



## Interfacility Transfer Rules for Patients with Laboratory Confirmed COVID-19

Receiving Institution	Transfer Requirements
<p><b>LTCF</b>            (Long-Term Care Facility)</p> <p>or</p> <p><b>SNF</b>            (Skilled Nursing Facility)</p> <p>or</p> <p><b>Group Living</b></p>	<p>Patients with confirmed COVID-19 may be transferred under the following circumstances:</p> <ol style="list-style-type: none"> <li>1. <i>Patients with <u>mild to moderate</u> illness who are not severely immunocompromised:</i> <ul style="list-style-type: none"> <li>• At least 10 days have passed <i>since symptoms first appeared</i> <b>and</b></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved                → No transmission-based precautions required for transfer. Resident may be admitted directly to “green” unit in SNF.</li> </ul> </li> <li>2. <i>Patients with <u>severe to critical illness</u> or who are severely immunocompromised:</i> <ul style="list-style-type: none"> <li>• At least 10 days and up to 20 days have passed <i>since symptoms first appeared</i> <b>and</b></li> <li>• At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved                → Transmission-based precautions may be needed after transfer if fewer than 20 days have passed since onset. Consult with infection control experts at the hospital to determine need for continued transmission-based precautions after transfer.</li> </ul> </li> <li>3. <i>All patients for which fewer than 10 days have passed since symptom onset, or since date of positive test if asymptomatic</i> <ul style="list-style-type: none"> <li>→ Continue standard, contact, and droplet transmission-based precautions at receiving facility.* Consult with SCPH when discharging to SNF; see below and page 4.</li> </ul> </li> </ol>

**Facilities should be prepared to accept confirmed COVID-19 patients when the Transfer Requirements are met.**

\*Transmission-based precautions should be continued for 10 days after hospital admission, or 20 days if the patient is critically ill<sup>1</sup> or severely immunocompromised<sup>2</sup> (see page 2 for definitions of critically ill and severely immunocompromised). It is preferred that patients be placed in a facility with adequate preparation for caring for COVID-19 patients. If still under transmission-based precautions, the patient may be placed in a shared room with other confirmed COVID-19 patients.

In cases of hospital overload, this discharge guidance may be adjusted by the Shasta County Health and Human Services Agency, Public Health Branch (SCPH). Patients should not be transferred if the receiving facility cannot maintain Transmission Based Precautions.

Discharging facility is asked to consult with SCPH prior to transfer to LTCF, SNF, or Group Living. Approval is not required prior to discharging laboratory confirmed COVID-19 patients to home, however the discharging facility is requested to notify SCPH. Call 530-225-5591 and asking for a COVID-19 nurse. Outside of normal business hours call 530-395-0132. If transmission-based precautions are still in place at time of discharge, SCPH will need to issue a home isolation order. Therefore, timely notification is essential.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>, 2020.

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



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<sup>1</sup>Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

<sup>2</sup>The studies used to inform this guidance did not clearly define “severely immunocompromised.” For the purposes of this guidance, CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

