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

Updated June 23, 2020

Guidelines for MercyOne facilities regarding acceptance of recovering COVID-19 positive patients or Persons Under Investigation (PUI) in response to the pandemic are outlined below.

Asymptomatic patients should not be rejected by nursing facilities for admission or readmission based on the lack of available testing. However, state specific guidelines will be followed as required in this rapidly evolving pandemic. Ability to accept any referral must also take into consideration staffing needs, PPE supply, and number of PUI or COVID-19 positive patients in the facility.

Rationale

BACKGROUND:
1) 3-27-2020- CDC data published in Morbidity and Mortality Weekly Report showed that 57% of elderly patients without symptoms, but who developed symptoms within seven days, had initially tested negative for COVID-19. Based on these data it is recommended that unless a person is tested COVID-19 negative before admission to a skilled nursing facility, it should be assumed the person has COVID-19 regardless of their having or not having symptoms.

2) CDC recommends a two-test strategy to discontinue transmission-based precautions for individuals with COVID-19 for individuals being transferred to a nursing home or assisted living.


GENERAL CONSIDERATIONS:
- All new admissions from community or hospital settings should be considered persons under investigation (PUI) unless they are known SARS-CoV-2 positive.
- All new admissions should be in a discrete building area, i.e. an end of a wing, a full wing, or a full nursing unit depending on the building design. The area should have clear signage indicating its purpose.
- PUIs should be separated from virus-positive patients either at separate ends of the designated area or in separate areas.

NEWLY ADMITTED PERSONS UNDER INVESTIGATION:
Viral molecular testing of PUIs should be performed unless it is unavailable. In general, asymptomatic patients should not be rejected by nursing facilities for admission or readmission purely on the basis of lack of testing unless testing is required by state regulation.
CONVALESCENT NEW ADMISSIONS:
There are two standards for accepting known virus-positives to an SNF setting:

1. Test-negative patients: 2 negative nasopharyngeal viral swabs 24 hours apart

2. Symptom-based presumed negative: 10 days after onset AND 3 days afebrile without the use of fever-reducing medications AND 3 days with minimal respiratory symptoms.

In general, the test-based criterion should be used. If testing is not available, or under severe surge conditions, the symptom-based standard may be used. If the untested convalescent patient is a community referral, the medical director should be consulted prior to acceptance of the patient to the facility.

REQUIRED PPE:
**Patients:** The newly admitted patient must wear a procedure mask during all care activities if the patient is able to tolerate a mask. He/she must be room confined.

**Staff:** All staff will be assigned specifically to the cohorted areas. Staff must avoid using the same PPE for both PUI and COVID-positive cases, and accordingly should be specifically assigned if feasible to one or the other area to conserve PPE. In these cohorted areas all staff must be equipped with gown, gloves, N95 respirator (or procedure mask if a respirator is not available) and eye protection which may be used throughout a shift. Gloves should always be changed between patients, with hand washing or disinfecting in between. Donning and doffing of gowns, masks, and face shields or goggles should be minimized, and N95 respirators should be changed if soiled or damaged. However, for symptomatic PUIs, gowns and gloves should be changed between patients, with face shields or goggles disinfected between patients. Prioritize use of N95 respirators for Aerosol-Generating Procedures (AGPs) such as nebulized medication administration, adjusting a CPAP, etc. Staff may work in non-cohorted areas if absolutely required for operation of the facility, but should not take PPE from cohorted to non-cohorted areas.

- The following strategies are in place to ensure workers are safe within our ministries:
  - Fit testing:
    - Performing initial fit-testing, where feasible, for each colleague (employee) with the same model, style, and respirator provided for use to which they were fitted in the prior year.
    - If not feasible, inform employees of the temporary suspension of the annual fit testing for the same make, model and size of N95 respirator to which they were successfully fitted during the prior year in order to preserve supply of N95 respirators.
    - If the N95 respirator provided to colleagues is different than the one they were fitted to in the prior year, fit testing must be provided and successful prior to use of the N95 respirator being provided.
  - Seal checking:
    - Explain the importance of a seal check prior to each use of a N95 respirator to colleagues and provide needed assistance to ensure this objective is met. (i.e. use of PPE safety coaches or other colleagues trained in proper use of PPE (i.e. surgical techs) to help evaluate seal checks).
    - Seal checks are to be performed each time an N95 respirator is donned. See this video showing how to perform a seal check.
RELEASE FROM COHORT AREA TO NON-COHORT FACILITY UNITS:

Asymptomatic PUIs: 14 days after initial hospitalization or a molecular negative test AND 14 days after admission to SNF

Convalescent patients:
1) Symptom-based strategy: 10 days after symptom onset, afebrile without fever-reducing medications for 3 days and minimally symptomatic.

2) Test-based strategy: Afebrile for 3 days without fever reducing medications, improvement of symptoms AND a negative molecular assay. If the patient did not have testing prior to SNF admission and testing becomes available, a negative molecular test is preferred prior to movement to a non-cohort area, as close to the transfer to a non-cohort area as feasible.

Note: In all cases, if symptoms persist the patient should remain in a cohorted COVID positive area or return to a single room and wear a mask for all encounters with healthcare workers who should maintain full PPE during those encounters.

In all circumstances, nursing home providers should use their best clinical judgement prior to moving patients to non-cohort facility units.

Ability to accept any referral must also take into consideration staffing needs, PPE supply, and number of PUI or COVID positive in the facility.

References: