



## **Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities**

04/13/2020

Due to the COVID-19 pandemic, it is likely that the healthcare system could experience increased patient volumes with limited availability of beds and personal protective equipment (PPE) supplies. Coordination of patient discharges from hospitals to long-term care facilities (LTCF) and admissions of new residents to LTCFs will be important to help ensure delivery of the best care possible. The following guidance is intended for LTCF for management of incoming residents.

### Isolation Capability Reporting

Long-term care facilities are expected to respond daily to a brief survey from their respective Regional Medical Coordination Center (RMCC). These reports will be used to understand and support facility needs and to aid the facilitation of a hospital discharge to a long-term care facility setting. Facilities are expected to report:

- What was your previous day's total census?
- How many laboratory confirmed COVID-19 residents do you have now?
- Is staffing maintaining or declining?
- Do you have a PPE or other resource needs within the next 96 hours?
- Is your facility currently able to accept and place into an isolated area/wing (with dedicated, cohorted staffing) patients discharged from a hospital when clinically indicated? (This means designating a separate set of rooms, such as a separate hallway, wing, or unit with staff dedicated only to the isolated area, to accept and care for individuals clinically ready for hospital discharge.)
- How many patients are you currently able to accept into such an isolation area?

### Patient Testing

The Iowa State Hygienic Laboratory will accept specimens for patients being discharged from a hospital to a nursing facility, but test results should not delay timing and completion of an otherwise clinically appropriate discharge. A negative test at the point of discharge still requires adherence to precautions including isolating of new admissions, cohorting of staff, and routine use of minimal PPE as recommended by IDPH.

### Infection Control Practices

All nursing facilities should use a minimal level of PPE (facemask with eye protection) for all patient care per IDPH guidance. All hospitalized patients suspected or confirmed to have COVID-19 and ready for discharge to a long-term care facility should be discharged to a facility that is able to use personal protective equipment in accordance with IDPH guidance and can adhere to infection prevention and control recommendations for the care of COVID-19 patients.

## Guidelines for Admissions

IDPH recommends that all new admissions or returning residents, no matter the source, test result, or COVID-19 status, be isolated for a minimum of the first 14 days of their stay.

Nursing facilities accepting new or returning residents (including those clinically ready for hospital discharge) should be capable of designating an isolated area and should designate dedicated staff who are distinct from staff caring for other residents. These new or returning residents include those with:

- A Pending COVID-19 test;
- Undiagnosed, active respiratory symptoms; or
- Any other discharged individuals with an unknown status.

When cohorting residents, and if facility space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group.

## Guidelines for patients found to be COVID-19 positive

Residents found to be COVID-19 positive should be restricted to stay in a single room with designated staff using appropriate PPE. Alternatively, COVID-19 positive residents can be cohorted with other COVID-19-positive patients and designated staff.

## Coordinating for Alternate Admission Locations

Not all LTCFs have the ability to accept transfers or admissions during these pandemic conditions, potentially due to lack of isolation capabilities, inability to provide dedicated staffing, or inability to comply with PPE guidelines.

If a LTCF is not able to accept new admissions, the facility must clearly indicate this status in the daily regional medical coordination center (RMCC) survey.

If a LTCF transfers a resident to a hospital and the LTCF is unable to accommodate the resident's return, the discharging hospital and primary LTCF shall work cooperatively, with assistance as needed from the RMCC, on discharge planning and shall work to discharge the patient to an appropriate setting as quickly as possible. Family members, the legal guardian, and/or the responsible party of the patient shall be consulted during discharge planning.

The RMCC role will be limited to assistance in identification of LTCFs that have indicated current capacity to accept new and returning residents. Final arrangements regarding admissions, transfers, and transportation remain the responsibility of the discharging and/or receiving facility.

## Resources

Please see *Admission Best Practices* recommended by Leading Age Iowa and Iowa Health Care Association, here:

<https://www.leadingageiowa.org/assets/Admission%20Best%20Practices%20Updated.pdf>

Additional Resources for nursing facilities relating to creating a Covid-19 positive or isolation unit can be found here:

<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

[https://www.ahcancal.org/facility\\_operations/disaster\\_planning/Documents/Cohorting.pdf](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf)