HEALTHCARE QUALITY AND SAFETY BRANCH
BLAST FAX 2020-38

TO: All Nursing Homes and ALSAs
FROM: Commissioner Renée D. Coleman-Mitchell, MPH
CC: Deputy Commissioner Heather Aaron, MPH, LNHA
     Barbara Cass, RN, Branch Chief, Healthcare Quality and Safety Branch
     Donna Ortelle, Section Chief, Facility Licensing and Investigations Section
DATE: April 14, 2020
SUBJECT: Webinar scheduled for April 15, 2020 from 2-3 PM

A Webinar is scheduled for Wednesday, April 15, 2020 from 2-3pm. Tentative agenda:

- Hospital to nursing home discharge guidance
- Other updates from DPH Facilities Licensing and Investigations Section
- Other updates from DPH Infectious Diseases Section
- Q&A

We will have a special guest from Centers for Disease Control (CDC) joining us – details to be determined.
The Healthcare Associated Infections and Antimicrobial Resistance Program (HAI AR) is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting:

https://cdc.zoomgov.com/j/1614408215?pwd=YnZJZ1dTIGpOb1J2NldqaTFoK1UxUT09

Meeting ID: 161 440 8215
Password: 729900
One tap mobile
+16692545252,,1614408215#,,729900# US (San Jose)
+16468287666,,1614408215#,,729900# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
Meeting ID: 161 440 8215
Password: 729900
Find your local number: https://cdc.zoomgov.com/u/acNTAVX9PZ

Join by SIP:
1614408215@sip.zoomgov.com
Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 161 440 8215
Password: 729900

Please take some time to view this important YouTube video from CDC about infection control for COVID-19 in Long-Term Care:

https://www.youtube.com/watch?v=p1FiVFx5O78.
Our LTC Team would like to make you aware of a new resource that’s now available: a recorded webinar on Preparing Nursing Homes and Assisted Living Facilities for COVID-19. This may be helpful for health departments or partners who are trying to offer a webinar with LTC facilities this week.

A link to the recorded webinar can be found at the bottom of the LTC guidance page:

OR can be accessed by direct YouTube link here:
https://www.youtube.com/watch?v=p1FiVFx5O78.
Hospital Discharges to Nursing Homes During COVID-19 Pandemic (Released April 14, 2020)

Nursing homes are an essential component of the statewide surge plan.1 At the same time, they have been challenged with COVID-19 outbreaks and limited resources in staffing and personal protective equipment while caring for a population at great risk for morbidity and mortality associated with COVID-19.

This guidance for both hospitals and nursing homes, based on guidance from the Centers for Disease Control and Prevention (CDC)2,3, allows for safe and timely transfer of hospitalized patients when they are ready for hospital discharge and have a need for skilled nursing care.

There will be 3 types of nursing homes to serve patients who require nursing home care after hospitalization:
1. Existing/Traditional Nursing Homes: These may or may not have COVID-positive residents. Those with residents that develop suspected or confirmed COVID-19 should cohort residents and staff appropriately.
2. COVID Recovery Facilities: existing nursing homes dedicated to accepting COVID-positive patients from hospitals, particularly those demonstrating a likelihood for continued nursing home care after recovery from acute illness
3. Alternate COVID Recovery Facilities: previously vacated spaces that are being reoccupied to care for COVID-positive patients from hospitals who demonstrate a likelihood for discharge back to the community afterwards

Patient Type Definitions:
1. COVID status unknown: patients who were not tested for COVID-19 because they never had signs or symptoms of COVID-19 OR patients who tested negative for COVID-19
2. COVID-positive: patients who have tested positive for COVID-19

Hospital Discharges to Existing/Traditional Nursing Homes

COVID status unknown patients should be transferred to Existing/Traditional Nursing Homes, provided:
- The patient has no current COVID-19 symptoms; AND
- One nasopharyngeal (NP) or oropharyngeal (OP) specimen from the patient tests negative for SARS-CoV-2 RNA; AND
- The patient is quarantined in their room for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.

COVID status unknown nursing home residents can return to their home after an Emergency Department visit or same-day procedure without COVID-19 testing if the resident is not admitted to an inpatient floor and hospital stay is ≤ 48 hours. They should be quarantined for 14 days at the nursing home upon return.

COVID-positive patients should be transferred to Existing/Traditional Nursing Homes, provided:
- Resolution of fever without the use of fever-reducing medications for ≥ 72 hours; AND
- Improvement in respiratory symptoms (e.g. cough, shortness of breath); AND
- Two consecutive NP or OP specimens (collected ≥ 24 hours apart) test negative for SARS-CoV-2 RNA
- The patient is quarantined in their room for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.
Hospital Discharges of COVID-Positive Patients to COVID Recovery Facilities

Patients testing positive for COVID-19 can be transferred to a COVID Recovery Facility if an Existing/Traditional Nursing does not accept the patient due to inability to care for the patient.

COVID-positive patients should be transferred to COVID Recovery Facilities if:
- An existing/traditional nursing home does not accept the patient; AND
- The patient resided in a nursing home immediately prior to hospitalization OR the patient demonstrates need for skilled nursing after recovery from acute illness

COVID-positive patients should be transferred to Alternate COVID Recovery Facilities if:
- An existing/traditional nursing home does not accept the patient; AND
- The patient demonstrates potential for discharge to the community after recovery from acute illness

Table: Discharge guidance for hospitalized patients requiring skilled nursing.

<table>
<thead>
<tr>
<th>Discharge to:</th>
<th>COVID-Positive Patient</th>
<th>COVID Status Unknown Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Existing/Traditional Nursing Home if</strong></td>
<td>1. Fever-free without fever-reducing medications ≥ 72 hours; AND</td>
<td>1. Patient has no current COVID-19 symptoms; AND</td>
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<tr>
<td>- Nursing Home is aware of the patient’s COVID status and accepts the patient;</td>
<td>2. Improvement in respiratory symptoms; AND</td>
<td>2. One nasopharyngeal NP or OP specimen tests negative for SARS-CoV-2 RNA; AND</td>
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<tr>
<td>- Adequate infection control measures can be taken by the Nursing Home to contain COVID-19.</td>
<td>3. Two consecutive NP or OP specimens (collected ≥ 24 hours apart) test negative for SARS-CoV-2 RNA; AND</td>
<td>3. Patient is quarantined for 14 days upon arrival at the nursing home. If symptoms develop during the quarantine period, they should be tested for COVID-19.</td>
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<tr>
<td><strong>COVID Recovery Facility if:</strong></td>
<td>1. Traditional Nursing Home will not accept the patient</td>
<td>1. Rule-out testing is positive (patient becomes COVID-positive)</td>
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<tr>
<td>- The patient resided in a nursing home immediately prior to hospitalization; OR</td>
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<tr>
<td>- The patient demonstrates potential need for skilled nursing after recovery from acute illness</td>
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<tr>
<td><strong>Alternate COVID Recovery Facility if:</strong></td>
<td>1. Traditional Nursing Home will not accept the patient</td>
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<td>- The patient demonstrates potential for discharge to the community after recovery from acute illness</td>
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Questions about these guidelines for transfer to nursing homes and infection control issues can be directed to the DPH Infectious Diseases Section at 860-509-7995. Other questions about COVID-19 can be emailed to COVID19.dph@ct.gov

References: