

Interfacility Transfer Rules for Patients with Laboratory Confirmed COVID-19

Receiving Institution	Transfer Requirements
Long-Term Acute Care (LTAC)	<ul style="list-style-type: none"> No specific antiviral treatment: 10 days after admission AND No fever x 72 hrs without the use of fever reducing medications. <p style="text-align: center;">OR</p>
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> SARS CoV-2 targeted treatment: No fever x 72 hrs without the use of fever reducing medications. Patient may complete the course of antiviral therapy at the receiving facility. <p style="text-align: center;">Continue Transmission Based Precautions at Receiving Facility*</p>
Group Living	<ul style="list-style-type: none"> No specific antiviral treatment: 10 days after admission AND No fever x 72 hrs without the use of fever reducing medications. <p style="text-align: center;">Continue Transmission Based Precautions at Receiving Facility*</p> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> No specific antiviral treatment: 14 days after admission AND No fever x 72 hrs without the use of fever reducing medications. SARS CoV2 targeted treatment*: 7 days after admission AND No fever x 72 hrs without the use of fever reducing medications. Patient should complete the course of antiviral therapy at the receiving facility if not yet completed. <p style="text-align: center;">No Further Transmission Based Precautions Required</p>

* Transmission based precautions should be continued until all symptoms have resolved or for 14 days, whichever is longer. Patient should be preferably placed in a location designated to care for COVID-19 patients. The patient may be placed in a shared room with other confirmed COVID patients.

In cases of hospital overload, this discharge guidance may be adjusted by the department of public health to fit individual patient needs.

Patients should not be transferred if the receiving facility cannot maintain Transmission Based Precautions.

www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html accessed March 27, 2020.

Zou et al. NEJM March 18, 2020, Gautret et al (2020) International Journal of Antimicrobial Agents, March 2020.

Interfacility Transfer Rules for Patients with Suspected COVID-19

Receiving Institution	Transfer Requirements
Long-Term Acute Care (LTAC)	<p><u>PATIENTS AT LOW RISK OF COVID-19</u></p> <p>No contact with a confirmed or suspect case; not associated with a healthcare facility outbreak; Clinical suspicion of COVID-19 is low</p> <ul style="list-style-type: none"> Admission for non-infection related reason, e.g. cerebrovascular accident (stroke) or fall <ul style="list-style-type: none"> No indication for SARS CoV-2 testing*
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> Admission for infectious syndrome not consistent with COVID-19, e.g. cellulitis <ul style="list-style-type: none"> No indication for SARS CoV-2 testing* Admission for an infectious syndrome possibly consistent with COVID-19, e.g. fever, malaise, cough <ul style="list-style-type: none"> Alternative diagnosis established, preferably confirmed with microbiologic or virologic testing <p>AND</p> <ul style="list-style-type: none"> Clinical improvement without SARS CoV-2 targeted therapy Two serial negative tests for SARS CoV-2, drawn at least 24 hours apart <p>No Transmission Based Precautions for COVID-19 Needed*</p> <p>-----</p>
Group Living	<p><u>PATIENT AT MEDIUM OR HIGH RISK FOR COVID-19</u></p> <p>Contact with a confirmed or suspect case; associated with a healthcare facility outbreak; Clinical suspicion of COVID-19 is medium to high</p> <ul style="list-style-type: none"> Two serial negative tests for SARS CoV-2, drawn at least 24 hours apart <p>AND</p> <ul style="list-style-type: none"> An alternative diagnosis established, preferably confirmed with microbiologic or virologic testing <p>If two conditions are met, Transmission Based Precautions at receiving facility should be discontinued after patient has been afebrile for 72 hours without the use of fever reducing medications AND is clinically improving.</p> <p>If two conditions not met, follow Interfacility Transfer Rules for Lab Confirmed COVID-19</p> <p>If SARS CoV-2 testing is not available, follow interfacility transfer rules for lab confirmed COVID-19.</p>

* No current requirement to initiate Transmission Based Precautions for COVID-19 after hospital discharge. Receiving facility, at their discretion, may implement Transmission Based Precautions. Receiving facility should not ask the sending facility for additional COVID-19 testing. These patients should NOT be placed in a location designed for COVID-19 patients and may NOT be placed in a shared room with other COVID-19 patients.

