**Interim Guidance for Long-Term Care: Interfacility Transfers of Residents with or without known COVID-19**

**Background**

Acute care facilities and LTCFs are experiencing significant stress related to the COVID-19 pandemic. There is a critical need for acute care hospitals to be able to efficiently and safely admit and discharge patients to and from the hospital so they can effectively serve those who need emergency and intensive care during this ongoing COVID- 19 pandemic. One of the top priorities of Washington State Department of Social and Health Services (DSHS) is to work with patients who no longer have a need for acute care in a hospital to transition to alternative settings. (DSHS Letter 3/20/20 - <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/nh/020-012.pdf>).

**Admitting a Resident from a LTCF to the hospital**

* Given the large number of outbreaks in LTCFs in the community, residents should undergo COVID screening if:
  + They are not already confirmed to have COVID-19 and
  + They have not been tested in the previous 72 hours, or
  + There is clinical concern for COVID-19 infection
* Consider placing on presumptive contact/droplet precautions if status is unknown, while awaiting testing results. Especially if there are any concerning symptoms or if the transferring facility has known cases of COVID-19.

**Discharging a patient from a hospital to a LTCF**

* A single COVID-19 test should be performed prior to discharge of a patient to a LTCF to allow for appropriate placement and implementation of precautions for infected patients within the LTCF.
* Multiple tests are discouraged as they do not provide further actionable information, including exclusion of potential early incubating infection
* Isolation precautions while awaiting testing results for LTCF placement is not necessary unless there is suspicion for infection due to symptoms or recent high risk exposure.

**Accepting a Resident Who Was Diagnosed with COVID-19 from a Hospital**

Long-term care facilities should admit residents with COVID-19 who are no longer acutely ill back to their long- term care residence. The decision to admit should be based on clinical care needs rather than the need for transmission-based precautions. Information on implementing appropriate transmission-based precautions is provided below.

**Summary of Recommendations for Residents Returning from an Acute Care Hospital**

**Residents with COVID-19 still under transmission-based precautions or residents with suspected COVID-19**

Definition: ≤7 days since onset AND ≤72 hours since resolution of fever without antipyretics and symptoms improving.  
Place in a (non-airborne) isolation room with door closed, if possible.  
o Airborne isolation is only necessary for aerosol producing procedures, NOT for routine care.

o Symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their single occupancy room with the door closed, if possible).

o If they leave the room (only when absolutely necessary), residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.

o If a separate isolation room is not available, the patient can be cohorted with other resident with confirmed COVID-19. Ideally, should be separated by at least 6 feet from the nearest patient (in all directions).

Precautions: standard, contact, droplet  
Staff PPE: gown, gloves, facemask, and eye protection (i.e., goggles or face shield). If PPE supplies are limited, contact local health jurisdiction to submit a PPE request: https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions

**COVID-19 cases post-release from transmission-based precautions**

* •  The decision to discontinue transmission-based precautions should be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).
* •  **Non-test-based strategy**: >7 days since onset AND >72 hours since symptoms resolved.
* •  **Test-based strategy:**o Resolution of fever without the use of fever-reducing medications *and*o Improvement in respiratory symptoms (e.g., cough, shortness of breath), *and*o Two negative COVID-19 nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative

specimens)

* •  Precautions: standard

**Residents with negative COVID-19 testing prior to discharge from the hospital**

* Quarantine in a single occupancy room if possible for 14 days.
* Testing should only be performed if symptoms develop during the quarantine period
* Testing can be considered at the end of the 14-day quarantine period to rule out asymptomatic or pre-symptomatic infection.
* Precautions: Standard

**Summary of Recommendations for Long-Term Care Staff**

* All staff in LTCFs should wear masks while working during this pandemic. Medical grade masks are preferred.
  + If supply is limited preferentially provide medical grade masks to staff providing direct clinical care and extend the use of masks as outlined by CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
  + When medical grade masks are not available homemade or cloth masks are acceptable.
* For facilities with confirmed cases and available PPE consider using standard, droplet, contact with eye protection precautions for all direct resident care.
* Healthcare personnel (HCP) that are ill should stay home and notify their supervisor, especially if symptoms are consistent with COVID-19. If symptoms develop at work, HCP should don a mask and go home.
* Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home.
* Facilities should ensure that staff affirm absence of COVID-19 symptoms (sore throat, cough, fever, shortness of breath, myalgia, anosmia, ageusmia) upon arrival for each shift.

**Summary of Recommendations for Visitors**

* •  Offer alternative methods of visitation (Skype, Face Time, etc.), if available.
* •  Pursuant to Governor Inslee’s proclamations 20-16 and 20-17, visitors are prohibited in long-term care facilities during the COVID-19 outbreak.
* •  Actively assess all essential people entering the facility for a fever and respiratory symptoms. Do not allow ill people to enter the facility.

**Please Read the Following for Direction on COVID-19 Prevention and Control**

* •  Washington State Department of Health (DOH) Call to Action (attached): https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RecommendationsForLTC-COVID19.pdf
* •  DOH Information for Long-Term Care Facilities: https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/LongTermCareFacilities
* •  Centers for Disease Control & Prevention guidelines for long term care facilities at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care- facilities.html
* •  Centers for Medicare and Medicaid (CMS) Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes (3/13/20): https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf