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

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 Using Personal Protective Equipment (PPE).

Transferring from a LTCF to another Healthcare Setting

Transferring Facility Responsibilities

- The transferring facility should inform transporting personnel and the accepting facility:
  - The COVID-19 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).
  - When transferring from a LTCF, if any COVID-19 cases have been diagnosed at the LTCF through verbal and written communication in transfer documents.
  - LTCF residents who are evaluated in a clinic, dialysis, facility, ED or other outpatient setting, should return to their facility regardless of SARS-CoV-2 testing status, if the facility is able to provide the appropriate level of care under the appropriate transmission-based precautions.

Receiving Facility Responsibilities

- Screen all patients transferred from LTCF for symptoms consistent with COVID-19.
- If a patient transferred from a LTCF has symptoms of COVID-19, or the transferring LTCF has known cases of COVID-19, implement presumptive transmission-based precautions (i.e., contact/droplet precautions) until testing is complete and reported.

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- Provide any SARS-CoV-2 test results to LTCFs verbally and by sending a hard copy of the test results to the LTCF (e.g., via mail, fax, or electronically).
- Consider 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). A non-test based strategy may be preferred when testing supplies are scarce.

**Hospital Admission**

- For LTCF residents not already known to have COVID-19 infection, and has not been tested for SARS-CoV-2 in the last 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, 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**

**Discharging Hospital Responsibilities**

- This applies to patients whose COVID status is unknown. Prior to hospital discharge, consider testing patient with a single polymerase chain reaction (PCR)-based SARS-CoV-2 test 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.].

**Admitting LTCF Responsibilities**

- **Testing should not be required prior to 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. 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.

- For 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 could 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.

**COVID-19 Information and Resources for LTCF**

- Centers for Disease Control and Prevention (CDC) - Responding to COVID-19 in Nursing Homes
- CDC - Testing for COVID-19 in Nursing Homes
- WA-DOH COVID-19 Information for LTCF

**General 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.

The risk of COVID-19 is not connected to race, ethnicity or nationality. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA-DOH2019 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 about COVID-19? Call our hotline: 1-800-525-0127. For interpretative services, press # when they answer and say your language. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

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