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

Updated July 11, 2021

What's Changed: Updated guidance regarding fully vaccinated new admissions.

General Considerations

- New admissions who are not fully vaccinated and whose COVID-19 status is unknown should be tested for COVID-19 before admission. If testing is not available a peer to peer medical review may be done to assess for signs and symptoms of COVID-19 and analyze the risks.
- New admissions or readmissions with symptoms that could be attributable to COVID should be isolated until testing can be performed.
- New admissions who are COVID-19 positive should met the criteria for discontinuation of Transmission-Based Precautions as described by the CDC before transfer to the nursing home.
- Readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit or a COVID-19 designated recovery center if medically stable.
- 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.
- A person is considered fully vaccinated if it has been two weeks after their second dose in a two-dose series, such as the Pfizer or Moderna vaccines, or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.
- The 14-day quarantine period and need for cohorting new admissions into a discrete area of the building is not required for residents who are being admitted to a skilled nursing facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)
- Newly admitted or readmitted residents who have not been fully vaccinated should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. [https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html)
- All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.
- New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their date of admission. Testing at the end of this period could be considered to increase certainty. [https://www.cdc.gov/coronavirus/2019-ncov/symptomtesting/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptomtesting/symptoms.html)
- Ability to accept any referral must also take into consideration staffing needs, PPE supply, and number of PUI or COVID positive in the facility.

NOTE: State-specific guidelines will be followed as required in this rapidly evolving pandemic.
REQUIRED PPE: Refer to PPE Guide

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 should avoid using the same PPE for both PUI and virus-positive cases, and accordingly should be specifically assigned if feasible to one or the other area to conserve PPE.