



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

April 30, 2020

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

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

BACKGROUND: On April 24, 2020, the California Department of Public Health (CDPH) released an All Facilities Letter, [AFL 20-33.1: 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.

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 COVID+ patients based on an assessment by CDPH and/or by SFDPH.

- Jewish Home, whose COVID-19 unit was reviewed and approved by CDPH,
- 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.

Please include "SECURE:" at the start of the subject line. Include 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 COVID+ 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 72 hours have passed since
 - Resolution of COVID-attributable fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath)

Notification to SFDPH is not required if patient with 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 care 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 staff capabilities needed to safely care for patients with COVID-19.

In addition, a receiving SNF should not be accepting patients into a unit, pod or patient area where an active COVID-19 outbreak is occurring.

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 and cdcontrol@sfdph.org

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

- CDPH , AFL 20-33.1: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)
<https://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:

- Visits restricted to end-of-life and compassionate care situations.
- 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. This program should track the location of tested staff to note signs of localized transmission.
- An active surveillance program to track when patients have signs of a COVID-like illnesses and a plan and resources to obtain testing of these patients. This program should track the location of tested patients to note signs of localized transmission.
- 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 (https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf)

Bed placement

- 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

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
- Separate staffing teams for residents with COVID-19 patients
- 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

Specimen collection and testing

- 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

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.

SFDPH strongly recommends the receiving SNF implement the guidance outlined in

- CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- SFDPH Guidance for Long Term Care Facilities – under “Long Term and Senior Care”
<http://www.sfcddcp.org/covid19hcp>

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:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- COVID-19 Long Term Care Facility Guidance (CMS, 4/2/2020)
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- CDPH , AFL 20-33.1: Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>