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To: Nursing Home Administrators, Directors of Nursing, and Hospital Discharge Planners

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**Guidance on the transfer of hospitalized patients infected with COVID-19 to post-acute and long-term care facilities**

**PLEASE DISTRIBUTE WIDELY**

**Purpose**

To provide recommendations for the discharge disposition of hospitalized patients infected with COVID-19 who no longer require acute care and are ready for transfer to a post-acute and/or long-term care facility (PALTCF).

**Background**

The coronavirus disease 2019 (COVID-19) pandemic has resulted in large numbers of hospitalizations in many regions of Wisconsin. Patients who are hospitalized with COVID-19 may require post-acute care services. Returning hospitalized residents infected with COVID-19 to the PALTCF they call home is desirable and the convalescence of hospitalized patients who were previously community-dwelling may be accelerated through therapies provided in PALTCFs. Nevertheless, the transfer of patients infected with COVID-19 from hospitals to PALTCFs may expose facility residents and staff to a risk of infection<sup>1,2</sup> in the absence of appropriate precautions.

**Guiding Principles**

While keeping Wisconsin PALTCFs free of COVID-19 is our highest priority, COVID-19 infected residents may be safely cared for in these facilities as long as they possess the necessary space, staff, supplies and procedures.

Residents who have recovered from COVID-19 do not require transmission-based precautions. However, determining when a resident has recovered from COVID-19 remains a challenge. While molecular tests performed on individuals with known COVID-19 infection can remain positive for up to

<sup>1</sup> McMichael et al. COVID-19 in a long-term care facility – King County, Washington, February 27 – March 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020, 69(12): 339-42, doi: <https://doi.org/10.15585/mmwr.mm6912e1>.

<sup>2</sup> McMichael et al. Epidemiology of COVID-19 in a long-term care facility in King County, Washington. *N Engl J Med* 2020; Epub ahead of print, doi: <https://doi.org/10.1056/NEJMoa2005412>.

6 weeks,<sup>3</sup> it remains unclear how long infected patients continue to pose a risk of transmission to others.<sup>4,5</sup>

## Recommendations

1. Every hospital and PALTCF should have a comprehensive response plan that addresses the identification and management of patients or residents infected with COVID-19.<sup>6</sup>
2. COVID-19 infected patients who remain on transmission precautions can be transferred to PALTCF with an activated COVID-19 treatment area. Ideally, a facility COVID-19 treatment area should:<sup>7</sup>
  - a. Be physically segregated from non-COVID areas of the facility.
  - b. Have dedicated equipment and supplies.
  - c. Have dedicated staff for the care of COVID-19 infected patients.
  - d. Have adequate supplies of personal protective equipment (PPE).
  - e. Have COVID-19 area-specific protocols that address:
    - i. Proper application of transmission-based precautions (e.g., hand hygiene, donning and doffing of PPE).
    - ii. Cleaning/reprocessing of environmental surfaces and reusable equipment.
    - iii. Management of residents infected with COVID-19 that require aerosol generating therapies.
3. PALTCFs should not accept COVID-19 infected patients who remain on transmission precautions unless the facility has an existing COVID-19 treatment area in place or the ability to activate one.
4. Patients who have recovered from COVID-19 infection and are no longer on transmission-based precautions may be transferred to a PALTCF.
  - a. The Centers for Disease Control and Prevention (CDC) test-based strategy is preferable to a symptom-based strategy<sup>8</sup> when determining when to discontinue transmission-based precautions in hospitalized patients who are being considered for transfer to a PALTCF.
  - b. PALTCFs that choose to accept the transfer of a patient who has been removed from isolation in the referring hospital using the CDC symptom-based strategy should place a patient in room in the facility COVID-19 area until the CDC test-based criteria have been satisfied (total of two negative specimens).
  - c. It remains unclear whether patients infected with COVID-19 remain susceptible to subsequent infections. Therefore, newly admitted residents, whether they have recently

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<sup>3</sup> Xiao et al. Profile of RT-PCR for SARS-CoV-2: a preliminary study from 56 COVID-19 patients. *Clin Infect Dis* 2020; Epub ahead of print, doi: <https://doi.org/10.1093/cid/ciaa460>.

<sup>4</sup> Wolfel et al. Virological assessment of hospitalized patients with COVID-19. *Nature* 2020; Epub ahead of print, doi: <https://doi.org/10.1038/s41586-020-2196-x>.

<sup>5</sup> Midgley et al. Clinical and virologic characteristics of the first 12 patients with coronavirus disease 2019 (COVID-19) in the United States. *Nat Med* 2020; Epub ahead of print, doi: <https://doi.org/10.1038/s41591-020-0877-5>.

<sup>6</sup> Department of Health & Human Services, Centers for Disease Control and Prevention, *COVID-19 Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings*, April 3, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>

<sup>7</sup> Department of Health & Human Services, Centers for Disease Control and Prevention, *Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes*, April 15, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<sup>8</sup> Department of Health & Human Services, Centers for Disease Control and Prevention, *Discontinuation of transmission-based precautions and disposition of patients with COVID-19 in Healthcare Settings (Interim Guidance)*, May 2, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

recovered from COVID-19 infection or not, should be placed in quarantine for 14 days to monitor for change in condition concerning COVID-19 infection.<sup>9</sup>

- i. At a minimum, quarantine of new admissions includes placement in a single room with movement restriction and resident use of a mask during care activities and whenever the individual is out of the room. As an additional precaution, some authorities recommend that new admissions be maintained on contact and droplet precautions for the 14-day quarantine period.<sup>10</sup>
- ii. Residents who develop symptoms concerning COVID-19 while on quarantine should be placed empirically in droplet and contact precautions, tested for COVID-19<sup>11</sup> and moved to the facility's COVID-19 area, if positive.

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<sup>9</sup> Department of Health & Human Services, Centers for Medicare & Medicaid Services, *Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)*, March 13, 2020, available at: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.

<sup>10</sup> Society for Post-Acute and Long-Term Care Medicine. *Frequently Asked Questions Regarding COVID-19 and PALTC – Page 26*, May 6, 2020. Available at: [http://paltc.org/sites/default/files/COVID\\_19\\_QA\\_Community\\_Spread\\_5\\_6\\_20.pdf](http://paltc.org/sites/default/files/COVID_19_QA_Community_Spread_5_6_20.pdf)

<sup>11</sup> Department of Health & Human Services, Centers for Disease Control and Prevention, *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)*, May 5, 2020, available at: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>