Updated January 21, 2022
DOH 420-303

Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings

KEY POINTS:

- Communicate COVID-19 and vaccination status
- Assess and screen for signs and symptoms of COVID-19
- Testing can help direct placement, but should not be required for tranfer
- Newly admitted residents who are not fully vaccinated should be placed in a 14-day quarantine
- Newly admitted residents who are fully vaccinated or who have recovered from COVID-19 in the last 90 days should not be placed in a 14-day quarantine
- Admissions should continue if the facility can safely admit new residents
- **To address health care system capacity shortages, the guidance that admissions should pause on units with identified healthcare personnel or facility/agency acquired cases is temporarily waived effective January 21, 2022 until February 18, 2022.**

Residents in long-term care facilities (LTCF) are more susceptible to COVID-19 infection acquisition and, subsequently, more severe outcomes of the disease, leading to increased transfers to other healthcare settings. When transferring LTCF residents between healthcare facilities, safe processes and bidirectional communication are critical. Efficient and safe transfers between facilities are essential to maintain capacity in acute care hospitals and other healthcare facilities. Facilities should follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic and PPE for Long-term Care Settings During COVID-19 Pandemic.

This guidance includes recommendations for:

- Transferring from a LTCF to another Healthcare Setting
- Transferring from a Hospital or other Healthcare Setting to LTCF
- Admitting to a LTCF during a LTCF COVID-19 outbreak

Transferring from a LTCF to another Healthcare Setting

Responsibilities of the Transferring LTCF

- The transferring facility should inform transporting personnel and the accepting facility:
    - Of the COVID-19 status and vaccination status of the resident being transferred, whether it is known, unknown, or suspected (i.e., presence of signs and symptoms that increase the index of suspicion for COVID-19), including if any test results are pending and from which lab.
    - If any COVID-19 cases are in their infectious period at the LTCF, via both verbally and written communication in transfer documents.
- When sending LTCF residents for evaluation in a clinic, dialysis facility, emergency department, or other outpatient setting, the LTCF should expect and plan to have the resident return to their facility regardless of SARS-CoV-2 testing status, as long as the facility is able to provide the appropriate level of care under the appropriate transmission-based precautions.

Responsibilities of the Receiving Healthcare Facility

- Screen patients for symptoms consistent with COVID-19 when receiving them in transfer from LTCFs.
- If a patient transferred from a LTCF has symptoms of COVID-19 or the transferring LTCF has known cases of COVID-19 in their infectious period, implement presumptive transmission-based precautions until testing is complete and results reported.
- Outpatient facilities should consider offering telehealth visits for LTCF residents, if possible and clinically appropriate.
- Patients with known or suspected COVID-19 should remain in transmission-based precautions until they meet criteria according to CDC's Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).
- Provide LTCF residents' SARS-CoV-2 test results to their LTCF verbally and by sending a hard copy of the test results to the LTCF (e.g., via mail, fax, or electronically).

Hospital Admission

For LTCF residents not already known to have COVID-19 infection and who have not been tested for SARS-CoV-2 in the past 72 hours, consider testing on admission to the hospital. If there is suspicion for COVID-19 or if the transferring facility has known cases of COVID-19 in their infectious period, consider placing all LTCF admissions on presumptive transmission-based precautions while waiting for SARS-CoV-2 test results.

Transferring from a Hospital or other Healthcare Setting to LTCF

Responsibilities of the Discharging Hospital or other Healthcare Setting

- For patients whose COVID status is unknown, prior to hospital discharge, consider testing the patient to facilitate appropriate placement and implementation of precautions in the LTCF.
    - Testing might help direct placement of asymptomatic SARS-CoV-2-infected residents into a COVID-19 care unit, however **testing should not be required prior to transfer of a resident to a LTCF**.
    - A single negative test upon LTCF admission does not mean that the resident was not exposed or will not become infected in the future.
    - When testing solely for LTCF placement purposes, transmission-based precautions at the hospital are not necessary while waiting for SARS-CoV-2 test results unless the patient is symptomatic or there is another indication for additional precautions [e.g., Multidrug-Resistant Organism (MDRO), etc.].
- Hospitals should offer vaccination and encourage patients who have not completed their vaccine series prior to discharge.

Responsibilities of the Admitting LTCF

- **Testing should not be required prior to accepting transfer of a resident from an acute-care facility to a long-term care facility**.
    - LTCFs should accept residents back from all healthcare settings, regardless of SARS-CoV-2 testing status, as long as the LTCF is able to provide the appropriate level of care under the appropriate transmission-based precautions.
- Create a plan for managing new admissions and readmissions. Refer to DOH guidance on cohorting.
    - Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19 for 14 days following discharge from a hospital or return from outpatient facility. A 14-day quarantine is not recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated or have recovered from COVID-19 in the last 90 days. People are considered fully vaccinated:
        - 2 weeks after their second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or
        - 2 weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.
            - COVID-19 vaccines must be authorized for emergency use, licensed, or otherwise approved by the FDA or listed for emergency use or otherwise approved by the World Health Organization. If it has been less than 2 weeks since your final dose, or if you still need to get your second dose, you are NOT fully protected. Keep taking all prevention measures until you are fully vaccinated.

- Use the Risk Assessment Template for Residents/Clients after Community Visits to assess the risk of potential exposure to guide management of residents returning from medical visits.
- For unvaccinated residents whose COVID-19 status is unknown or previously tested negative prior to quarantine:
    - Test for SARS-CoV-2 if symptoms develop during the 14-day quarantine period, or if there is a new exposure.
    - Wear all recommended COVID-19 PPE during care of residents under observation, which includes use facemask (NIOSH-approved and fit-tested N95 or higher if aerosol generating procedures), gown, gloves, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face).
    - New residents can be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty.
    - Negative tests before the end of the 14-day quarantine period do not negate or shorten the quarantine period.

Admitting to a LTCF During a LTCF COVID-19 Outbreak Investigation

To address health care system capacity shortages, the guidance that admissions should pause on units with identified healthcare personnel or facility/agency acquired cases is temporarily waived effective January 21, 2022 until February 18, 2022; admissions should continue if the facility can safely admit new residents.

The ability to admit residents from hospitals to long-term care facilities (LTCF) must be maintained to ensure adequate hospital capacity and continuity of care for residents. Long-term care facilities should follow CDC's Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.

DOH defines an outbreak in LTCF in the Interim COVID-19 Outbreak Definition for Healthcare Settings. LTCFs should follow testing guidance according to DOH Testing in Long-Term Care Facilities guidance to identify additional cases and Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak. LTCFs should follow LHJ guidance for when to notify the LHJ and obtain consultation to help guide actions when responding to an outbreak.

Admissions may continue in the facility if there are:

- Infection prevention policies in place and infection prevention expertise available;
- Adequate staffing, PPE, and testing capacity to safely care for residents;
- A plan in place for cohorting residents including a designated COVID unit or area, or plans in place for a designated COVID unit or area that can be quickly implemented (for very small facilities such as adult family homes, this can mean a plan for isolation of residents with COVID-19 in a private room);
- Notification of the resident to be admitted (or guardian/POA) of the COVID status in the facility.

Admissions should pause in the facility pending consultation with the LHJ if there is evidence of ongoing transmission (for example additional facility-acquired resident COVID-19 cases or additional healthcare worker cases with known healthcare exposure identified through outbreak investigation testing) within the facility despite outbreak control measures.

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share only accurate information to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions? Call our COVID-19 Information hotline: **1-800-525-0127**
Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and observed state holidays, 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language.** For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.