## Interfacility Transfer Rules for Patients without COVID-19

Receiving Institution	Transfer Requirements
<p><b>LTCF</b> (Long-Term Care Facility)</p> <p>or</p> <p><b>SNF</b> (Skilled Nursing Facility)</p> <p>or</p> <p><b>Group Living</b></p>	<p><b>Testing<sup>^</sup>:</b> Receiving facility should ensure testing for SARS-CoV-2 to inform placement decisions.</p> <ul style="list-style-type: none"> <li>• Residents newly admitted from the hospital should be tested prior to admission and should be quarantined for 14 days and then retested. If negative, the resident can be released from quarantine.</li> <li>• If the hospital does not test the patient within 72 hours of transfer, the SNF must test the patient.</li> <li>• Receiving facility should implement transmission-based precautions during the 14-day observation period.</li> <li>• If test results are pending, place patient in a cohort of patients with unknown COVID-19 status and maintain transmission-based precautions. Patient may be moved to appropriate COVID-19 positive or negative cohort when test results are received.</li> </ul>
	<p><b>No clinical concern for COVID-19</b></p> <ul style="list-style-type: none"> <li>• If the patient was admitted for a non-infectious reason, (i.e. cerebrovascular accident or fall) and had no fever or respiratory symptoms of infection:               <ul style="list-style-type: none"> <li>○ The patient may be transferred to the receiving facility.</li> </ul> </li> <li>• If the patient was admitted for infectious syndrome not consistent with COVID-19 and another etiology is established (e.g. cellulitis, bacteremia)               <ul style="list-style-type: none"> <li>○ The patient may be transferred to the receiving facility.</li> </ul> </li> <li>• Asymptomatic newly admitted or re-admitted residents who are fully vaccinated may go to the Green Cohort directly unless the transferring facility (e.g., hospital) has an active outbreak or the patient has had a close contact exposure in the past 14 days.</li> </ul> <p>SNF may not require a negative COVID-19 test as criteria for admission or readmission of residents hospitalized with no clinical concern for COVID-19. These patients should not be placed in a location designed for COVID-19 patients and may NOT be placed in a shared room with COVID-19 patients.</p>
	<p><b>Low clinical suspicion</b></p> <p>If the patient was admitted for an infectious syndrome possibly consistent with COVID-19 (e.g. fever, malaise, cough) and they meet ALL of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Low pre-test probability of COVID-19 (no known contact with a confirmed or suspect case; transferred from a healthcare facility not experiencing a COVID-19 outbreak); <b>AND</b></li> <li>2. Alternative diagnosis established, confirmed with microbiologic or virologic testing; <b>AND</b></li> <li>3. Clinical improvement and no fever x 24 hours without the use of fever reducing medications; <b>AND</b></li> <li>4. One negative SARS CoV-2 test.           <ul style="list-style-type: none"> <li>➤ The patient may be transferred to accepting facility.</li> </ul> </li> </ol> <p>If patient tests positive, follow Interfacility Transfer Rules for Laboratory Confirmed COVID-19. If patient does not meet all 4 criteria but tests negative for SARS CoV-2, then follow Patients Investigated for Possible COVID-19 below.</p>

**Patient investigated for possible COVID-19:**

If the patient was admitted for an infectious syndrome possibly consistent with COVID-19 (e.g. fever, malaise, cough) and there is an exposure risk for COVID-19 such as a contact with a confirmed or suspect case or transferred from a healthcare facility experiencing a COVID-19 outbreak, patient may be transferred following the guidelines for Patients with Laboratory Confirmed COVID-19 on page 1.



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*Facilities should be prepared to accept suspected COVID-19 patients when the Transfer Requirements are met. In cases of hospital overload, this discharge guidance may be adjusted by SCPH to fit individual patient needs.*

^ Testing for SARS-Co-V-2 should be performed only using an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA such as reverse transcription polymerase chain reaction (RT-PCR).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> Zou et al. NEJM March 18, 2020

