Guidance for Long-Term Care Facility (LCTF) residents with Confirmed COVID-19 Infection:

Discontinuation of Transmission Based Precautions (TBP) When Appropriate to Discharge Residents from the Acute Care Setting back to LTCFs

Background
Long-term care facilities with known cases of COVID-19 or multiple cases of unexplained respiratory illness should monitor and track vital signs of these residents, including pulse oximetry, and symptoms (cough, sore throat, fever, chills, change in mental status, shortness of breath, malaise) at least every shift (every 8 hours).

If residents screen positive for new symptoms or concerning trends in vital signs, they should be placed on TBP and more frequent monitoring and clinical evaluation should be considered. LTCFs should develop capabilities to test residents for COVID-19 within their facility. Decisions to transfer to higher level care should be based on clinical evaluation of the patient and not related to test positivity alone. Hospitalization of LTCF residents based on testing positive for COVID-19 alone will overwhelm the healthcare system and should be avoided.

Recommendation
LTCF residents with COVID-19 should remain on TBP until at least 14 days after illness onset or 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms whichever is longer. The Washington State Department of Health (DOH) recognizes that shedding may persist after symptom resolution but it is unclear what transmission risks this presents and prolonged isolation based on negative PCR testing as described below may not be feasible based on access to laboratory testing, availability of appropriate PPE, staffing shortages, and concern for resident quality of life. Consideration should be given to discontinuing TBP when respiratory symptoms are resolving, oxygen saturation has stabilized or improved and they have had no measured fever without use of antipyretic medication for 72 hours, and it has been at least 14 days since illness onset.

LTCF residents with COVID-19 do not need to remain hospitalized until TBP can be discontinued. LTCF residents with COVID-19 that require hospitalization can and should be discharged back to the facility of residence once they are clinically stable regardless of whether COVID-19 testing is still positive or not. Continued hospitalization until residents test negative will overwhelm the healthcare system and should be avoided. Early clinical experience suggests that elderly patients with COVID-19 can decompensate quickly and unexpectedly, this should be considered when determining need for inpatient care. Discharge of LTCF residents with confirmed COVID-19 disease to the originating facility or a separate facility with known COVID-19 cases is preferred as opposed to discharge to a facility without known cases of COVID-19.
Alternatively, LTCF residents with confirmed COVID-19 infection can have TBPs discontinued prior to 14 days based on the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of a molecular assay for COVID-19 from at least two consecutive specimens collected ≥24 hours apart.

For further information on the care of persons diagnosed with COVID-19 in LTCF settings please see the following guidance from CDC and CMS: