



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

BOARD OF HEALTH: 10/28/20
LAW DEPARTMENT: 10/29/20
RECORDS DEPARTMENT:

**SEVENTEENTH SUPPLEMENTAL EMERGENCY REGULATION GOVERNING
THE CONTROL AND PREVENTION OF COVID-19
(LONG-TERM CARE ISOLATION SAFETY AND TRANSFER)**

WHEREAS, the Pennsylvania Disease Control and Prevention Act of 1955, 1956, April 23, P.L. 1510, 35 P.S. § 52.1 *et seq.*, and Chapter 6-200 of The Philadelphia Code provide that the Board of Health and the Department of Public Health are responsible for implementing appropriate disease control and prevention measures in order to limit the spread of disease in an epidemic emergency; and

WHEREAS, Section 6-204 of The Philadelphia Code provides that the Department of Public Health may order the isolation or quarantine of individuals who are confirmed as having, or are reasonably suspected of having or having been exposed to, a quarantinable disease, and such orders may include place, time, and manner requirements; and

WHEREAS, Section 6-205 of The Philadelphia Code authorizes the Department to issue orders, under certain conditions, imposing measures necessary to prevent the spread of disease in response to an emergency epidemic situation; and

WHEREAS, on March 6, 2020, in response to the 2019 novel coronavirus disease, COVID-19, the Governor of Pennsylvania issued a Proclamation of Disaster Emergency; and

WHEREAS, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, or global epidemic; and

WHEREAS, on March 12, 2020, the Board of Health amended the Department's "Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions" to, *inter alia*, add COVID-19 to the City's list of reportable and quarantinable diseases; and

WHEREAS, on March 13, 2020, the Mayor issued a Declaration of Emergency related to COVID-19 that, in conjunction with the Governor's proclamation, enhanced the City's ability to take action to address the pandemic's impact in Philadelphia; and

WHEREAS, on March 26, 2020, the Board of Health approved an "Emergency Regulation Governing the Control and Prevention of COVID-19," which, *inter alia*, expressly authorized the Health Commissioner to issue additional orders the Health Commissioner determines are necessary or appropriate control or prevention measures to limit the spread of COVID-19; and

WHEREAS, the virus that causes COVID-19 is easily transmitted, especially in group settings, including by people with no symptoms or mild symptoms who may unknowingly spread the disease to others; and

WHEREAS, COVID-19 can cause severe disease and death, particularly in older adult and other vulnerable populations; and

WHEREAS, long-term care facilities in Philadelphia and across the country have suffered significant and grossly disproportionate morbidity and mortality among their residents as a result of the spread of COVID-19; and

WHEREAS, on April 8, 2020, the Health Commissioner issued an “Emergency Order Concerning Operation of Long-Term Care Facilities and Activities of Residents to Prevent the Spread of 2019 Novel Coronavirus (COVID-19)” pursuant to, *inter alia*, the authority granted to the Health Commissioner pursuant to the Board of Health’s Emergency Regulation Governing the Control and Prevention of COVID-19 as well as the Health Commissioner’s authority under state and local law, which imposed certain requirements and restrictions on long-term care facilities and their residents in an effort to limit the spread of COVID-19, and which the Board of Health approved as a regulation on April 22, 2020; and

WHEREAS, on July 20, 2020 and September 3, 2020, the Secretary of Health of the Pennsylvania Department of Health issued detailed guidance for long-term care facilities that apply statewide, and in deference to this guidance and consideration of the state of the pandemic, the Health Commissioner issued the September 23, 2020 “Order Rescinding the Emergency Order Concerning Operation of Long-Term Care Facilities and Activities of Residents to Prevent the Spread of 2019 Novel Coronavirus (COVID-19),” which rescinded certain restrictions and requirements related to long-term care facilities, and which the Board of Health approved as a regulation on October 8, 2020; and

WHEREAS, COVID-19 case counts and positivity rates have increased in Philadelphia recently following a sustained decline; and

WHEREAS, most respiratory viruses show markedly increased spread in the late fall and winter, suggesting case counts in Philadelphia may remain on an upward trajectory; and

WHEREAS, certain isolation procedures are necessary in long-term care facilities to reduce the risk of outbreaks and their attendant morbidity and mortality; and

WHEREAS, the U.S. Centers for Disease Control and Prevention (the “CDC”) have issued guidance documents pertaining to strategies for limiting the spread of COVID-19 in long-term care facilities, including resident and staff cohorting, universal personal protective equipment use, and other safety procedures, which can reduce exposure to residents with COVID-19 and provide additional protection for staff who interact with residents with COVID-19; and

WHEREAS, given the significantly increased medical vulnerability of long-term care facility residents, a long-term care facility that does not have a dedicated COVID-19 unit or

is otherwise not in compliance with the protocols established by the Department that long-term care facilities are required to follow to care for residents who test positive for COVID-19 and to protect other residents must transfer residents with COVID-19 to an alternate site in order to limit the spread of COVID-19 and reduce the risk of an outbreak; and

WHEREAS, to that end, the Health Commissioner issued on October 28, 2020 an “Emergency Order Concerning Isolation Safety and Transfer Requirements for Long-Term Care Facilities and Hospitals to Prevent the Spread of 2019 Novel Coronavirus (COVID-19)” (the “October 28, 2020 Order”), which imposed certain isolation safety and transfer requirements on long-term care facilities and hospitals, in accordance with applicable administrative requirements; and

WHEREAS, the Board of Health agrees with these determinations, and recognizes that the situation involving the COVID-19 pandemic is fast moving and often requires changes to control measures both to impose additional measures and to roll back required measures when appropriate; and

WHEREAS, consistent with the foregoing, the Board hereby promulgates the below Seventeenth Supplemental Emergency Regulation Governing the Control and Prevention of COVID-19 (Long-Term Care Isolation Safety and Transfer) to adopt the October 28, 2020 Order, as a temporary regulation effective upon delivery to the Department of Records, while the remaining procedures and formalities of Section 8-407 are followed to promulgate the amendment as a permanent regulation;

NOW, THEREFORE, the Board of Health hereby adopts the following regulation, effective immediately:

1. This Emergency Regulation supplements the Philadelphia Department of Public Health’s *Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions* and its other emergency regulations governing the control and prevention of COVID-19.

2. The Board hereby fully adopts the October 28, 2020 “Emergency Order Concerning Isolation Safety and Transfer Requirements for Long-Term Care Facilities and Hospitals to Prevent the Spread of 2019 Novel Coronavirus (COVID-19),” which imposed certain isolation safety and transfer requirements on long-term care facilities and hospitals, in accordance with applicable administrative requirements, and which is attached hereto as Attachment 1.

3. This Emergency Regulation shall be effective upon filing with the Department of Records and remain effective until expressly superseded or repealed by the Board at the conclusion of the COVID-19 emergency.

Attachment 1



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH

**EMERGENCY ORDER CONCERNING ISOLATION SAFETY AND
TRANSFER REQUIREMENTS FOR LONG-TERM CARE FACILITIES AND HOSPITALS
TO PREVENT THE SPREAD OF 2019 NOVEL CORONAVIRUS (COVID-19)**

WHEREAS, the Pennsylvania Disease Control and Prevention Act of 1955, 1956, April 23, P.L. 1510, 35 P.S. § 52.1 *et seq.*, and Chapter 6-200 of The Philadelphia Code provide that the Board of Health and the Department of Public Health are responsible for implementing appropriate disease control and prevention measures in order to limit the spread of disease in an epidemic emergency; and

WHEREAS, Section 6-204 of The Philadelphia Code provides that the Department of Public Health may order the isolation or quarantine of individuals who are confirmed as having, or are reasonably suspected of having or having been exposed to, a quarantinable disease, and such orders may include place, time, and manner requirements; and

WHEREAS, Section 6-205 of The Philadelphia Code authorizes the Department to issue orders, under certain conditions, imposing measures necessary to prevent the spread of disease in response to an emergency epidemic situation; and

