



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

Updated: Transfer of Patients among Healthcare Facilities based on COVID-19 Status and Preparing to Receive COVID-19 Patients **April 17, 2020**

Summary and Action Items:

- Transfer of patients with COVID-19 from hospitals to long-term care facilities (LTCFs) should occur when patients are medically stable after acknowledgment of LTCF readiness to accept.
- LTCFs should not transfer patients with suspect or confirmed COVID-19 infection to hospitals unless medically indicated. These patients should be placed on contact and droplet precautions in LTCFs.
- LTCFs should **prepare NOW** to receive patients diagnosed with COVID-19 from hospitals by designating a COVID-19 unit, checking supplies of personal protective equipment (PPE) and diagnostic laboratory testing supplies.

Background: Long-term care facilities (LTCFs), including long-term acute care hospitals, nursing homes and skilled nursing facilities provide care to some of the most vulnerable populations, including elderly people and those with chronic medical conditions. These patients are disproportionately affected by COVID-19 complications. Resources below provide interim guidance for transfer and continuity of care from acute to long-term care settings.

Transfer of patients from hospitals to LTCFs:

Transfer of patients to lower acuity settings should occur when patients are medically stable with these scenarios in mind:

- **Patients with no clinical concern for COVID-19:** Acceptable for transfer to LTCF (no change in standard process). Discharge assessment should include at minimum screening for respiratory illness, monitoring vital signs and pulse oximetry. This monitoring should continue each shift while in LTCF.
- **Patients investigated for possible COVID-19, but negative testing:** If patient has negative COVID-19 testing, negative influenza testing, and meets usual clinical criteria for discharge, then acceptable for transfer to LTCF. Implement Transmission-Based Precautions for a minimum of 7 days following the date of specimen collection and 3 days have passed when the patient has been afebrile without fever reducing medication and patient does not exhibit any respiratory symptoms.
- **Patients with positive COVID-19 testing:** A nursing home should accept a new or returning resident diagnosed with COVID-19 and follow CDC guidance for Transmission-Based Precautions. Patients who have a COVID-19 positive test should be discharged to the facility once they are medically stable.
 - Residents should be preferentially housed in LTCF on a unit or wing designated for COVID-19 residents with appropriate Transmission-Based Precautions.
 - For residents with persistent symptoms from COVID-19 (e.g. persistent cough), resident should be placed in a single room, be restricted to their room, and wear a facemask during care activities until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
 - If Transmission-Based Precautions have been discontinued prior to discharge to LTCF and the patient's symptoms have resolved, patient should be admitted without further restrictions.
- **Patients under investigation (PUI) for COVID-19, but test results pending:** Returning residents under investigation for COVID-19 who are ready for hospital discharge but do not yet have testing results available should be discharged to a LTCF following the CDC's guidance for when Transmission-Based Precautions are required. Results should be communicated to receiving facility as soon as available.

Appropriate infection prevention measures should start at the time of admission to minimize risk of hospital-acquired COVID-19. Hospitals are NOT required to perform COVID-19 testing on patients ready for discharge unless they develop new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge. A negative test does not preclude future disease.

What should hospitals seeking to transfer patients with lab-confirmed COVID-19 communicate to receiving LTCFs?

For any transfer of a patient with lab-confirmed COVID-19, discharge planners should provide advanced notice to the LTCF. There is no need to notify CDPH if discharging a patient to a LTCF, but hospitals must ensure that discharge planning includes clear instructions to LTCF about the anticipated need for contact and droplet isolation precautions.

What should LTCFs do NOW to prepare to care for suspect or confirmed COVID-19 cases?

