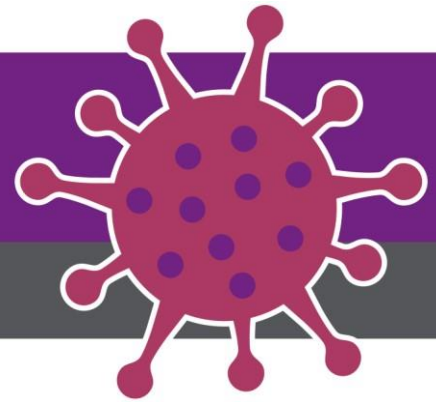


CORONAVIRUS DISEASE 2019 (COVID-19)

Placement of Patients in Skilled Nursing Facilities during the COVID-19 Pandemic



Audience: Long Term Care Colleagues and Leadership, Discharge Planning, Case Managers
Revision Date: 1/30/2023
Version: #7
COVID-19 Response Team Owner: Clinical and Operations
Date of Last Review: 1/29/2024

What's Changed: No new updates.

General Considerations

- New admissions with symptoms that could be attributable to COVID-19 or have had a high- risk exposure to COVID-19 and have not recovered from SARS-CoV-2 in the prior 30 days should be tested for COVID-19 prior to admission.
- Empiric use of Transmission-Based Precautions is generally not necessary for admissions or for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings).
- **Placement of residents with suspected or confirmed SARS-CoV-2 infection:**
 - Admission of patients who are clinically ready for discharge from acute care settings but who are also still under isolation precautions can be transferred to SNF as long as there is adherence to the following:
 - Local or state requirements must be followed regarding acceptance of a new admission into the SNF. Some states restrict this until the patient is out of isolation.
 - There must be awareness, coordination and communication for placement of the patient that is still under isolation precautions in the SNF
 - The newly admitted resident that is still in isolation precautions must be placed in a designated unit or space for those with acute COVID-19, e.g. a COVID-19 designated recovery center if medically stable.
 - Ideally residents should be placed in single occupancy rooms or cohorted with another patient who also has acute COVID-19
 - Colleagues caring for persons under investigation, those with newly diagnosed with COVID-19 or transfers in that remain on isolation precautions must follow PPE and other precautions outlined in: [ppe-guide-booklet.pdf \(trinity-health.org\)](https://www.trinity-health.org/ppe-guide-booklet.pdf). This includes

adherence with standards from OSHA, e.g. Respiratory Protection Standard which requires fit testing of colleagues to N95 respirators or equivalent and seal check prior to each use.

- Newly admitted residents should also be advised to wear source control for the 10 days following their admission. Residents who leave the facility for 24 hours or longer should generally be managed as an admission.
- Readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based precautions as described by the CDC should go to the designated COVID-19 care unit or a COVID-19 designated recovery center if medically stable.
- Managing admissions and residents who leave the facility:
 - Testing is recommended at admission using a viral test. For molecular PCR test method a single test is sufficient. If the test is antigen detection, run the initial test and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. In general, admissions in counties where [Community Transmission](#) levels are high should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.
 - They should also be advised to wear source control for the 10 days following their admission.
 - Residents who leave the facility for 24 hours or longer should generally be managed as an admission. Those leaving the SNF for a period of less than 24 hrs do not need testing nor do they need to wear a facemask other than their normal practice used as a resident at the SNF.
- Ability to accept any referral must also take into consideration staffing needs, PPE supply and number of COVID-19 positive residents in the facility.

References

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

[Ref: QSO-20-38-NH REVISED 09/23/2022 \(cms.gov\)](#)