WHEREAS, on March 6, 2020, in response to the 2019 novel coronavirus disease, COVID-19, the Governor of Pennsylvania issued a Proclamation of Disaster Emergency; and

WHEREAS, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, or global epidemic; and

WHEREAS, on March 12, 2020, the Board of Health amended the Department's "Regulations Governing the Control of Communicable and Non-communicable Diseases and Conditions" to, *inter alia*, add COVID-19 to the City's list of reportable and quarantinable diseases; and

WHEREAS, on March 13, 2020, the Mayor issued a Declaration of Emergency related to COVID-19 that, in conjunction with the Governor's proclamation, enhanced the City's ability to take action to address the pandemic's impact in Philadelphia; and

WHEREAS, on March 26, 2020, the Board of Health approved an "Emergency Regulation Governing the Control and Prevention of COVID-19," which, *inter alia*, expressly authorized the Health Commissioner to issue additional orders the Health Commissioner determines are necessary or appropriate control or prevention measures to limit the spread of COVID-19; and

WHEREAS, the virus that causes COVID-19 is easily transmitted, especially in group settings, including by people with no symptoms or mild symptoms who may unknowingly spread the disease to others; and

WHEREAS, COVID-19 can cause severe disease and death, particularly in older adult and other vulnerable populations; and

WHEREAS, long-term care facilities in Philadelphia and across the country have suffered significant and grossly disproportionate morbidity and mortality among their residents as a result of the spread of COVID-19; and

WHEREAS, on April 8, 2020, the Health Commissioner issued an “Emergency Order Concerning Operation of Long-Term Care Facilities and Activities of Residents to Prevent the Spread of 2019 Novel Coronavirus (COVID-19)” pursuant to, *inter alia*, the authority granted to the Health Commissioner pursuant to the Board of Health’s Emergency Regulation Governing the Control and Prevention of COVID-19 as well as the Health Commissioner’s authority under state and local law, which imposed certain requirements and restrictions on long-term care facilities and their residents in an effort to limit the spread of COVID-19, and which the Board of Health approved as a regulation on April 22, 2020; and

WHEREAS, on July 20, 2020 and September 3, 2020, the Secretary of Health of the Pennsylvania Department of Health issued detailed guidance for long-term care facilities that apply statewide, and in deference to this guidance and consideration of the state of the pandemic, the Health Commissioner issued the September 23, 2020 “Order Rescinding the Emergency Order Concerning Operation of Long-Term Care Facilities and Activities of Residents to Prevent the Spread of 2019 Novel Coronavirus (COVID-19),” which rescinded certain restrictions and requirements related to long-term care facilities, and which the Board of Health approved as a regulation on October 8, 2020; and

WHEREAS, COVID-19 case counts and positivity rates have increased in Philadelphia recently following a sustained decline; and

WHEREAS, most respiratory viruses show markedly increased spread in the late fall and winter, suggesting case counts in Philadelphia may remain on an upward trajectory; and

WHEREAS, certain isolation procedures are necessary in long-term care facilities to reduce the risk of outbreaks and their attendant morbidity and mortality; and

WHEREAS, the U.S. Centers for Disease Control and Prevention (the “CDC”) have issued guidance documents pertaining to strategies for limiting the spread of COVID-19 in long-term care facilities, including resident and staff cohorting, universal personal protective equipment use, and other safety procedures, which can reduce exposure to residents with COVID-19 and provide additional protection for staff who interact with residents with COVID-19; and

WHEREAS, given the significantly increased medical vulnerability of long-term care facility residents, a long-term care facility that does not have a dedicated COVID-19 unit or is otherwise not in compliance with the protocols established by the Department that long-term care facilities are required to follow to care for residents who test positive for COVID-19 and to protect other residents must transfer residents with COVID-19 to an alternate site in order to limit the spread of COVID-19 and reduce the risk of an outbreak; and

NOW, THEREFORE, I, Dr. Thomas A. Farley, Health Commissioner of the City of Philadelphia, in my capacity as head of the Philadelphia Department of Public Health and pursuant to all authority granted me under the Philadelphia Home Rule Charter, The Philadelphia Code, the Regulations of the Board of Health of the City of Philadelphia, and Pennsylvania laws and regulations, hereby ORDER as follows:

Section 1. Definitions

“COVID-19 Relief Unit.” A space to which an LTCF resident with COVID-19 may be transferred from another facility that is dedicated to the isolation and care of persons with confirmed COVID-19, the operations of which are either compliant with the Department’s IPC Requirements or, in the case of operations in a space that is not contained in a Long-Term Care Facility, that the Department has otherwise expressly deemed appropriate for the isolation and care of LTCF residents with COVID-19.

