

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:
 - 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.
- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care.
 - 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”.