Discharge or Transfer of Patients with COVID-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities
December 15, 2020

The following guidance was developed by the San Francisco Department of Public Health for use by local facilities, and will be posted at www.sfcdcp.org. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

What's changed from the April 30, 2020, version:

- *Updated contact information, COVID-19 symptoms, outbreak management, and visitation.*

AUDIENCE: Hospitals, alternative care sites, and skilled nursing facilities (SNFs)

BACKGROUND: On May 15, 2020, the California Department of Public Health (CDPH) released an All Facilities Letter*, AFL 20-33.2: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)* stating that patients with COVID-19 may be discharged to a SNF when clinically indicated, even if they still require transmission-based precautions, and SNFs must hold a transferred patient's bed for at least 14 days, and accept the return of a resident." This letter specifies that patients with confirmed or suspected COVID-19 should not be sent to a SNF without first consulting the local health department (LHD).

In accordance with CDPH's instruction, **hospitals and other facilities must consult with SFDPH prior to discharging or transferring a patient with suspected or known COVID-19 to a SNF. This includes inter-facility transfers between SNFs.** SFDPH's role is to ensure that any SNF receiving patients with COVID-19 has adequate resources and processes to safely care for the patient and prevent transmission of COVID-19 within the SNF. SFDPH would also like to ensure smooth and timely patient transfer to SNFs, in an effort to mitigate hospital surge.

SNFs with standing approval to accept patients with COVID-19

SFDPH does not need to be consulted before sending patients to the following SNFs. These SNFs have received revocable standing approval to accept patients with COVID-19 based on an assessment by CDPH and/or by SFDPH.

- ZSFG, SF VA Medical Center, and CPMC in-hospital SNF units, when accepting internal transfers from their own hospitals.

In addition, these SNFs may accept patients with COVID-19 at any point in their illness, as long as the treating provider has assessed the patient as being medically stable and ready for discharge.

If standing approval is revoked for any site, an advisory will be issued and this document will be updated.

Instructions for discharge/transfer to SNFs without standing approval (most facilities):

Approval will be made on a case-by-case basis.

The hospital or transferring facility should send an email to: DPH.DOC.hospitalunit@sfdph.org (a controlled-access email address) and cdcontrol@sfdph.org. Transferring facility is asked to provide 48 hours advanced notice prior to anticipated discharge; this ensures SFDPH has adequate time to assess the case.

For the email request, title it "SECURE:" at the start of the subject line, and include the following in the body of the email:

- Name of patient
- Date of birth
- Name of discharging hospital/facility
- Name of receiving SNF

- Date of anticipated discharge/transfer
- Date of positive COVID-19 test
- Date of onset of COVID-like symptoms
- Last date of fever attributed to COVID-19

Once notified, SFDPH will provide public health clearance that the patient can be accepted for admission at the designated SNF. For some facilities, admission may be deferred or approved conditionally based on assessment of whether the patient has a high likelihood of transmitting coronavirus.

Patient criteria for discharge or inter-facility transfer to SNFs without standing approval (most facilities):

- Treating provider has assessed the patient as being medically stable and ready for discharge and

- At least 24 hours have passed since

  o Resolution of COVID-attributable fever without the use of fever-reducing medications and

  o Improvement in any other symptoms (e.g., cough, shortness of breath)

It is not necessary to notify SFDPH if the patient has a history of COVID-19 but is no longer considered to be infected with COVID-19, who is transferred to a hospital for other, unrelated medical reasons.

SNF criteria to accept a patient with suspected or known COVID-19

SFDPH works closely with SNFs to assess and ensure preparedness to receive patients with suspected or known COVID-19 infection. For your awareness, the following SFDPH checklist for SNFs and other long-term case facilities has been provided. This checklist contains general expectations of the receiving SNF, underscoring the importance of infection control measures, adequate PPE (personal protective equipment), supplies, and staffing and staff capabilities needed to safely care for patients with COVID-19.
In addition, a SNF with on-going transmission of COVID-19 among residents or staff should not accept new patients, i.e. SNFs on outbreak status should consult with SFDPH before accepting new patients to confirm ability to appropriately isolate, cohort, and designate staff per Interim Guidance: Prevention and Management of COVID-19 in Long-Term Care Facilities UPDATED December 2, 2020

Contact Information

- Clinical questions and/or urgent needs: call the SFDPH COVID-19 Clinician Consultation Line at Communicable Disease Control at 415-554-2830

- Non-urgent issues: email DPH.DOC.hospitalunit@sfdph.org" DPH.DOC.hospitalunit@sfdph.org and cdcontrol@sfdph.org

For questions about the CDPH All-Facilities Letter, refer to

- CDPH, AFL 20-33.2: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)
  www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx

Checklist for SNF to Receive a Transfer Patient with COVID-19

Patients should not be transferred if the receiving facility cannot maintain Transmission Based Precautions.

