



PURPOSE

This guidance is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) and was done in collaboration with Indiana's hospital and long-term care organizations. 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.

New in this update on August 10, 2020:

- Change Transmission- Based Precautions guidance

[Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

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. If LTCFs have residents or staff who they suspect have COVID-19, ISDH will work with them to determine if a strike force testing team is warranted. Requests can be sent to:

Striketeamrequest@isdh.in.gov.

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 State Department of Health (ISDH) about their ability to meet these needs.

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. If testing is not in accordance with Centers for Disease Control and Prevention's (CDC's) symptom-based strategy for discontinuation of transmission-based precautions, then such precautions should continue after transfer per CDC's symptom-based strategy.

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

The patients will **not** be transferred to an LTCF facility until test results are confirmed. To ensure that test results are completed in a timely fashion, testing should be done in coordination with the ISDH (e.g., collected specimens may need to be couriered to ISDH lab).

If testing is not in accordance with CDC's test-based strategy for discontinuation of transmission-based precautions, then such precautions should continue after transfer per CDC's symptom-based strategy. During surge capacity in an ISDH defined regions, stable patients may need to be transferred to LTCFs with COVID-19 test results pending, but remain on transmission-based precautions.

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

Criteria for discharge includes the patient meeting the CDC’s symptom-based strategy for discontinuing transmission based precautions: the patient has been afebrile for at least 24 hours without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, at least 10 days **and up to 20 days (patients with severe to critical illness or who are severely immunocompromised)** have passed since COVID-19 symptoms first appeared. **Consider consultation with infection control experts for patients with severe to critical illness or who are severely immunocompromised.**

COVID-19 patients for whom transmission-based precautions have been discontinued and whose symptoms have resolved may be transferred without restrictions.

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 ISDH 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.

LTCFs that need support to meet this criteria prior to admitting or readmitting a resident will, if requested and ISDH resources allow, be contacted by a nurse surveyor response team who can provide virtual and/or onsite consultation to assist LTCFs and their staff with implementation of their plans to mitigate infection spread and can provide staff training.

In addition, ISDH, through local health departments, will supply PPE when available. It is critical that LTCFs continue updating their information in EMResource and practice conservation and re-use of current PPE supplies. To request the need for testing or COVID-19 prevention strategies, such as PPE donning and doffing at LTCFs, LTCFs should email ISDH at Striketeamrequest@isdh.in.gov.

| 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 | COVID (+) patients and TBPs still required |
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| <ul style="list-style-type: none"> •Acceptable to return via standard process | <ul style="list-style-type: none"> •Acceptable to return via standard process. Transmission-based precautions may be needed under CDC's symptom-based strategy. | <ul style="list-style-type: none"> •NO transfer until test results completed. Transmission-based precautions may be needed under CDC's symptom-based strategy but may be reevaluated during surge conditons. | <ul style="list-style-type: none"> •Acceptable to return via standard process after completion of CDC's symptom-based strategy strategy to end transmission-based precautions. | <ul style="list-style-type: none"> •Must be discharged to a facility prepared to isolate and manage patient, or place with cohorted residents of same status |



ADDITIONAL INFORMATION

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

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