Guidance on Transfer to Hospitals and Release from Hospitals and Discontinuation of Transmission-Based Precautions for Long-Term Care Facilities for Confirmed or Suspected COVID-19 Patients

Decisions on transfer from long-term care facilities to hospitals and discharge of patients from the hospital to long-term care facilities should be based on the status of the patient and an assessment of the level of care needed. Per the Centers for Disease Control and Prevention (CDC), meeting the criteria for discontinuation of Transmission-Based Precautions is not required for a patient to be discharged from the hospital. Please review guidance at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

In addition, the CDC also provides guidance that not all COVID-19 positive patients in long-term care facilities, need to be transferred to hospitals. Long-term care facilities may keep patients who have tested as COVID-19 positive, provided the facilities can appropriately isolate those patients. Recommendations for the use of alternative care settings has been provided in addition to a checklist for preparedness of nursing homes and other long-term care facilities, which can be found at https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

Placement in alternative care sites is now possible with the authorization of payment and a waiver of some CMS requirements. Visit https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/alternative-care-sites.html

Discontinuation of transmission-based precautions for patients with confirmed COVID-19: The decision to discontinue Transmission-Based Precautions should be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). The test-based strategy is recommended for patients being discharged to a long-term care or assisted living facility.

1. 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 for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative

2. Non-test-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 7 days have passed since symptoms first appeared

When a Test-Based Strategy is Preferred
Hospitalized patients may have longer periods of SARS-CoV-2 RNA detection compared to patients with mild or moderate disease. Severely immunocompromised patients (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) may also have longer periods of SARS-CoV-2 RNA detection and prolonged shedding of infectious recovery. These groups may be contagious for longer than others. In addition, placing a patient in a setting where they will have close contact with individuals at risk for severe disease warrants a conservative approach. Supporting documentation can be found in the March 27, Volume 69, Morbidity and Mortality Weekly Report at https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm?s_cid=mm6913e1_w

A test-based strategy is preferred for discontinuation of transmission-based precautions for patients meeting the following conditions:
   • Hospitalized or
   • Severely immunocompromised or
   • Being transferred to a long-term care or assisted living facility

For patients with suspected COVID-19, hospitalized with respiratory symptoms or fever, not previously diagnosed with 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 just prior to discharge.