Guidance to Nursing Homes on Admissions from and Discharges to Hospitals Relating To COVID-19

This guidance will be reviewed at least every seven days and subject to revision.

While a best practice would be that every person preparing for discharge from a hospital to a nursing home will be tested for COVID-19, until testing is widely accessible, the following is recommended:

Facilities should require documentation from hospitals that ALL patients ready for discharge have been thoroughly screened for the following:

- 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

Patients who have been screened for COVID-19 and are otherwise eligible for nursing home care should be accepted for admission.

If a patient has flu-like symptoms, the hospital must provide documentation to support that they have tested the patient for all other forms of the flu or viruses and are negative for COVID-19.

If suspected of COVID-19, the nursing home should follow the process outlined below for Acceptance of residents who were diagnosed with COVID19 and Denial of admission for a resident with known or suspected COVID-19.

Acceptance of residents who were diagnosed with COVID19 from a hospital

- A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions (as described by the CDC) for COVID-19 as long as the nursing homes can follow CDC infection prevention and control guidance, including proper precautions which includes keeping in a single room (unless cohorting with other COVID-19 patients, ideally in a wing devoted to COVID-19 residents which is separate from the rest of the wings or units (including a the use of an isolated bathroom).
• A nursing home can accept patients recovering from COVID-19 only after consultation with the local health department and referring facility.

• If a nursing home cannot follow transmission-based precautions and have a single room (unless cohorting with other COVID-19 patients), it must wait until these precautions are discontinued and the hospital must consider another facility.

**Denial of admission for 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, a nursing home should not accept a resident with known COVID-19 for admission:

• 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.

**Transferring a nursing homes resident with suspected or confirmed infection with COVID-19 to a hospital**

• Initially, symptoms may be mild and not require transfer to a hospital as long as the nursing home can follow the infection prevention and control practices recommended by CDC.
• Nursing homes without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:

1) the resident does not require a higher level of care and

2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

• If a resident develops more severe symptoms and requires transfer to a hospital for a higher level of care.

Prior to transfer, emergency medical services and the receiving facility **MUST** 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 or 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 a face mask must be placed on the resident and isolate him/her in a room with the door closed.

Resources: CDC website on **Recommendations for Patients with Suspected or Confirmed Coronavirus in Healthcare Settings** regularly for critical updates including guidance for using PPE and **Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes**.

For questions regarding this guidance please contact:

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