In order to accept a resident with suspected or known COVID-19 infection, the following should be present:

Infection control and prevention
Infection control and prevention guidance from CMS and the CDC should be followed, including:
Visitation in accordance with San Francisco Health Officer Order C19-03b and SFDPH's Interim Guidance updated December 2, 2020.

☐ Universal symptom screening plus temperature checks

    ☐ For all staff on a daily basis when entering the building

    ☐ For any visitors entering the building, except for EMS workers responding to a 911 call

    ☐ For all residents at least once daily, and more frequently as indicated.

☐ An active surveillance program to track sick calls from staff to determine if they have COVID-like illnesses and a plan to obtain testing of these staff. Testing of symptomatic staff is in addition to weekly screening/surveillance testing of all staff, discussed under "Robust Testing Program" below.

☐ Universal masking. All staff and any visitors wear a face mask (healthcare and cleaning staff) or cloth face covering at all times in the facility. Residents who are able wear face masks when indicated.

☐ Enhanced cleaning of high-touch surfaces and shared resident care equipment with EPA-registered, healthcare-grade disinfectants (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Bed placement & testing

☐ For lab-confirmed COVID-19 infection,
- a designated unit or pod for residents with lab-confirmed COVID-19 infection (preferred),
- a room shared with another resident with lab-confirmed COVID-19 infection, or
- a private room with a private bathroom.

☐ For suspected COVID-19, a private room with a private bathroom

☐ Test newly admitted residents prior to admission, including transfers from healthcare facilities. The SNF must test the resident upon admission if the hospital did not test within 48 hours of admission. Patients who are asymptomatic and have been tested in the hospital do not have to be resulted prior to SNF transfer. Per CDPH, SNFs may not require a negative test result before accepting a new admission.

☐ For all new admissions, place resident in quarantine ("yellow zone") to monitor for symptoms. New admissions should be quarantined for 14 days from the date of last potential exposure, and then tested on day 12. This is because the newly admitted resident coming from an external setting has unknown COVID-19 status until verified via testing. Once tested, if negative, the resident can be released from quarantine and moved into the general care area (see CDPH AFL 20-74 from September 22, 2020).

Staffing

☐ All patient care staff are trained on signs of COVID-19, transmission-based precautions for COVID-19, and appropriate use of PPE.

☐ Adequate staffing to maintain transmission-based precautions and minimize floating of staff across zones

☐ Separate staffing teams for residents with COVID-19

☐ A contingency staffing plan for handling increased employee absences and staffing shortages.

PPE supplies

☐ Adequate PPE to care for the resident being transferred as well as for existing residents.

☐ A process to track and report available quantities of PPE, hand hygiene products, as well as a strategy for how to allocate PPE if supplies are limited

Robust testing program

☐ A mechanism to obtain specimens for COVID-19 tests on-site and to transport specimens to the designated laboratory. *Residents should not be sent to the ED or an outside clinic for testing.*

☐ An adequate supply of swabs and transport media to collect specimens for all exposed/symptomatic residents and staff, if specimens will be collected by the facility staff.

☐ Ability to adhere to CDPH requirement for weekly screening of staff in any facility with COVID-19 cases (see CDPH AFL 20-53.3 from September 12, 2020).

Communication with the health department

☐ A protocol to notify the public health department of positive COVID-19 test results, suspected COVID-19 infections in staff or residents, and clusters of respiratory illness involving staff or residents. To report COVID-19 cases to San Francisco Department of Public Health, call 415-554-2830.

SFDPH strongly recommends the receiving SNF implement the guidance outlined in

- SFDPH Interim Guidance: Prevention and Management of COVID-19 in Long-Term Care Facilities UPDATED December 2, 2020

- CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

- CDPH AFL 20-87: CDPH, AFL 20-87: Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) pandemic. www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-87.aspx

Additional resources:

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings: www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

- COVID-19 Long Term Care Facility Guidance (CMS, 4/2/2020)
www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf

- CDPH, AFL 20-87: Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) pandemic

- CDPH, AFL 20-74: PPE, resident placement/movement, and staffing (PDF)

- CDPH , AFL 20-33.2: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)