## Home Discharge Rules for Patients with Laboratory Confirmed COVID-19

Receiving Institution	Discharge Requirements
<p><b>Home or Non-Congregate, Non-Healthcare Setting</b></p>	<ul style="list-style-type: none"> <li>• At least 10 days since symptom onset AND no fever x 24 hours without the use of fever reducing medications.                             <ul style="list-style-type: none"> <li>○ <b>No restrictions.</b> Patient is considered non-infectious for the purpose of discharge</li> </ul> </li> <li>• Less than 10 full days since symptom onset or still febrile                             <ul style="list-style-type: none"> <li>- Notify Public Health</li> <li>- Provide guidance on <a href="#">home isolation</a> until end of infectious period</li> <li>- Transport home by private conveyance or medical transport. (Avoid public transportation, no rideshare/taxi.)                                     <ul style="list-style-type: none"> <li>○ Patient and driver should wear a surgical mask</li> <li>○ Patient and driver should maintain a 6-foot distance or ensure maximum physical distance at all times if unable to separate by 6 feet.</li> <li>○ Vehicle should be disinfected with approved disinfectant (e.g. disinfectant wipes) after transport and not used/aired out for 2 hours.</li> </ul> </li> <li>- Advise any household members that they will need to self-quarantine for at least 14 days after last contact with this patient. Provide <a href="#">home quarantine</a> instructions</li> <li>- If the patient lives with others and is not able to adequately self-isolate advise that:                                     <ul style="list-style-type: none"> <li>○ The self-quarantine period of all household members will be extended to 14 days after the end of the patient’s isolation period</li> <li>○ Every effort should be made to relocate household members at risk for experiencing severe illness if infected (e.g., age&gt;65 years, pregnant, and/or medical co-morbidities)</li> </ul> </li> </ul> </li> </ul>
<p><b>Unstably Housed or Unsheltered</b> <i>Refer to Project Roomkey*</i></p>	<ul style="list-style-type: none"> <li>• At least 10 days since symptom onset AND no fever x 24 hours without the use of fever reducing medications.                             <ul style="list-style-type: none"> <li>• <b>No restrictions.</b> Patient is considered non-infectious for the purpose of discharge.</li> </ul> </li> <li>• <b>If patient is ≥65 years old or has a chronic underlying health condition, refer to Project Roomkey.</b> Otherwise, follow routine discharge procedures</li> <li>• Less than 10 full days since symptom onset or still febrile                             <ul style="list-style-type: none"> <li>- Refer to housing assistance program such as Project Roomkey</li> <li>- Notify Public Health</li> <li>- Provide guidance on <a href="#">home isolation</a> until end of infectious period</li> <li>- Transport to motel by private conveyance or medical transport. (Avoid public transportation, no rideshare/taxi.)                                     <ul style="list-style-type: none"> <li>○ Patient and driver should wear a surgical mask</li> <li>○ Patient and driver should maintain a 6-foot distance or ensure maximum physical distance at all times if unable to separate by 6 feet.</li> <li>○ Vehicle should be disinfected with approved disinfectant (e.g. disinfectant wipes) after transport and not used/aired out for 2 hours.</li> </ul> </li> <li>- Advise anyone staying in motel room to self-quarantine for at least 14 days after last contact with this patient. Provide <a href="#">home quarantine</a> instructions</li> </ul> </li> </ul>

## Additional Considerations for Transfer of Patients from Hospitals to SNFs

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

- **Patients with no clinical concern for COVID-19** may be transferred from hospitals or alternate care sites 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 or receiving treatment at an alternate care site with no clinical concern for COVID-19.
  - Hospitals and alternate care sites are not required to perform COVID-19 testing on patients solely for discharge considerations unless the patient develops new respiratory infection symptoms, in which case the patient is not likely to be ready for discharge.
  - SNFs are encouraged to develop plans for placement and observation of new admissions and readmissions without COVID-19 testing, such as single rooms or a separate observation unit, wing or building.
- **Patients investigated for possible COVID-19**, with negative test results may be transferred from hospitals or alternate care sites to SNFs following usual procedures.
  - Hospitals and alternate care sites 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 discharge from a hospital or alternate care site, inter-facility transfer, or readmission after hospitalization or treatment at an alternate care site 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 and alternative care sites 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 or alternate care site transfer

SNFs should only transfer residents with suspected or confirmed COVID-19 infection to higher acuity healthcare settings when clinically indicated. The decision to transfer a patient to an alternate care site will be made by the receiving facility and the SNF, in conjunction with the LHD and CDPH. 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 may transfer patients between long-term care facilities for purposes of cohorting COVID 19 positive residents in accordance with the guidance provided by the Centers for Medicare and Medicaid Services (CMS) in Quality, Safety and Oversight Memo (QSO) [25-20-NH](#) (PDF). SNFs should review CDPH guidance on facility preparations, and management of suspect or confirmed COVID-19 resident care outlined in [AFL 20-25.2](#).

*\*Transmission-based precautions for COVID-19 should be continued for 10 days after hospital admission, or 20 days if the patient is critically ill or severely immunocompromised. It is preferred that patients be placed in a facility with adequate preparation for caring for COVID-19 patients. The patient may be placed in a shared room with other confirmed COVID patients.*

Adapted from Los Angeles County Department of Public Health and CDPH All Facilities Letter (AFL) 20-33.2

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>