Order of the Secretary of Health for
Testing of Residents and Staff in Skilled Nursing Facilities
Frequently Asked Questions

June 8, 2020

**Question:** Why did the Secretary of Health issue this Order?
**Answer:** The Secretary of Health issued this Order to assist in protecting the safety of residents and staff in Skilled Nursing Facilities (SNFs) across the Commonwealth. Many facilities across the Commonwealth are already conducting universal testing per the Department of Health (Department) plans published on May 12 and May 29, 2020. For facilities that have not begun testing already, this Order mandates testing because doing so protects vulnerable populations and frontline workers.

In addition, the Secretary of Health issued this Order to increase facility readiness. Facilities need to prepare for a potential second surge in the future and developing capacity to do this in advance of a surge will help everyone to be better prepared.

**Question:** What is the timeline for testing? How long does a facility have to initiate or complete the tests?
**Answer:** Facilities have until July 24, 2020 to complete the initial baseline testing, including testing of all staff and residents. Facilities that have tested all staff and residents in the 14 days prior to the issuance of this Order (since May 24, 2020) may count that testing as meeting the initial baseline testing requirement, as long as the testing is appropriately captured in the data collection survey specified in the Requirements for Testing issued on June 8, 2020. There is no requirement for when facilities must begin testing, but testing must be completed by the July 24, 2020.

**Question:** If a facility has completed universal testing, and it has been more than 14 days since the last case in staff or residents, does the facility need to continue testing?
**Answer:** The Order of the Secretary does not require continued testing. However, continued testing is recommended contingent upon the availability of testing supplies and personal protective equipment (PPE). SNFs should continue to test residents and staff if any staff or resident becomes symptomatic and follow guidelines in PA-HAN-509 for any new cases of COVID-19.

**Question:** My facility administered the test and discovered some staff who are asymptomatic tested positive. Are they allowed to work?
**Answer:** Asymptomatic staff who test positive should be excluded from work and isolated for 10 days from the date of their first positive test, if they have not developed symptoms.

**Question:** My facility is following PA-HAN 501, but now we cannot meet minimum staffing requirements. What should we do?
**Answer:** Facilities who are having difficulties with staffing should reference the April 19th Staffing Resources for Nursing Care Facilities During the COVID-19 Pandemic. Facilities should consider a plan to augment staff, such as contacting staffing agencies, prior to receiving testing results.
Commonwealth has worked to survey staffing agencies that may be able to aid and will make that information public as soon as it is finalized. If facilities are unable to find additional staffing resources, the Commonwealth will provide emergent staffing as available. Facilities are encouraged to work through their HAP regional emergency manager and their county emergency management agency to access Commonwealth support.

**Question:** What if I am unable to cohort patients or create the red, yellow, green zones as outlined in in PA-HAN-509 due to lack of empty beds or space?

**Answer:** Please reference the section titled “Potential Cohorting Modifications for LTCFs” in PA-HAN-509 for recommendations on how facilities that cannot move patients around their facility can implement appropriate infection control measures. For technical assistance with the implementation of infection prevention and control measures, please reach out to your local health department or call 1-877-PA-HEALTH.

**Question:** If all my staff test positive and all my residents test negative, how do I have positive staff taking care of negative residents?

**Answer:** Staff who are symptomatic should be excluded from work and isolated until they meet return to work criteria. Asymptomatic staff who test positive should be excluded from work and isolated for 10 days from the date of their first positive test, if they have not developed symptoms. If there are no longer enough staff to provide safe patient care, and other contingency capacity strategies have been exhausted (see CDC strategies), facilities and employers may need to implement crisis capacity strategies to continue to provide patient care. The decision to follow contingency or crisis standards rests with the facility, but these decisions and actions must be detailed in and consistent with their emergency preparedness plan. Under crisis capacity standards, asymptomatic positive staff may be permitted to work in certain roles. Please follow guidance in PA-HAN-501. Facilities in staffing crisis may also need to reach out to partners, such as their Regional Healthcare Coalition, to discuss additional options.

**Question:** What is the penalty if I do not follow the Secretary’s Order? Will I receive a deficiency or fine?

**Answer:** The Governor and the Secretary believe that facilities intend and are attempting to care for their residents appropriately. If, however, it appears that a facility willfully refuses to test as required in the Secretary’s Order or is negligent in complying with the order, the Department has the option to fine the facility under the Disease Prevention and Control Law. Facilities are strongly urged to request help when necessary and take every step necessary to comply with the Secretary’s Order.

**Question:** Can we allow visitors if they have proof of a negative test? Can we allow visitors/providers/care givers/clergy without proof of a negative test?

**Answer:** Per a statement from the Department on June 2, 2020, the Department is currently evaluating how to “reopen” SNFs and will provide further information in early July 2020. For the time being, the Department’s current guidance that restricts visitation remains in effect regardless of testing.

**Question:** How can facilities get assistance with swabbing residents and staff?

**Answer:** Facilities should rely primarily on in-house clinical expertise (e.g., the Medical Director, RNs, LPNs) to conduct testing. For facilities that have those team members out sick or do not have these
resources, the Department is currently bringing on additional resources to assist with swabbing. Facilities in need of assistance should reach out to ra-dhCOVIDtesting@pa.gov for more information.

**Question:** Who will help facilities with follow-up testing?

**Answer:** Facilities should have plans in place to implement follow-up testing if residents or staff within the facility test positive, as outlined in PA-HAN-509. Facilities can coordinate with commercial vendors, including staffing support to conduct the tests, and commercial laboratories authorized by the Commonwealth to conduct SARS-CoV-2 testing.

**Question:** How can facilities get assistance in obtaining supplies to conduct the swabbing?

**Answer:** Facilities should first reach out to their laboratory or medical supply vendors to procure sufficient supplies to conduct specimen collection. If normal supply chain procurements are unable to provide sufficient supplies, facilities lacking testing supplies can send an email to ra-dhCOVIDtesting@pa.gov. The facility will receive an autoreply with a link to a form to request support, including supplies, from the Department of Health. The form must be completed in its entirety. Shipments will be based on the quantities available at the time the request is reviewed.

**Question:** Is there a specific type of swab or test that facilities should be using? Does one type of swab have a higher or lower error rate then the other?

**Answer:** Viral testing (i.e. RT-PCR) should be used to inform additional actions necessary to keep SARS-CoV-2 out of facilities, detect COVID-19 cases quickly, and stop transmission. Facilities should consult with the laboratory that will be performing the testing as to the appropriate and approved specimen collection methods, which are often either Nasal Pharyngeal (NP) or Anterior Nares (nostril) swab. Both swab types can typically be used; current CDC guidance does not prioritize one type of collection type over another. Testing practices should aim for rapid turn-around times (e.g., less than 48 hours) in order to facilitate effective action. At the current time, antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform infection prevention and control actions.