“Dedicated COVID-19 Unit.” Space in a Long-Term Care Facility, to which an LTCF resident with COVID-19 may be transferred within the same facility, dedicated exclusively to the isolation and care of residents with confirmed COVID-19, which may comprise a dedicated floor, unit, or wing of the facility, or a contiguous group of rooms at the end of a unit that can be separated from other care areas by doors or zippered plastic barriers, provided such space and the operations of the facility containing the space are compliant with the Department’s IPC Requirements.

“Department.” The Philadelphia Department of Public Health.

“IPC Requirements.” The “Minimum Requirements” provided in the document entitled “Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to Manage Residents Who Test Positive for COVID-19,” as it may be updated by the Department from time to time, a current version of which is attached to this Order as Attachment A.

“Isolation Period.” For symptomatic individuals, 20 days from the date of first symptom of COVID-19, and for asymptomatic individuals, 20 days from the first positive test for COVID-19; unless a different time period is provided in the Department’s IPC Requirements.

“Long-Term Care Facility,” or “LTCF.” A group living facility that provides long-term medical or personal care to residents who are unable to manage independently in the community, including, but not limited to, assisted living facilities, nursing homes, skilled and unskilled nursing facilities, rehabilitation facilities, and similar group living facilities dedicated to the care of older adults or other medically vulnerable populations.

Section 2. Isolation of LTCF Residents

a. Long-Term Care Facility residents who are confirmed positive for COVID-19 shall be transferred to a Dedicated COVID-19 Unit in the Long-Term Care Facility for their Isolation Period, except as otherwise provided in Section 2(b).

b. A Long-Term Care Facility that does not have a Dedicated COVID-19 Unit shall transfer any resident who is confirmed positive for COVID-19 to a COVID-19 Relief Unit for the duration of such resident’s Isolation Period. A Long-Term Care Facility that does not have a Dedicated COVID-19 Unit is prohibited from accepting any new or returning resident with COVID-19 during such resident’s Isolation Period, including, without limitation, transfers from hospitals.

c. After a resident's Isolation Period is complete, the resident may be transferred out of the Dedicated COVID-19 Unit or from the COVID-19 Relief Unit, hospital, or other facility to a Long-Term Care Facility without restriction hereunder.

d. Transfers pursuant to Sections 2(a), (b), and (c) shall be conducted in accordance with the Department's IPC Requirements, to the extent applicable.

Section 3. Transfers of Stable COVID-19 Patients to LTCF

Any hospital or other entity caring for a person with COVID-19 is prohibited from transferring such person during such person's Isolation Period to a Long-Term Care Facility unless the transfer is directly to a Dedicated COVID-19 Unit.

Section 4. Timing of Transfers

a. The timing of transfers required pursuant to this Order shall be immediate. The presence of a resident of a Long-Term Care Facility that has tested positive for COVID-19 within such facility but outside a Dedicated COVID-19 Unit constitutes an emergency pursuant to 28 Pa. Code Section 201.29(f), an immediate and significant risk to other residents of such Long-Term Care Facility, and is contrary to the welfare of such other residents.

b. Long-Term Care Facilities without a Dedicated COVID-19 Unit must develop a plan to immediately transfer COVID-19 positive residents to a COVID-19 Relief Unit. The plan shall be reviewed by the Department upon the facility's request, and shall be made available for review upon the Department's request.

c. If a Long-Term Care Facility anticipates that it will be unable to successfully complete a resident transfer required pursuant to this Order immediately upon confirmation of COVID-19 infection for any reason, the Long-Term Care Facility shall immediately notify the Department.

Section 5. Compliance with Infection Prevention and Control Requirements

a. The Department's IPC Requirements contain policies and procedures relating to COVID-19 infection prevention and control in Long-Term Care Facilities, including those relating to cohorting, universal personal protective equipment use, and establishing a Dedicated COVID-19 Unit, and may further include other policies and procedures to limit the spread of COVID-19 relating to, without limitation, training, auditing, remediation, hygiene, respiratory protection, screening, surveillance, and testing.

b. To qualify as a Dedicated COVID-19 Unit, the Long-Term Care Facility in which such Dedicated COVID-19 Unit is maintained must follow all IPC Requirements.

c. All Long-Term Care Facilities are strongly encouraged to achieve to the greatest extent possible compliance with the Department's IPC Requirements.

Section 6. Interpretation and Implementation


a. This Order shall be interpreted as consistent with applicable laws, regulations, orders, and requirements of the Commonwealth of Pennsylvania.

b. Failure to comply with this Order may result in orders to cease operations and the imposition of penalties, fines, licenses suspensions, and other remedies as provided for by law.

Section 7. Effective Date and Duration

This Order shall become effective as of 11:59 PM on the date of signature, and shall remain in effect indefinitely, until rescinded, superseded, or amended by further Order. Failure to comply with this Order shall result in the imposition of fines, penalties, and such other remedies as provided for by law.

Date: October 28, 2020



Thomas A. Farley, MD, MPH
Health Commissioner
City of Philadelphia

Attachment A

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Background

LTCFs across the country and in Philadelphia were in the frontline of the first wave of the COVID-19 pandemic, which resulted in significant morbidity and mortality in LTC residents. Because most respiratory viruses show markedly increased spread in the late fall and winter, there is a risk that a second wave of COVID-19 could hit residents of LTCFs later in 2020 or the winter months of 2021. The purpose of this document is to describe the infection prevention and control (IPC) policies and procedures that LTCFs should have in place to prepare for a future escalation in COVID-19 cases and must have in place to manage cases of COVID-19 infection in residents within the facility during the ongoing emergency.

Minimum Requirements are in place to ensure every effort is made to mitigate the spread of COVID-19 and make certain that long-term care residents are receiving the standard of care.

Each LTCF that wishes to care for COVID-19 positive residents in its facility must be in compliance with the following **Minimum Requirements**.

A facility that fully meets these **Minimum Requirements**, including the provision of a Dedicated COVID-19 Unit to which any COVID-19 positive resident is immediately transferred for the duration of the resident's isolation period, and indicates a willingness to receive COVID-19 positive residents, will be considered "open" for receiving and caring for residents with COVID-19. At any time, a facility may voluntarily stop accepting COVID-19 positive residents for admission or readmission.

A facility that does not fully meet these **Minimum Requirements**, including the provision of a Dedicated COVID-19 Unit, is (i) prohibited from accepting any new or returning resident with COVID-19 during the resident's isolation period, including, without limitation, transfers from hospitals, and (ii) required to immediately transfer any resident who is confirmed positive for COVID-19 to a COVID-19 Relief Unit¹ for the duration of the resident's isolation period.

PDPH is available to assist LTCFs in meeting the requirements and recommendations below to ensure best practices in caring for their residents.

¹ See PDPH's October 28, 2020 "Emergency Order Concerning Isolation Safety and Transfer Requirements for Long-Term Care Facilities and Hospitals to Prevent the Spread of 2019 Novel Coronavirus (COVID-19)" for more detail on COVID-19 Relief Units, and feel free to reach out to PDPH with questions.

