Recommendations for Hospitalized Patients Being Discharged to a Long-Term CareFacility During the COVID-19 Pandemic

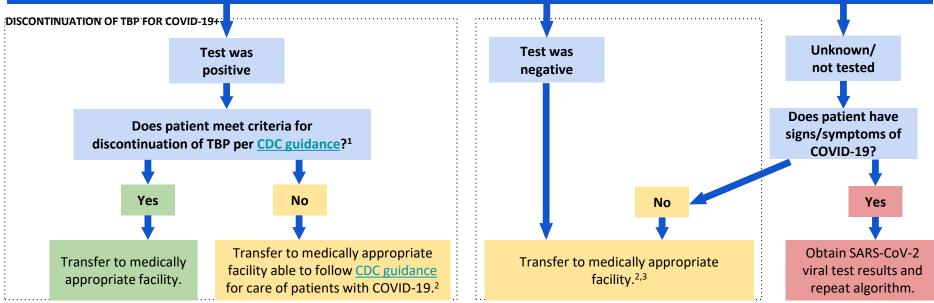
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- The Virginia Department of Health, in alignment with <u>CDC Interim Infection Prevention and Control</u> <u>Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19)</u> <u>Pandemic</u>, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.
- Admission testing is at the discretion of the long-term care facility. Pros and cons of screening testing described in <u>Section 1</u> of the CDC COVID-19 guidance includes the following:
 - The yield of screening testing for identifying asymptomatic infection is likely lower when performed on those in areas with lower levels of SARS-CoV-2 community transmission.
 - Admission testing results might continue to be useful in some situations (e.g., when performing higher-risk procedures or for HCP caring for patients who are moderately to severely immunocompromised) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used) and prevent unprotected exposures.
 - If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened.



Flow Diagram for Hospitalized Patients Being Discharged to a Long-Term Care Facility (LTCF) *

Does the hospitalized patient have a documented COVID-19 diagnosis?[^]



Discharge should be based on clinical status and the ability of an accepting facility to meet care needs and adhere to infection prevention and control practices. Admission testing is at the discretion of the long-term care facility and is not required prior to transfer. To facilitate appropriate and timely placement in the post-acute setting, LTCFs and their local hospitals and are encouraged to develop a plan for SARS-CoV-2 testing prior to patient discharges. However, a <u>negative SARS-CoV-2 viral test is not a requirement for discharge</u>.

1. Meeting criteria for discontinuation of transmission-based precautions (TBP) is not a prerequisite for discharge; see <u>CDC guidance</u> on discontinuation of TBP for COVID-19 positive patients in healthcare settings.

Discuss with facility to determine if patients who require aerosolizing procedures, e.g., nebulizer treatment, are appropriate for transfer. New admissions or readmissions to long-term care facilities who have been outside the facility ≥24 hours should be managed as an 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) and do not meet criteria described in CDC's <u>Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection</u>.

3.*Nursing homes are licensed by the Virginia Department of Health, Office of Licensure and Certification. Assisted living facilities are licensed by the Virginia Department of Social Services. Consider discussing transfer concerns with licensing entity.

^Diagnosis should be via FDA-authorized direct viral assay to detect SARS-CoV-2.