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## Guidelines for Transferring Patients from Hospitals to Long-Term Care Facilities During the COVID-19 Epidemic

During the COVID-19 epidemic, long-term care (LTC) and assisted living (AL) facilities have been reluctant to accept patients on transfer from hospitals due to concerns these patients may introduce COVID-19 into their facilities. The Long-Term Care Facilities Subcommittee of the Utah Governor’s COVID-19 Community Task Force has consulted with representatives of hospitals and the LTC and AL communities to establish best practices when transferring patients from acute care hospitals to LTC or AL facilities. This guidance is consistent with the Centers for Disease Control and Prevention (CDC’s) [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#).

Good communication between providers during the transition from the hospital to LTC or AL facilities is critical for the successful implementation of this guidance. Hospitalized patients should be assessed for respiratory illnesses and COVID-19 prior to discharge to LTC or AL facilities. Patients diagnosed with COVID-19 that require hospitalization can and should be discharged once clinically indicated. Meeting criteria for discontinuation of Transmission-Based Precautions<sup>1</sup> is **NOT** a pre-requisite for discharge; however, clear communication between LTC or AL facilities and hospital discharge planners must occur to ensure the receiving facility is able to adhere to infection prevention and control recommendations as outlined in the CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

Building off processes developed across the country, the Utah Hospital Association, the Utah Health Care Association and the Long-Term Care Facilities Subcommittee recommend hospitals utilize a standardized **Hospital to Post-Acute Care Facility Transfer COVID-19 Assessment** (see attached tool). Communicate this assessment for every patient being transferred to LTC or AL facilities.

The following are patient categories and general protocols for hospital discharges to LTC or AL facilities:

### Category 1 - Patients with no clinical concern for COVID-19

Inadvertently introducing an asymptomatic COVID-19 carrier into a previously COVID-19 negative LTC or AL facility poses a particular risk for outbreaks. **ALL** hospitalized patients, regardless of presence of respiratory symptoms, who enter LTC and AL facilities should be screened for COVID-19 through symptom screening and testing, if available. If the patient has no clinical concern for COVID-19, the patient may be discharged to a LTC or AL facility with no change in standard process. The receiving LTC or AL facility should place the patient in an individual room and use Standard Contact<sup>2</sup> and Droplet Precautions for 14 days.

## Category 2 - Patients investigated for possible COVID-19, but with a negative test

If a patient has a negative COVID-19 test and meets usual clinical criteria for discharge, the patient is acceptable for discharge to LTC or AL facilities, while recognizing the potential for a false negative test. The receiving LTC or AL facility should place the patient in an individual room and use Standard Contact<sup>2</sup> and Droplet Precautions for 14 days. Patients requiring Aerosol-Generating Procedures<sup>3</sup> will require additional precautions.

For patients with active respiratory symptoms (fever, cough, shortness of breath), retest for COVID-19 if symptoms persist. Continue with Transmission-Based Precautions<sup>1</sup> until:

- At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever (<100.0°F) without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
- At least 10 days have passed *since symptoms first appeared*.

## Category 3 - Patients under investigation for COVID-19, and test results are pending

These patients should not be transferred to LTC or AL facilities until test results are available. Hospitals should plan ahead to arrange timely testing for patients potentially needing LTC or AL arrangements.

## Category 4 - Patients with positive COVID-19 testing

LTC or AL facilities can accept patients diagnosed with COVID-19 as long as the facility is able to care for the patient to the needed level of Transmission-Based Precautions<sup>1</sup> to adequately protect healthcare workers. If available, COVID-19 positive patients should be transferred to a location dedicated to the care of COVID-19 residents, and the patient should stay there until deemed safe to return to their pre-COVID-19 living situation. Patients requiring Aerosol-Generating Procedures<sup>3</sup> will require additional precautions.

- Transmission-Based Precautions<sup>1</sup> are required for any patient who is <10 days from symptom onset **AND** any patient with fever (>100.0°F) and/or respiratory symptoms (e.g., cough, shortness of breath) in the past 72 hours.
- Transmission-Based Precautions<sup>1</sup> may be discontinued if a patient has met the criteria listed below:
  - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever (<100.0°F) without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
  - At least 10 days have passed *since symptoms first appeared*, **AND**
  - The patient persists with symptoms of COVID-19 (e.g., cough). This patient should be restricted to a single room and wear a facemask during care until all symptoms resolve or 14 days after symptom onset, whichever is longer.
- If symptoms are resolved and Transmission-Based Precautions<sup>1</sup> discontinued, no further restrictions are required.

Reduction in acute care facility capacity is anticipated. LTC and AL facilities should prepare now to accept patients in these window periods (with continuation of Transmission-Based Precautions<sup>1</sup>). If the healthcare facility is experiencing surge related to COVID-19 and discharge of the patient is urgent, transfer the patient to a facility prepared to meet the above criteria, even if not the patient's originating facility of residence, until criteria are met to safely return the patient to the residence facility.

## Definitions

<sup>1</sup>Transmission-Based Precautions should be used for all patients with known or suspected COVID-19 and include all the Standard Precautions plus the use of an N95 or higher-level respirator, when available. Cloth face coverings are NOT personal protection equipment (PPE) and should not be worn for the care of patients with known or suspected COVID-19. The use of N95 or higher-level respirators are only recommended for healthcare personnel who have been medically cleared, trained, and fit tested, in the context of a facility's respiratory protection program. While respirators (instead of facemasks) are preferred, facemasks are generally an acceptable alternative. See [https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19\\_PPE\\_illustrations-p.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf).

<sup>2</sup>Standard Contact Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions recommended during the COVID-19 epidemic include masking the patient and placing in an individual room for source control, hand hygiene, and the use of PPE whenever there is an expectation of exposure to infectious material (gown, gloves, facemask, and eye protection).

<sup>3</sup>Airborne Precautions should be used for known or suspected COVID-19 patients being treated with aerosol generating procedures (AGPs) that require the use of N95 or higher-level respirators for adequate protection. Medical procedures often considered AGPs that may be performed under routine or emergency conditions in LTC or AL facilities include open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), nebulizer administration, cardiopulmonary resuscitation, and endotracheal intubation. In addition to current PPE shortages, a vast majority of LTC and AL have NOT fit tested their healthcare personnel, and an abundance of caution should be used in determining whether it is appropriate to transfer patients with known or suspected COVID-19 who may require AGPs to LTC or AL facilities.

# Hospital to Long Term Care Facilities or Home with Home Care Hospice COVID-19 Assessment

INSTRUCTIONS: All hospitalized patients who are discharged to Long-Term Care or home with home care or hospice services should be screened for COVID-19 through symptom screening and testing, if available, prior to transfer. This tool should be used to document an inpatient COVID-19 assessment and sent with discharge orders as a face sheet to facilitate communication between the hospital and the receiving facility or agency during patient transfer. This document must be signed by the physician, APRN, or PA who completes the clinical assessment. CHECK THE BOX FOR EACH OF THE CRITERIA APPROPRIATE TO THE PATIENT'S STATUS.

Patient Name: \_\_\_\_\_

Transferring Facility \_\_\_\_\_ Accepting Facility \_\_\_\_\_

## Has patient been laboratory tested for COVID-19?

YES Patient tested for COVID-19  
 Date of Test: \_\_\_\_\_  
 Test pending for home care/hospice settings

NO. Patient with no clinical concern for COVID-19 per screening and testing not available. May transfer, place in individual room and use standard contact and droplet precautions for 14 days

Negative Test

Positive Test



Patient has active respiratory symptom (fever, cough, shortness of breath)?

Yes       No

Transmission Based Precautions still required (Any patient who is <10 days from symptom onset AND any patient with fever >100.4°F and/or respiratory symptoms, e.g., cough or shortness of breath, in the past 72 hours)

Yes       No



May transfer  
 Maintain Transmission Based Precautions until at least 10 days after symptom onset AND febrile AND respiratory symptoms improved for at least 72 hours

May transfer  
 Mask patient  
 Place in individual room and use Standard Contact and Droplet Precautions for 14 days

Transfer to facility accepting COVID-19 positive patients  
 Maintain Transmission Based Precautions

May transfer  
 Mask patient  
 Restrict to single room until all symptoms resolve or 14 days, whichever is longer

Clinical Assessment completed by (signature) \_\_\_\_\_

Date/Time \_\_\_\_\_

Reported to (name of facility staff) \_\_\_\_\_

Date/Time \_\_\_\_\_