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Category	Minimum Requirements	Recommendations
1. Isolation	(a) The facility maintains an isolation period of 20 days from symptom onset or if asymptomatic, from the first positive test, for ALL residents. (b) Long-Term Care Facility residents who are confirmed positive for COVID-19 shall be immediately transferred to a Dedicated COVID-19 Unit in the Long-Term Care Facility for isolation.	None
2. Infection Prevention & Control (IPC) Program	(a) The facility has one or more individuals with training in infection prevention that have been assigned to provide on-site management of the infection prevention and control (IPC) program. (b) The facility is aware of staffing needs and has a plan in the event of staffing shortages.	(c) The facility staff receive regular in-service training and education on IPC, including the steps to properly perform hand hygiene and to don/doff PPE. Training is documented. (d) The facility audits staff IPC practices weekly and documents the audits. (e) The facility provides feedback to staff on audit findings, including both immediate feedback and sharing of audit results. (f) When IPC gaps are identified, the facility initiates a gap remediation process, including but not limited to additional staff education.
3. Respiratory Protection Program	(a) The facility conducts daily, facility-wide auditing of mask use and deficiencies are addressed with staff in real time. The expectation is that all facility personnel are wearing masks correctly 100% of the time. Use the PDPH Mask Audit Tool or a similar tool for this purpose. (b) The facility has a functional air handling system that is maintained and inspected on a regular basis and is supported by documentation.	(c) The facility has a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees. The program should include medical evaluations, training, and N95 respirator fit testing, if possible. (d) The facility has passed their most recent Life Safety inspection.

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Category	Minimum Requirements	Recommendations
4. Screening & Surveillance	<p>(a) The facility conducts symptom screening with temperature checks at the start of each shift for all staff and upon facility entry for all visitors.</p> <p>(b) The facility conducts screening of all residents for signs and symptoms consistent with COVID-19 at least once a day, including a full set of vital signs.</p> <p>(c) The facility performs contact tracing within the facility of COVID-19 positive residents and staff to identify anyone who has had close contact with the COVID-19 positive individual starting two days prior to symptoms onset or first positive test (if asymptomatic). Exposed residents will be quarantined for 14 days in the facility's yellow zone with enhanced respiratory precautions in place. Exposed staff will be excluded from work for 14 days and will be instructed to self-quarantine at home. COVID-19 testing will be performed on residents at least 2-3 days following the exposure and is recommended for staff. A negative test result during the quarantine period does not shorten the duration of the quarantine.</p> <p>(d) The facility reports all COVID-19 positive cases within 24 hours to PDPH.</p>	None
5. Universal Masking and Eye Protection	<p>(a) The facility has instituted universal masking for all staff and visitors, i.e. staff and visitors wear masks or respirators at all times within the facility (see PAHAN-524 for additional guidance). If the mask needs to be temporarily removed (such as during staff lunch breaks or when the mask needs to be changed), social distancing by 6 feet or more will be strictly observed.</p> <p>(b) Facility staff wear eye protectors (face shield or goggles) for all direct patient care encounters.</p>	None

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Category	Minimum Requirements	Recommendations
6. Availability & Utilization of Testing	<p>(a) The facility has a commercial laboratory contract in place for COVID-19 PCR testing with a short turnaround time (48 hours or less) for testing symptomatic residents and contacts, and for performing universal testing.</p> <p>(b) The facility understands when the use of antigen point-of-care testing is appropriate per the PADOH and CDC guidance and the FDA emergency use authorizations, and facility staff is trained and competent to perform these tests (if utilizing).</p> <p>(c) The facility tests all symptomatic residents for COVID-19 within 24 hours of symptom onset.</p> <p>(d) The facility is able to perform universal testing of all residents and staff following the identification of one or more COVID-19 cases in the facility or based on SARS-CoV-2 prevalence in the community per PADOH and CMS guidance (PAHAN 530, PAHAN 526, Interim Guidance for Skilled Nursing Facilities During COVID-19).</p>	<p>(e) The facility tests all contacts (residents and staff) of COVID-19 positive residents and staff within 24 hours of identification of a positive case.</p>
7. Availability of Hand Hygiene Products	<p>(a) The facility has alcohol-based hand sanitizer (ABHS) with 60-95% alcohol available inside and/or immediately outside every resident room and other resident care and common areas (e.g., at nurses' station, on medication carts, in hallways, outside the dining hall, in therapy gym).</p>	<p>(b) The facility promotes ABHS as the primary method for hand hygiene in most patient care situations, including the care of COVID-19 positive patients. Hand washing will be performed when hands are visibly soiled.</p> <p>(c) All sinks are in working order and have hand soap and paper towels.</p> <p>(d) If potential shortages in hand hygiene supplies are identified, the facility has engaged PDPH, the Pennsylvania Department of Health (PADOH), and/or their healthcare coalition for assistance. If there are shortages of ABHS, hand hygiene using soap and water is expected.</p>

