemask and self-isolate at home.

Q: What can nursing care facilities offer to keep families involved?

A: There are several options nursing care facilities can offer to residents and their families:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone calls, video or other means of communication);
- Creating or increasing listserv communications to provide general updates for families to stay in touch with what's happening at the facility;
- Assigning staff as primary contact to families for inbound calls and conducting regular outbound calls to keep families informed; and
- Offering a phone line with a voice recording updated at set times (e.g., daily) with a general update about what's happening at the facility.

Q: Why are residents being confined to their rooms?

A: According to CDC guidance, residents should stay in their rooms to avoid spreading the virus. Until the county in which the facility is located is designated as in the Green phase per the Governor's guidance, residents should stay in their rooms (to the extent possible), except for medically necessary purposes. If residents must leave their rooms, they should wear a face mask or face covering, practice

hand hygiene, limit their movement in the facility, and engage in social distancing (staying at least 6 feet away from others). Remember, this is for the health and safety of the residents.

Q: What activities are permitted?

A: Residents are able to continue activities in their rooms that they normally would. When the county is designated as in the Green phase, per the Governor's guidance, group activities and communal dining will resume.

Q: When there is a COVID-19 confirmed case in the facility, should others with symptoms be tested?

A: Once COVID-19 is confirmed in a facility, it is likely that other residents have been exposed. The Department recommends testing all nursing care facility residents who have symptoms of COVID-19.

Q: Are facilities required to notify staff and family of who has tested positive?

A: Nursing care facilities are required by regulation to notify a resident or resident's responsible party if there is a change in the resident's condition.

Q: What is [PPE](#) and who needs it?

A: PPE is personal protective equipment such as N95 and surgical masks, gloves and gowns worn to protect against infection from COVID-19. Everyone who enters the nursing care facility should wear a face mask or face covering. More recommendations about PPE are available from the [CDC](#) website.

Cloth face masks are a useful tool to control the spread of the virus that causes COVID-19 from people who may carry the virus, even if they do not know it. Cloth face masks are not considered PPE and do not protect the wearer. Health care workers and staff in nursing care facilities should be wearing PPE as part of the Department's Health Alert 492, [Universal Masking of Health Care Workers and Staff in Congregate Care Settings](#).

Q: Are facilities permitted to admit and discharge residents during the pandemic?

A: Nursing care facilities should continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital and who are stable. This includes stable patients who have had COVID-19.

Nursing care facilities should discharge residents who no longer need that level of care, ensuring a safe and orderly discharge.

Q: Is an Ombudsman still available to residents in the facilities?

A: Residents can still access the Ombudsman as needed, through non-contact communication (including phone calls or video communication arranged by the facility). Facilities may permit the Ombudsman to enter the facility on a case-by-case basis and in compassionate care situations. Per the Pennsylvania Department of Aging, the ombudsman network is prepared to assist consumers with concerns in facilities throughout the current COVID-19 pandemic, advocating for the rights of residents in long-term care facilities, such as nursing homes, personal care homes, and assisted living facilities. Contact the Ombudsman state office at (717) 783-8975 or email LTC-ombudsman@pa.gov.



Q: Is the Department conducting complaint surveys during the COVID-19 pandemic?

A: The Department is continuing to conduct onsite surveys to investigate complaints and incidents that may place the health and safety of residents at risk for serious injury, serious harm or death. Additional information about surveys during the pandemic can be found on the Department's [website](#).