GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

Interim Guidance for Long-Term Care (LTC) Facilities Admitting Residents from a Hospital, May 21, 2020

LTC facilities should admit hospitalized residents who are no longer acutely ill back to their long-term care residence, regardless of COVID-19 status. The decision to admit to a LTC facility should be based on clinical care needs, not on COVID-19 status. LTC facilities should not require hospitals to perform COVID-19 testing as a condition for LTC admission.

This guidance provides information on implementing and discontinuing appropriate transmission-based precautions for persons admitted to LTC facilities. Given ongoing community transmission throughout Georgia, all residents admitted to LTC facilities should be considered exposed to COVID-19. Most residents will therefore require transmission-based precautions after admission.

LTC Facilities should be prepared to accept hospitalized residents

Long-term care facilities should designate an observation area for newly admitted residents with unknown COVID-19 status to monitor them for COVID-19 symptoms. If designation of a observation area is not feasible, LTC facilities should plan to place residents admitted from the hospital in single rooms. Because of the risks associated with introduction of COVID-19 into LTC facilities, admitted residents who are not known to have COVID-19 should be considered exposed, and should be quarantined for 14 days.

Recommendations for residents admitted to LTC facilities, according to COVID-19 status

Admitted residents who are neither known to have COVID-19, nor suspected to have it, should be placed on transmission-based precautions in an observation areas or single room for 14 days. They should be monitored for COVID-19 signs and symptoms at least 3 times per day. LTC residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise (general feeling of discomfort, illness, or uneasiness), new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt further evaluation for COVID-19.

Admitted residents who have confirmed or suspected COVID-19 should be placed on transmission-based precautions in a COVID-19 care unit or single room until they meet the criteria for discontinuation of these precautions, as described below.

Recommendations for Transmission-Based Precautions

Residents should be placed in an (non-airborne) isolation room with door closed, if possible.

- Airborne isolation is only necessary for aerosol producing procedures, NOT for routine care.

- Symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their single occupancy room with the door closed, if possible).
- They should only leave the room when absolutely necessary, and wear a facemask (if tolerated) or use tissues to cover their mouth and nose when they do.
- If a separate isolation room is not available, the patient can be cohorted with other residents with confirmed COVID-19, and dedicated staff should be provided if possible.

Precautions to be taken include standard, contact, and droplet precautions. Staff PPE include gown, gloves, facemask, and eye protection (i.e., goggles or face shield). Facilities should contact the health department for assistance in submitting a PPE request if PPE is limited. A surgical mask provides a sufficient level of protection unless an aerosol generating procedure is being performed. If N95 respirators are readily available at a LTC facility, N95s may be worn for all direct care with confirmed and suspected COVID-19 residents. N95 respirators should be fit checked to assess for air leaks each time they are donned.

Discontinuation of Transmission-Based Precautions for patients with confirmed or suspected COVID-19 admitted to a LTC facility:

The decision to discontinue Transmission-Based Precautions should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. <u>As noted above, meeting criteria for discontinuation of Transmission-Based Precautions is required for release from isolation, but is NOT a prerequisite for discharge from the hospital.</u>

Residents with COVID-19:

1. Symptomatic patients with COVID-19 should remain in Transmission-Based Precautions until **either**:

   - *Symptom-based strategy*.
     - At least 3 days (72 hours) have passed *since recovery,* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
     - At least 10 days have passed *since symptoms first appeared*

   - *Test-based strategy.*
     - Resolution of fever without the use of fever-reducing medications **and**
     - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
     - Negative results on an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected ≥24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Residents diagnosed with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions, but have persistent symptoms from COVID-19 (e.g., persistent cough), should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

2. Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until **either**:

   - *Time-based strategy*
     10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. Because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

   - *Test-based strategy*
     Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

LTC facilities should consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).

Residents suspected of having COVID-19:

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, facilities should consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a resident suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Recommendations for Long-Term Care Staff

- All staff in LTC facilities should be masked. Surgical masks provide a sufficient level of protection unless an aerosol-generating procedure is being performed. Cloth masks have not been approved for use as Personal Protective Equipment. If surgical mask supplies are limited, prioritize use for direct resident care providers. (see the following for PPE optimization strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
- Healthcare personnel (HCP) that are ill should stay home and notify their supervisor, especially if symptoms are consistent with COVID-19. If symptoms develop at work, HCP should immediately go home to isolate.
- Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with the goal of allowing ill HCP to stay home.
- Facilities should ensure that staff affirm absence of COVID-19 symptoms (sore throat, cough, fever) upon arrival for each shift.

Recommendations for Prohibition of Visitors

- Offer alternative methods of visitation (Skype, Face Time, etc.), if available.
- Actively assess all essential people entering the facility for a fever and respiratory symptoms. Do not allow ill people to enter the facility.
- Only allow visitors for compassionate end of life care; all such visitors should be masked, (cloth masks are acceptable if surgical masks are not available), only visit the area necessary, and perform hand hygiene frequently.