- **LTCFs should not transfer patients with suspect or confirmed COVID-19 infection unless medically indicated. In addition, LTCF should not transfer patients for the purpose of obtaining COVID-19 testing.** If medically stable, patients should remain at LTCF and appropriately isolated with contact and droplet precautions implemented. **When transfer is medically indicated,** transport personnel and receiving facility should be notified about the suspected diagnosis prior to transfer. LTCFs should review COVID-19 guidance on facility preparations, protecting high-risk communities, and suspect or lab-confirmed COVID-19 resident care here: <https://www.chicagohan.org/covid-19/ltof>.
- LTCFs should implement a **universal masking policy**, requiring all staff to wear an FDA-approved surgical facemask when working. This includes staff responsible for resident care AND staff who DO NOT normally have resident contact. LTCFs must ensure that all lab-confirmed COVID-19 residents are placed in a private room or cohorted with other patients with lab-confirmed COVID-19 in the same room.
- Actively screen all healthcare personnel for fever and respiratory symptoms before starting each shift; send ill staff home and have sick policies which allow ill staff members to stay home.
- Facilities should **designate a wing or unit to house COVID-19 residents.** Staff who do not have vulnerable conditions should be dedicated to the care of lab-confirmed COVID-19 residents and should not care for residents on other wings/units.
- **LTCF should anticipate the need for broad use of contact and droplet precautions.** The CDC and [Centers for Medicare & Medicaid Services April 2, 2020 guidance](#) call for HCP to wear facemask, eye protection, and gloves for care of all residents irrespective of COVID-19 diagnosis or symptoms *if there is COVID-19 transmission within a facility.* Gowns may be reserved for 1) aerosol generating procedures (AGPs), when an N95 mask should be worn instead of a surgical facemask 2) when sprays or splashes are anticipated, 3) for dressing, bathing, transferring, providing hygiene, changing linens, toileting, device care and wound care or 4) for other Transmission-Based Precautions indications such as *Clostridioides difficile* infection or multidrug resistant organism colonization or infection.
- LTCFs should continue to [monitor their current PPE supply](#) and ensure they have sufficient PPE (gowns, gloves, FDA-approved surgical facemasks, and face shields/goggles) to care for residents requiring contact and droplet precautions.
- Monitor ill residents (temperature and pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
- Please report to CDPH each confirmed case tested through your facility or a cluster of 2 or more symptomatic individuals, by completing the [COVID-19 Online Case Report Form](#) (a confidential online survey powered by IDPH REDCap).

PPE request guidance can be found on the Chicago HAN [website](#). For LTCFs that care for ventilated patients, ensure that staff are fit-tested and have N95 respirator masks available for [aerosol generating procedures](#).

Extended Use of PPE

Staff may extend the use of PPE by using between roommate pairs or residents in different rooms who are symptomatic. **GLOVES MUST ALWAYS BE CHANGED BETWEEN PATIENTS AND HAND HYGIENE PERFORMED.** Avoid touching face protection. Perform hand hygiene after touching facemasks. See [here](#) for illustration of how to properly store, don, and doff PPE. Alternatives to FDA-approved surgical facemasks should not be used by staff involved in direct resident care.

Ventilator Capable Skilled Nursing Facilities (vSNF)

vSNFs should ideally have N95 respirator fit-tested staff who regularly perform AGPs. N95 and protective eyewear, as well as gown and gloves should be worn when caring for residents with a tracheostomy undergoing AGPs or care in association with a ventilator.

LTCFs should secure a means for COVID-19 testing for residents

- Several commercial and hospital-based laboratories are now offering COVID-19 testing. Facilities should engage commercial labs to establish the ability to test specimens for facility residents.
- The Illinois Department of Public Health (IDPH) laboratories will continue to support testing for long term care.
 - Pre-authorization for specimen submission is **NO LONGER** required for testing at the IDPH laboratory. The testing priorities remain unchanged and can be reviewed on the IDPH COVID-19 webpage, [Requesting COVID-19 Testing at IDPH Laboratories](#).
- IDPH Specimen Submission Process:
 - **Nasopharyngeal Swab** (Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions). **Please only send one (1) NP swab per patient.**
 - Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media.
 - A lab requisition should be completed *for each specimen* and submitted along with the specimen: [IDPH lab requisition form](#) Complete one test requisition form for each specimen submitted.
 - Specimen storage: Specimens ≤ 72 hours from submission should be held at 2-8°C and sent on ice packs to:
 - IDPH-Chicago Laboratory
 - Molecular Laboratory
 - 2121 W. Taylor St.
 - Chicago, IL 60612
 - Clearly label patient identifiers for tracking and reporting purposes on both the specimen tube and IDPH lab requisition form.
 - Facilities should secure ability to collect specimens and submit to commercial labs or courier service for submission to the IDPH laboratory.

For more information on caring for lab-confirmed COVID-19 residents and the discontinuation of precautions, LTCFs should review the guidance found at: <https://www.chicagohan.org/covid-19/lcfc>

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#cases-in-facility>
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
<https://www.cdc.gov/coronavirus/mers/infection-prevention-control.html>
<https://www.dph.illinois.gov/sites/default/files/forms/clinicalsuppliesrequisition03042020.pdf>
<http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers/requesting-testing>
<http://www.dph.illinois.gov/sites/default/files/forms/covid19-respiratory-testing-form.pdf>