STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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Acting Commissioner

Ned Lamont
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TO: All Nursing Homes

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DATE: December 22, 2020

SUBJECT: Lateral transfers from a Nursing Home to COVID Recovery Facility

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The attached document is for your attention.

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Lateral transfers from a Nursing Home to COVID Recovery Facility (December 21, 2020)

Nursing homes (NHs) have been challenged with COVID-19 outbreaks while providing skilled care for a population at great risk for morbidity and mortality associated with COVID-19. This guidance for nursing homes details the criteria and protocol for transfer of COVID-positive residents to a COVID Recovery Facility (CRF).

What is the role of a CRF?

A CRF is a nursing home designated for the care of individuals who are within the infectious period of their COVID-19 diagnosis AND who require nursing home level of care.

There are currently five CRFs operating in Connecticut with a total potential bed capacity of 331:

- Quinnipiac Valley Center in Wallingford
- Riverside Health and Rehabilitation Center in East Hartford
- Torrington Health and Rehab in Torrington
- Westfield Care and Rehab Center in Meriden
- Greentree Manor Nursing and Rehabilitation in Waterford

When could a NH resident be transferred to a CRF?

DPH approval is required for all transfers from a NH to a CRF. Nursing homes must make a request to DPH or DPH may recommend a nursing home resident transfer laterally to a CRF when the resident is positive for COVID-19 and the resident poses an infection control threat to others that cannot be adequately mitigated at the nursing home. Two main scenarios for transfers include:

Prevention: NHs may request or DPH may recommend a CRF transfer to prevent the spread of a SARS-CoV-2 infection that did not originate in the NH (i.e. not nursing home-onset)[1]. In this scenario, a NH resident who tests positive for SARS-CoV-2 while in quarantine upon admission to the NH may be subject to a request to transfer to a CFR if: 1) no facility staff have tested positive at the time of request; 2) no other NH residents have been exposed or are COVID-positive; AND 3) the NH is unable to adequately isolate and care for the COVID-positive resident.

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

Outbreak Control: CRF transfers can also be requested to create room for outbreak control. A NH can request CRF transfer(s) if the facility is: 1) experiencing challenges with cohorting such that the NH is unable to quarantine in single rooms residents who have close contact with residents/staff with SARS-CoV-2 infection[2] AND/OR 2) moving COVID-positive residents to CRF will allow exposed residents to have fewer roommates/close contacts. Transfers to a CRF are also indicated for COVID-positive residents who cannot appropriately quarantine due to wandering behaviors.

What are the considerations for lateral transfer?

Any lateral transfer must be voluntary, and consent must be obtained from the NH resident or the resident's responsible party except for an emergency transfer under the emergency transfer provision of Conn. General Statutes § 19a-535 (for example, in a case of a recalcitrant resident or behaviorally challenged resident who will not comply with control measures needed to reduce risk of COVID -19 transmission). In addition, testing requirements for COVID-positive residents must be met. A positive antigen test is sufficient for a resident experiencing COVID-19 symptoms. However, a positive antigen test must also have PCR confirmation for asymptomatic residents with known exposure. Additionally, NH residents or, if applicable, the resident's responsible party must be provided a choice regarding the transfer to a CRF predicated on bed capacity at the selected CRF.

How does the process for requesting a lateral transfer work?

There are two ways that a lateral transfer may be made from a NH to a CRF:

Lateral transfers initiated by the NH: To request a lateral transfer of a resident or residents who are infectious with SARS-CoV-2, NHs should initially contact the DPH On-call CRF Coordinator by telephone at (860) 918-8945. Prior to the call, NH's should have available the information set forth below and be prepared to discuss this information with the DPH On-call Coordinator and/or other DPH staff as appropriate. DPH will work with the NH to determine whether and how many lateral transfers are appropriate and which CRFs are available for transfers. The transferring NH is responsible for contacting the selected CRF after transfer approval.

Lateral transfers recommended by DPH: DPH actively monitors all NH COVID-19 outbreaks. DPH assists NH's experiencing outbreaks by providing infection control consultations, testing recommendations and support, PPE support when needed, and cohorting recommendations. In some cases, DPH will deploy a Rapid Response Team to a NH to provide on-site infection control, testing, and cohorting recommendations. DPH may recommend lateral transfers of residents who are infectious with SARS-CoV-2 when a NH is unable to cohort residents effectively as a result of physical space or staffing issues. In these cases, DPH will work with the NH to determine how many lateral transfers are appropriate and which CRFs are available for transfers. As in lateral transfers, the transferring NH is responsible for contacting the selected CRF after transfer approval.

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[2] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

What information is required when requesting a lateral transfer?

A NH will be required to provide DPH with details of their facility's cohorting and outbreak status when requesting a CRF lateral transfer. The following information may be used to evaluate all requests:

Floor Plan: A facility floor plan indicating the locations of 1) the room of the resident(s) for which a transfer is being requested, 2) different cohorts, and 3) any empty beds.

Outbreak Status: NHs should provide the number of: 1) total residents in their facility, 2) COVID-positive residents, their date of symptom onset (as applicable) and positive specimen collection date, 3) exposed residents and their possible exposure route and date(s), 4) unexposed residents, 5) exposed units, and 6) unexposed units. Testing (PCR and antigen) and staff cohorting strategies will also be reviewed.

Case and Contact Investigation: For each COVID-positive resident proposed for transfer, NH should provide details regarding: 1) the reasons for testing the COVID-positive resident, where the resident might have been exposed, and the resident's infection status (case investigation), 2) potential close contacts of the COVID-positive resident during his/her/their infectious period (contact tracing), and 3) availability of PPE and resources for cohorting (infection control/prevention).

Additional Considerations for Discussion: Additional discussion will include whether the positive resident(s) had roommates, whether PCR or antigen testing was conducted, why the testing occurred and whether the resident and/or roommate symptomatic. Additionally, NHs should be prepared to discuss the facility's staffing plan which includes, but is not limited to, staff positivity, staff absenteeism and, if absenteeism related to COVID, at what stage of recovery staff are at in their recovery. DPH will also discuss whether the NH has adequate PPE available.

How long does a CRF stay last?

The length of time that a COVID-positive resident remains in a CRF will be based on the *symptom-based strategy* for isolation precautions. Residents must meet the criteria for discontinuation of transmission-based precautions as a prerequisite for discharge from a CRF. A test is NOT required for discharge from a CRF. Discharges back to the resident's home of origin generally should occur within 20 days of the positive PCR testing date.

Criteria for *symptom-based discharge* from a CRF are:

For residents who never develop symptoms

- At least 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.*

For residents with mild to moderate illness, defined as not requiring supplemental oxygen therapy during their illness AND not severely immunocompromised, a return to their NH of origin requires that:

- At least 10 days have passed *since symptoms first appeared* AND
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved.

For residents with severe to critical illness OR who are severely immunocompromised, return to their NH of origin requires that:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* AND
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved.
- Consider consultation with hospital infection control/infectious disease experts to help determine length of infectious period.

What is the protocol for discharging residents back to their NH?

Planning for a resident's discharge from a CRF should start as soon as the resident is admitted to the CRF. The CRF is required to communicate the discharge plan with the resident or, with the consent of the patient or the patient's responsible party, the resident's family and the resident's NH of origin. This plan should state the anticipated discharge date and be completed in accordance with all applicable state and federal laws and regulations. A discharge planning conference shall be scheduled for no later than three days prior to the anticipated discharge date and shall include the resident and if appropriate the resident responsible party. Every resident has the right to return to their nursing home of origin and to actively participate in their discharge plan.

In the event transmission-based precautions have been discontinued, the resident will not require any further restrictions based upon their history of SARS-CoV-2 infection.

If the NH of origin is unable to accept the resident at the scheduled date of discharge, the CRF shall notify the DPH On-call CRF Coordinator to explain the circumstances and request approval to extend the stay. With just cause, DPH may approve an extension of stay at the CRF. If the cause for the delay is related to the nursing home of origin's refusal to accept the resident back, the CRF will notify the DPH and the Long Term Care Ombudsman Program.

Questions about these guidelines for transfer to nursing homes and infection control issues can be directed to DPH Helpdesk Portal at https://dph-cthelpdesk.ct.gov/Ticket.