AHCA/NCAL Guidance: Accepting Admissions from Hospitals During the COVID-19 Pandemic

REVISED April 2, 2021

Purpose

The purpose of this document is to provide guidance to long term care facilities (skilled nursing facilities and assisted living communities) when making decisions about accepting hospital discharges. The revisions are based on guidance and findings from CDC[1] but may change as new data becomes available. Facilities should always follow federal, state, and local guidance if they differ from recommendations in this document and use professional judgement for their unique situation.

CDC Updated Admission Guidance

The CDC updated admission guidance on March 10, 2021 that revises admission guidance. Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated[2] and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

Hospital Discharges to a LTC Facility

Hospital discharges will continue because elderly with medical problems will continue to need post-acute care (e.g., strokes, CHF exacerbations, surgeries, etc.). In addition, hospitals may see a surge in admissions related to COVID-19 and may need more post-acute care beds to help with this surge.

LTC facilities may face the challenge of which hospital discharges they can accept. The decision-making process will vary depending on the ability of the LTC facility to manage residents who are COVID-19 positive or suspected to have COVID-19 or who the hospitals need to discharge to make room for the COVID-19 surge in cases.

LTC facilities should consider creating separate wings, units, or floors by moving current residents to handle admissions from the hospital and to keep current resident separate when possible. In addition, facilities should explore collaborating with other providers to consolidate residents between facilities to create COVID-19 facilities. This will require working with the state ombudsman and survey & certification agency.

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[1] As of April 2, 2021.
[2] Fully vaccinated is defined as being at least 14 days past the last required vaccination.

Recommended Guidance for Admissions to LTC Facilities from the Hospital

Table 1 provides guidance on what to do with admission referrals whose COVID-19 status is positive, negative, unknown, **who have not been fully vaccinated, or who have been vaccinated but have had prolonged close contact with COVID-19 positive infection in the prior 14 days.** Patients should be tested for COVID before hospital discharge; if not tested, they should be assumed to be COVID positive based on CDC data showing the high proportion of COVID positive elderly who are asymptomatic. NOTE: a negative test only indicates the person does not have an active infection at the time of testing but if exposed they may be harboring the virus during its incubation period which can be up to 14 days before testing positive.

Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.

Accepting residents from the hospital is also contingent on the LTC facility having adequate staffing levels and PPE to manage COVID positive residents. If not possible, the LTC facility should stop accepting all admissions until the facility has staffing levels and PPE to manage residents, which may not be at typical levels, prior to this pandemic.

Transfers from LTC Facilities to the Hospital

A person with a positive test for COVID-19 or with fever or respiratory symptoms does not necessarily need to be hospitalized. They should be put in contact precautions and follow CDC guidance for COVID-19 positive or presumptive cases in long term care. They should also be evaluated for possible treatments such as monoclonal antibody.

Discussion with families and residents should occur about the risks of hospitalization with COVID-19 and potential treatments for COVID-19 in the SNF. Members should update residents advanced directives after these discussions.

Table 1: Accepting Hospital Admissions: Unvaccinated or Prolonged Close Contact with COVID-19 Infection in Last 14 days

The following are potential steps that can be taken to reduce the spread of COVID-19 in your LTC facility. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies.
4. Limit contact with other residents as much as possible.
5. Limit the number of different staff interacting with a resident as much as possible and limit the number of times each staff enters a resident's room.
6. Cohort in rooms (and wings if possible) with similar residents (e.g., if COVID positive, cohort with other COVID-19 positive residents or if unknown, cohort with other recent admissions from the hospital with similar status).
7. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.

	Not fully vaccinated		
	Patient is tested & COVID-19 negative[1]	Patient COVID Status unknown (asymptomatic)[2]	Patient tests positive for COVID-19 in hospital or with COVID symptoms
No COVID-19 threat (Usual circumstance)	Not Applicable: At this time, assume COVID is in your area.	Not Applicable: At this time, assume COVID is in your area	Not Applicable: At this time, assume COVID is in your area
COVID-19 cases present not in the surrounding hospital catchment area	Not Applicable: At this time assume COVID is in your area	Not Applicable: At this time assume COVID is in your area	Not Applicable: At this time assume COVID is in your area.
COVID-19 cases present in the surrounding area or community of your hospital catchment area	Admit patient and • #1 per shift • #4 & #5 • #6 if possible	Do Not Admit unless #7 (then follow below)	Do Not Admit unless #7 (then follow below)
COVID-19 cases wide-spread in the surrounding area or community and hospitals are at or past capacity	Admit patient and • #1 per shift • #4 & #5 • #6 if possible	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 AND Facility has adequate staffing levels and PPE to manage COVID positive residents	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 AND Facility has adequate staffing levels and PPE to manage COVID positive residents

[1]*This includes patients hospitalized with COVID who have recovered and now test negative on at least one most recent test at discharge.*

[2]*For hospital discharges with respiratory symptoms or fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 negative they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 positive. Additionally, patients with fever and respiratory symptoms should have a negative flu test.*

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.

NOTE: Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 in the prior 14 days.