

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

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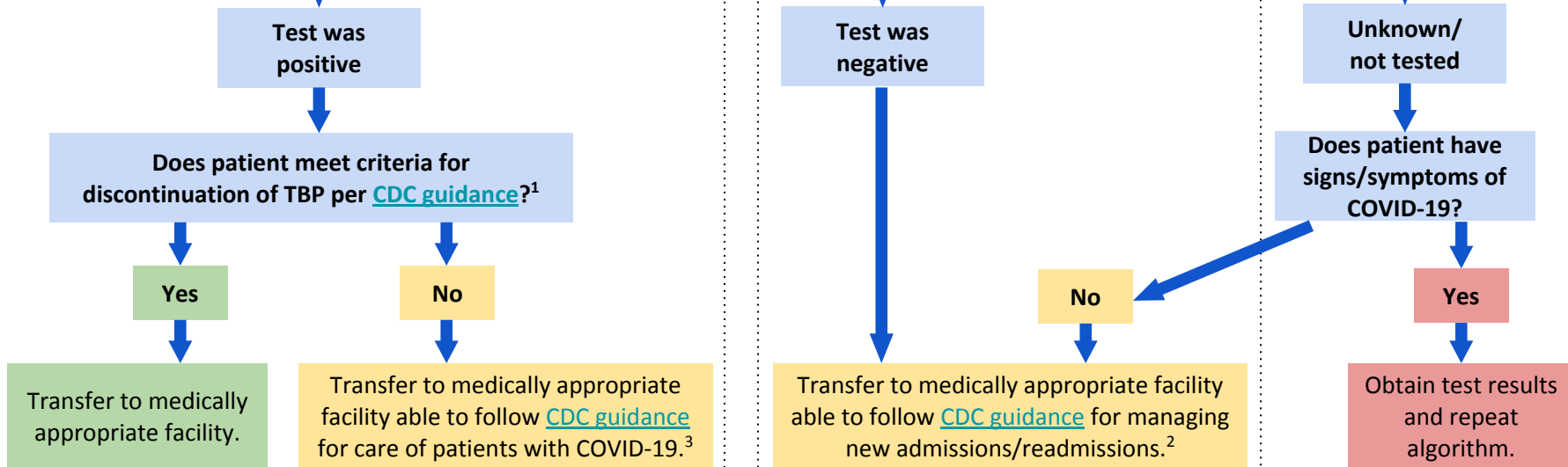
- The Virginia Department of Health, in alignment with [CDC guidance for Responding to Coronavirus \(COVID-19\) in Nursing Homes](#), has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.
- Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making.

# Flow Diagram for Hospitalized Patients Being Discharged to a Long-Term Care Facility\*

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

DISCONTINUATION OF TBP FOR COVID-19+

QUARANTINE FOR POSSIBLE EXPOSURE



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.

1. Meeting criteria for discontinuation of **transmission-based precautions (TBP)** is not a prerequisite for discharge; CDC guidance on discontinuation of TBP for COVID-19 positive patients in healthcare settings is available [here](#).
2. The ability to detect transmission is limited during the incubation phase; negative test results (any number) do not rule out COVID-19, and patients should still be [placed on 14-days of TBP](#) in a separate observation area or single-person room when transferred to long-term care. [Testing is not required prior to transfer.](#)
3. Discuss with facility to determine if patients who require aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer.

\*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.