In cases of hospital overload, this discharge guidance may be adjusted by the department of public health to fit individual patient needs.



www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html. Zou et al. *NEJM* March 18, 2020.

Additional Considerations for Transfer of Patients from Hospitals to SNFs

SNFs should prepare to receive patients that are clinically stable for discharge from hospitals in the following scenarios:

- **Patients with no clinical concern for COVID-19** may be transferred from hospitals to SNFs following usual procedures.
 - SNFs may not require a negative test result for COVID-19 as criteria for admission or readmission of residents hospitalized with no clinical concern for COVID-19.
 - Hospitals are NOT required to perform COVID-19 testing on patients solely for discharge considerations unless they develop new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge.
- **Patients investigated for possible COVID-19**, with negative test results may be transferred from hospitals to SNFs following usual procedures.
 - Hospitals should conduct influenza testing as appropriate, and communicate results and any indication for continued transmission-based precautions upon transfer.
- **Patients with confirmed or suspected COVID-19** should not be sent to a SNF via hospital discharge, inter-facility transfer, or readmission after hospitalization without first consulting the local health department (LHD).
 - SNFs can be expected to accept a resident diagnosed with COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow Centers for Disease Control and Prevention (CDC) infection prevention and control recommendations for the care of COVID-19 patients, including adequate supplies of personal protective equipment (PPE).
 - LHD may direct placement of the patient at a facility that has already cared for COVID-19 cases, or that has a specific unit designated to care for COVID-19 residents.
 - Hospital discharge planners should provide advanced notice to the SNF for any transfer of a patient with COVID-19. If transmission-based precautions have been discontinued* AND patients' symptoms have resolved, patients can be discharged back to the facility they came from, regardless of the facility's PPE supply and ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients.
- **Patients under investigation (PUI) for COVID-19, but test results pending:** At this time, PUIs should NOT be transferred to SNFs until test results are available.

Considerations for care of residents with suspected or confirmed COVID-19 infection who do not clinically require hospital transfer

SNFs should only transfer residents with suspected or confirmed COVID-19 infection to higher acuity healthcare settings when clinically indicated. Prior to transfer, SNFs must notify transport personnel and receiving facility about the suspected diagnosis. If clinically stable, residents with suspected or confirmed COVID-19 should remain at the SNF with appropriate infection prevention and control measures. SNFs should review CDPH guidance on facility preparations, and management of suspect or confirmed COVID-19 resident care outlined in [AFL 20-25.1](#).

* Transmission-based precautions for COVID-19 should be used for at least 7 days from symptom onset AND 3 days of recovery, defined as being afebrile without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough after 72 hours would not be an indication for continuation of transmission-based precautions. Consideration should be given to extending transmission-based precautions for individuals with immunocompromising conditions.

From CDPH All Facilities Letter (AFL) 20-33 www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx.

Home Discharge Rules for Patients with Laboratory Confirmed COVID-19

<i>Receiving Institution</i>	<i>Discharge Requirements</i>
Home or Non-Congregate, Non-Healthcare Setting	<p>Seven (7) days since symptom onset AND no fever x 72 hours without the use of fever reducing medications.</p> <ul style="list-style-type: none"> • No restrictions. Patient is considered non-infectious for the purpose of discharge
	<p>Less than seven (7) days since symptom onset or febrile</p> <ul style="list-style-type: none"> • Notify the Department of Public Health • Transport home by private conveyance or medical transport. (Avoid public transportation, no rideshare/taxi.) • Provide guidance on self-isolation until end of infectious period • Advise any household members that they will need to self-quarantine for at least 14 days after last contact with this patient. Provide home quarantine instructions • If the patient lives with others and is not able to adequately self-isolate advise that: <ul style="list-style-type: none"> ○ The self-quarantine period of all household members will be extended to 14 days after the end of the patient’s isolation period ○ Every effort should be made to relocate household members at risk for experiencing severe illness if infected (e.g., age>65 years, pregnant, and/or medical co-morbidities)

For information about COVID-19 in San Bernardino County, visit sbccovid19.com.