Question or request: What are the recommendations for SNF/LTCF/ALF staff to manage patients who are moving between facilities, including for ancillary and emergency care? This includes:

- Discharge from COVID only Facility/Unit
- Outpatient Appointments/Discharge from ER

NOTE: Specific guidance for testing, cohorting, and PPE is included in a separate MAT recommendation document. Additional guidance related to facility visitation and patient/resident movement is included in Public Health guidance dated March 26, 2020.

SNF = Skilled Nursing Facility
LTCF = Long-term Care Facility
ALF = Assisted Living Facility

Discharge from COVID ONLY Facility or Unit
- If patient is discharged to home/community:
  - Isolation should be maintained at home if the patient returns home before discontinuation of Transmission-Based Precautions, as evidenced by:
    - Test-Based Strategy
      - Symptomatic/Previously Symptomatic
        - Improvement of fever without the use of fever reducing medications, AND
        - Improvement of respiratory symptoms, AND
        - Two negative COVID-19 PCR tests, >24 hours apart, AND
        - At least 10 days since symptoms first appeared.
      - Asymptomatic
        - Two negative COVID-19 PCR tests, >24 hours apart.
        - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.
    - Symptom-Based Strategy (Applicable to Symptomatic/Previously Symptomatic patients)
      - At least 72 hours since resolution of fever without the use of fever-reducing medications, AND
      - Resolution of respiratory symptoms, AND
      - At least 10 days since symptoms first appeared.
    - Time-Based Strategy (Applicable to Asymptomatic patients)
      - At least 10 days since the date of the first positive COVID-19 PCR test.
        - Consider longer time frame for immunocompromised patients.
      - If the patient developed symptoms at any point, the strategy should be consistent with guidance above for symptomatic or previously symptomatic patients.
        - Facility should include considerations of the home’s suitability for and patient’s ability to adhere to home isolation recommendations.

- If patient/resident is discharged to SNF/LTC/ALF:
  - Isolation Precautions should be maintained if the patient/resident is discharged before discontinuation of Transmission-Based Precautions and the facility should continue to:
    - segregate the patient/resident,
    - has dedicated staff to care for the patient/resident,
      - Staff does not switch between caring for COVID-Positive and COVID-Negative patients/resident on the same shift.
    - has sufficient PPE,
      - N95/KN95 respirator, and not wearing of the same gowns from COVID-positive to COVID-negative patients/resident, and
    - maintain transmission based isolation precautions.
If the facility cannot segregate the patient/resident than they should stay in the COVID ONLY facility or unit until the above isolation precautions can be met OR until they are no longer required to be under transmission based precautions, as evidenced by:

- **Test-Based Strategy**
  - Symptomatic/Previously Symptomatic
    - Improvement of fever without the use of fever reducing medications, AND
    - Improvement of respiratory symptoms, AND
    - Two negative COVID-19 PCR tests, >24 hours apart, AND
    - At least 10 days since symptoms first appeared.
  - Asymptomatic
    - Two negative COVID-19 PCR tests, >24 hours apart.
    - Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.

- **Symptom-Based Strategy** (Applicable to Symptomatic/Previously Symptomatic patients/residents)
  - At least 72 hours since resolution of fever without the use of fever-reducing medications, AND
  - Resolution of respiratory symptoms, AND
  - At least 10 days since symptoms first appeared.

- **Time-Based Strategy** (Applicable to Asymptomatic patients)
  - At least 10 days since the date of the first positive COVID-19 PCR test.
    - Consider longer time frame for immunocompromised patients/residents.
  - If the patient/resident developed symptoms at any point, the strategy should be consistent with guidance above for symptomatic or previously symptomatic patients.

- Assess whether clinical needs have changed post-COVID treatment
- Patients/residents can be discharged from the healthcare facility whenever clinically indicated. If a patient is appropriate for discharge for medical reasons and does not satisfy the above criteria, they should be considered potentially contagious. The patient/resident and family should be counseled accordingly.

### Returning to facility from ER/Outpatient Appointments

- **For LTC/SNF patients:**
  - No History of COVID-POSITIVE symptoms or test:
    - Patient to be placed on an Admission Quarantine Unit/Private Room for 14 days from the day the patient returned from an outpatient appointment or ER visit.
      - Patients can be placed in a private room on non-quarantine unit if no beds available on AQU.
      - Full transmission based precautions must be maintained.
    - If possible, all patients in facility who get dialysis/chemo should be on their own unit
  - Patient converts to COVID-POSITIVE while on Quarantine Unit
    - Transfer Patient to a COVID-POSITIVE facility/unit
  - COVID Status: RECOVERED**: Can be placed back into prior setting if no longer on transmission based precautions as evidenced by:
    - Test-based: 2 negative tests
      - Asymptomatic
      - Symptomatic/Previously Symptomatic
    - Symptom-based (Symptomatic/Previously Symptomatic)
    - Time-based (Asymptomatic)

- **For ALF residents:**
  - No History of COVID-POSITIVE symptoms or test:
    - Resident should be placed in a private unit/room/apartment or separate area for 14 days from the day the resident returned from an outpatient appointment or ER visit.
      - Like residents can be cohorted (CDC Guidelines)
  - Resident converts to COVID-POSITIVE during 14 day period:
    - ALF evaluate ability to continue to:
      - segregate the resident,
      - provide dedicated staff to care for the resident,
        - Staff does not switch between caring for COVID-Positive and COVID-Negative residents on the same shift.
      - provide sufficient PPE,
• maintain transmission based isolation precautions until transmission based precautions are discontinued as evidenced by:
  o Test-based: Two negative tests
    ▪ Asymptomatic
    ▪ Symptomatic/Previously Symptomatic
  o Symptom-based (Symptomatic/Previously Symptomatic)
  o Time-based (Asymptomatic)
    ▪ Transfer Resident to a COVID-POSITIVE facility/unit
  o COVID Status: RECOVERED**: Can be placed back into prior setting if no longer on transmission based precautions as evidenced by:
    ▪ Test-based: Two negative tests
      ▪ Asymptomatic
      ▪ Symptomatic/Previously Symptomatic
    ▪ Symptom-based (Symptomatic/Previously Symptomatic)
    ▪ Time-based (Asymptomatic)

**Alert: Most patients/residents are believed to be non-communicable once the transmission based precautions criteria are met. Continue to monitor the CDC website and information from the state and local health department on how to best handle RECOVERED patients. When feasible consider:
• Continuing to monitor the RECOVERED patient/residents and roommate/s for signs and symptoms of COVID.
• Cohorting patient/residents with RECOVERED patients/residents or in the room by themselves.

Red Flags and Concerns:
• Discharge Guidelines should be reviewed frequently to update for changes in CDC guidelines or as new research becomes available.
• COVID Testing is discussed in the monitoring group and should be reviewed in conjunction with this document. Any changes to testing guidelines may impact these guidelines.
• Cohorting guidelines should be reviewed in conjunction with this document.

Follow Up/FYI:
• Review Time Periods
  o Must be reviewed prior to next COVID season, estimated review to be September 2020
  o Review at a minimum with each CDC update.

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Resources/Reference: