

## PURPOSE

This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC). The purpose of this document is to provide guidance to long-term care facilities (LTCFs), including nursing facilities and skilled nursing facilities, about discharging, admitting, and readmitting a resident from a hospital who has presumed or confirmed COVID-19. This guidance is based on currently available information about COVID-19 and will be refined and updated as more information becomes available and response needs change in Indiana.

## BACKGROUND

Due to the COVID-19 pandemic, the healthcare system as a whole is expected to experience increased patient volumes and limited availability of beds and personal protective equipment (PPE) supplies. Both hospitals and long-term care facilities (LTCFs) will have to expand the care for their patients and residents. To create and maintain the hospital capacity needed to continue to serve those who need emergency and intensive care during the COVID-19 outbreak, it is critical that there is a safe and expedient way for currently hospitalized presumed or confirmed COVID-19 positive patients who no longer have a need for acute hospital care to transition to LTCFs. By working together, hospitals and LTCFs will be able to deliver the best care possible during the COVID-19 pandemic.

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(CDC 9.10.21\)](#)

## LOCAL AGREEMENTS

Local LTCFs and hospitals may collaborate to create their own transfer policies, which may require frequent adjustment based on local conditions. This can be done if local conditions warrant based on hospital resources (e.g., PPE, staffing, and bed occupancy), the care needs of the patients and LTCF resources (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

## EMERGENCY DEPARTMENT AND HOSPITAL TRANSFERS

The coronavirus pandemic has heightened the need for accurate and timely communication between LTCFs and emergency departments (ED) for transfer of patients between both settings. Residents should **not** be sent to the hospital for COVID-19 testing alone.

Transfers of a presumed or confirmed COVID-19 LTCF resident to an ED should be based on:

- The resident's medical needs determined by the LTCF clinical staff and attending physician;
- The LTCF's ability to provide the resident's medical care at the LTCF; and
- The patient's goals of care, including advance directives and decision for hospitalization.

The LTCF must accurately and timely communicate with EMS and the hospital on the transfer of a presumed or confirmed COVID-19 LTCF resident to a hospital. The hospital must accurately and timely communicate with EMS and the LTCF on the transfer of a presumed or confirmed COVID-19 LTCF resident to a LTCF.

## ADMISSION/RE-ADMISSION TO AN LTCF

Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for hospital discharge. **LTCFs are expected to accommodate hospital discharges of patients regardless of their COVID-19 status. However, local conditions will vary with LTCF capacities to care for presumed or confirmed COVID-19 patients. Hospitals and LTCFs must communicate about resource availability prior to admission/readmission to provide patient care while reducing risk of virus spread.**

The following protocols are recommended based on patient clinical status and COVID-19 testing. The determination of clinical concern for COVID-19 is to be made by the receiving facility in consultation with local clinical staff at the transferring facility. We encourage mutual communication with local hospitals, local health departments and the Indiana Department of Health (IDOH) about their ability to meet these needs.

If the hospital tested someone within 24 hours prior to discharge, receiving facility can skip testing upon arriving to the facility and make zone placement decisions based on the hospital test. If any new symptoms or exposure since the last test, patient should be tested again. LTCFs should not require a hospital to test a patient for COVID-19 before discharge if there is no clinical indication to test.

**1. Category 1: Patients for whom there is no clinical concern for COVID-19 (e.g., no fever, no new cough and no shortness of breath):**

These patients are acceptable for transfer to LTCF facility without COVID-19 testing. If requested, the hospital and ER staff should provide the basis for not testing.

**2. Category 2: Patients for whom there is clinical concern for COVID-19, but negative testing:**

If patients have negative COVID-19 testing during hospitalization, then they are acceptable for transfer to LTCFs.

**3. Category 3: Patients for whom there is clinical concern for COVID-19, and test results are pending:**

The patients should be accepted for transfer and remain in transmission-based precautions until the results of the COVID-19 test is known, or longer if positive test. A facility should not delay accepting the transfer of a patient because there is a pending test. If unvaccinated, follow TBP guidance for new admission for unvaccinated resident upon arrival to post-acute care facility.

**4. Category 4: Patients positive for COVID-19, but for whom transmission-based precautions have been discontinued:**

COVID-19 patients for whom transmission-based precautions have been discontinued may be transferred without restrictions. Patients meet discontinuation of transmission-based precautions when they are at 10 days from onset of symptoms (or date of positive test if asymptomatic), fever free for 24 hours, and improvement of symptoms. Patients with severe to critical illness or who are severely immunocompromised may transmit virus for up to 20 days since COVID-19 symptoms first appeared. Hospitals should provide information on whether the patient met criteria for severe to critical illness or who are severely immunocompromised. Facilities should not delay acceptance of transfer of patient to the LTC for them to meet discontinuation of transmission-based precautions.

**5. Category 5: Patients positive for COVID-19 and for whom transmission-based precautions are still required:**

A patient actively infected with COVID-19 but deemed ready for discharge by the hospital may be transferred to an adequately prepared facility. This includes the LTCFs being able to cohort patients and have appropriate infection control measures in place. (e.g. facility capacity for isolation and non-isolation care, PPE and staffing).

As outlined by IDOH and CDC, LTCFs can cohort residents by the creation of separate wings, units, floors, or building according to their COVID-19 status. These separated units should be clearly marked. LTCFs are strongly encouraged to install engineering controls in these units to reduce or eliminate exposures, including physical barriers or partitions to guide residents through triage areas and curtains between patients in shared areas.

Facilities should not delay acceptance of the transfer of a patient for the patient to meet discontinuation of transmission-based precautions. Patients who arrive should be placed in the red zone and placed on transmission-based precautions until they meet discontinuation criteria.

Category 1 NO COVID Concern	Category 2 Clinical concern; (-) test results	Category 3 Clinical concern and pending test results	Category 4 COVID (+) patients and TBPs discontinued	Category 5 COVID (+) and TBPs still required
<ul style="list-style-type: none"> <li>Acceptable to return via standard process</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return via standard process.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return and be kept in transmission-based precautions until the results of the pending test are known.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable to return via standard process after completion of CDC's symptom-based strategy to end transmission-based precautions. Do not delay acceptance of patient on patient completing TBP.</li> </ul>	<ul style="list-style-type: none"> <li>Must be discharged to a facility prepared to isolate and manage patient, or place with cohorted residents of same status.</li> </ul>

### ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus>
- IDOH COVID-19 webpage: <https://www.coronavirus.in.gov/>