

Interim Guidance for Long-Term Care (LTC) Facilities Admitting Residents from a Hospital, April 14, 2020

Acute care hospitals are experiencing heavy census volumes and very limited bed availability, leading to a critical need to create bed capacity during the ongoing COVID-19 pandemic. LTC facilities should admit residents who are no longer acutely ill back to their long-term care residence, regardless of COVID-19 status. The decision to admit to a LTC facility should be based on clinical care needs, not on COVID-19 status. LTC facilities should not require hospitals to perform COVID-19 testing as a condition for LTC admission.

Given community transmission throughout Georgia, all residents admitted to LTC facilities should be considered exposed to COVID-19. Most residents will therefore require transmission-based precautions after admission. Information on implementing and discontinuing appropriate transmission-based precautions is provided below.

LTC Facilities should be prepared to accept hospitalized residents

If feasible, long-term care facilities should designate a quarantine area. If designation of a quarantine area is not feasible, LTC facilities should plan to place residents admitted from the hospital in single rooms. Because of the risks associated with introduction of COVID-19 into LTC facilities, admitted residents who are not known to have COVID-19 should be considered exposed, and should be quarantined for 14 days.

Recommendations for residents admitted to LTC facilities, according to COVID-19 status

Admitted residents who are neither known to have COVID-19, nor suspected to have it, should be placed on transmission-based precautions for 14 days. They should be monitored for COVID-19 signs and symptoms at least 3 times per day. LTC residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise (general feeling of discomfort, illness, or uneasiness), new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt further evaluation for COVID-19.

Admitted residents who have confirmed or suspected COVID-19 should be placed on transmission-based precautions until they meet the criteria for discontinuation of these precautions, as described below.

Recommendations for Transmission-Based Precautions

Residents should be placed in a (non-airborne) isolation room with door closed, if possible.

- Airborne isolation is only necessary for aerosol producing procedures, NOT for routine care.

- Symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their single occupancy room with the door closed, if possible).
- They should only leave the room when absolutely necessary, and wear a facemask (if tolerated) or use tissues to cover their mouth and nose when they do.
- If a separate isolation room is not available, the patient can be cohorted with other residents with confirmed COVID-19, and dedicated staff should be provided if possible.

Precautions to be taken include standard, contact, and droplet precautions.

Staff PPE include gown, gloves, facemask, and eye protection (i.e., goggles or face shield).

Facilities should contact the health department for assistance in submitting a PPE request if PPE is limited.

Discontinuation of transmission-based precautions for patients with confirmed or suspected COVID-19 admitted to a LTC facility:

The decision to discontinue Transmission-Based Precautions can be made **either** using a test-based strategy **or** a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). As noted above, meeting criteria for discontinuation of Transmission-Based Precautions is required for release from isolation, but is NOT a prerequisite for discharge from the hospital.

1. *Test-based strategy.*
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results on an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
2. *Non-test-based strategy.*
 - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

Because placing a COVID-positive patient in a setting where they will have close contact with individuals at risk for severe disease warrants a conservative approach, a test-based strategy is preferred for discontinuation of transmission-based precautions for persons being transferred to a long-term care or assisted living facility.

If testing is not readily available, facilities may choose to use the non-test-based strategy for discontinuation of transmission-based precautions, or may choose to extend the period of isolation up to 14 days.

Recommendations for Long-Term Care Staff

- All staff in LTC facilities should be masked.
- Healthcare personnel (HCP) that are ill should stay home and notify their supervisor, especially if symptoms are consistent with COVID-19. If symptoms develop at work, HCP should immediately go home to isolate.
- Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with the goal of allowing ill HCP to stay home.
- Facilities should ensure that staff affirm absence of COVID-19 symptoms (sore throat, cough, fever) upon arrival for each shift.

Recommendations for Prohibition of Visitors

- Offer alternative methods of visitation (Skype, Face Time, etc.), if available.
- Actively assess all essential people entering the facility for a fever and respiratory symptoms. Do not allow ill people to enter the facility.
- Only allow visitors for compassionate end of life care; all such visitors should be masked (cloth masks are acceptable if surgical masks are not available), and instructed to perform hand hygiene frequently.