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Category	Minimum Requirements	Recommendations
8. Availability of Personal Protective Equipment (PPE)	(a) The facility has all necessary PPE available where resident care is provided. This includes N-95 and procedure/surgical masks, gloves, gowns, and eye protection (goggles or face shields). N95 masks are required for care of COVID-19 positive and suspect patients.	(b) The facility has strategies in place to optimize current PPE supply, including bundling care activities to minimize the number of healthcare personnel (HCP) entries into a room. (c) The facility has staff trained in PPE conservation/preservation practices (d) If potential shortages in PPE supplies are identified, the facility has engaged PDPH, the PADOH and/or their healthcare coalition for assistance.
9. Dedicated COVID-19 Unit, Wing, or Floor for Patient Cohorting	(a) Space in the facility has been dedicated for the care of residents with confirmed COVID-19 (the “Red Zone”). This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that can be separated from other care areas by doors or a zippered plastic barrier. Ideally, staff working in this unit would have a separate entranceway. (b) All COVID-19 positive residents are immediately transferred to this Red Zone and remain there for the duration of their isolation period. (c) COVID-19 positive residents are not permitted to share any common areas outside of the Red Zone such as resident shower rooms; if shower rooms are within the Red Zone, no residents from outside the Red Zone can access them. (d) The facility has signage at the entrance to the Dedicated COVID-19 Unit that instructs HCP that they must wear eye protection and an N95 at all times while on the unit. Gowns and gloves are to be donned when entering resident rooms. (e) The facility has a separate restroom, break room, medication room or cart, and work area for the HCPs working on a Dedicated COVID-19 Unit.	None

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

Category	Minimum Requirements	Recommendations
	(f) The facility has dedicated resident care equipment (e.g., vital signs machine) for the Dedicated COVID-19 Unit. Cleaning and disinfection of shared equipment is performed between residents and the equipment does not leave the cohort unit. The facility uses products to disinfect patient care equipment and the patient care environment that are registered on the EPA N-list as being active against SARS-CoV-2.	
10. Cohorting of Staff	<p>(a) At all times when COVID-19 positive residents are in the facility, the facility maintains a dedicated team of primary health care practitioners that work only on the Dedicated COVID-19 Unit. At a minimum this would include the certified nursing assistants (CNAs) and nurses assigned to care for these residents.</p> <p>(b) The facility allows only essential personnel (e.g., direct care providers) to enter the Dedicated COVID-19 Unit and restricts access of ancillary personnel (e.g., dietary) to the unit.</p>	<p>(c) The facility assigns dedicated environmental services (EVS) staff to work only on the Dedicated COVID-19 unit. If there are not a sufficient number of EVS staff to dedicate to this unit, the facility assigns health care staff the responsibility of cleaning and disinfecting of high-touch surfaces in the unit. If there is not enough EVS staff to dedicate to this unit, EVS staff will clean this unit last and will not work in other areas of the facility after that during the same workday.</p> <p>(d) The facility also dedicates staff to other units in the facility as much as possible to limit the extent of exposures if an outbreak is detected.</p> <p>(e) The facility is aware of staffing needs and has a written plan in the event of staffing shortages.</p>

Philadelphia Department of Public Health (PDPH)
Infection Prevention and Control Requirements and Recommendations for Long-Term Care Facilities (LTCFs) to
Manage Residents Who Test Positive for COVID-19

References

CDC, “Preparing for COVID-19 in Nursing Homes”: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC, “Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19”:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

CDC, “Responding to Coronavirus (COVID-19) in Nursing Homes”: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

To the extent any requirements or recommendations overlap or conflict, LTCFs should seek to comply with the more protective requirements and recommendations and are encouraged to reach out to PDPH for guidance.