Guidance to SNFs on Admissions from and Discharges to Hospitals Relating To COVID-19
(as of March 13, 2020)

This document answers some common questions regarding how to transfer patients with a confirmed COVID-19 diagnosis, when to accept or not accept COVID-19 patients from the hospital, and what to do about other patients who do not have a COVID-19 diagnosis.

Please note: this guidance may be used in the assisted living setting as well.
Recognizing that assisted living communities vary across the country, refer to state-based requirements and level of care capabilities within the assisted living community.

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Consistent with CMS memo of March 9, 2020:
• Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.
• Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:
  o 1) the resident does not require a higher level of care and
  o 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.
• The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care.
  o Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
• If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.
• Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

Please check the CDC website on Recommendations for Patients with Suspected or Confirmed Coronavirus in Healthcare Settings regularly for critical updates, such as updates to guidance for using PPE.

Please also check the CDC website for Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes for additional updates for long-term care facilities.
When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

Consistent with CMS memo of March 9, 2020:

- A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions for COVID-19 as long as the facility can follow CDC infection prevention and control guidance, including proper precautions.
  - Consult with local and/or state health department before accepting resident as they may have different or more specific guidance based on latest developments.
- If a nursing home cannot follow transmission-based precautions, it must wait until these precautions are discontinued.
  - AMDA guideline notes that based on experience with similar viruses, people with severe illness will shed more virus and for a longer period of time than those with mild COVID-19 infection. People with severe illness may continue to shed virus even 12 days after symptom onset. The decision of when people no longer require isolation precautions should be made on a case-by-case basis and in consultation with public health officials. Such a decision will need to take into account the severity of the illness, comorbid conditions, resolution of fever, and clinical status of the individual.
- CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC Interim Guidance for further details).

AMDA recommends that nursing homes accept patients recovering from COVID-19 only after consultation with the local and/or state health department and referring facility. If limited resources make this impracticable, AMDA recommend that nursing homes should accept residents with a known COVID-19 infection when that individual can be placed in a private room with a closed door and when there is sufficient and adequately trained staff to care for that individual.

When should a nursing home not accept a resident with known or suspected COVID-19?

If any of the following conditions exist in the nursing home that would not allow for proper Transmission-Based Precautions to be implemented, do not admit a person with known COVID-19:
• No PPE for proper precautions (facemask, isolation gown, gloves, goggles or disposable face shield) or limited to extent that PPE is not readily available. Consider N95 or other respirators where indicated.
• Unable to restrict resident with COVID-19 to their room
• Unable to ensure resident with COVID-19 will wear facemask or cover mouth and nose with tissues if they must leave the room
• Unable to cohort resident with COVID-19 with other residents who have been diagnosed with COVID-19 or provide single person room with door closed and dedicated bathroom.
• Unable to dedicate health care providers to work only on unit where resident with COVID-19 will reside

How should a nursing home respond to a request to admit a person who:
• has unknown COVID-19 status;
• is in a hospital that has COVID-19 cases;
• resides in the community with COVID-19 cases with community spread; or
• resides in the community with COVID-19 cases without community spread?

Prior to accepting for admission, perform screening including:
• Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath);
• Contact with an individual with COVID-19;
• International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC’s COVID-19 travel website.

If suspected of COVID-19, follow process above for “when should a nursing home not accept a resident with known or suspected COVID-19” and “when should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital”.

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