

The SDMAC LTC Subcommittee approved posting this document for public comment on May 5, 2020. Public comments may be submitted to DHSSDMAC@dhs.wisconsin.gov. The public comment period will close at 5:00 p.m. on Sunday, May 10, 2020.

DATE: XX/XX/XXX

TO: Nursing Home Administrators, Directors of Nursing, and Hospital Discharge Planners

FROM: XXXX

SUBJECT: Guidance on the disposition of medically stable post-acute and long-term care residents (PALTCF) with confirmed or clinically suspected COVID-19 infection.

PURPOSE: To provide recommendations for the management of the medically stable post-acute and long-term care facility (PALTCF) resident with confirmed or clinically suspected COVID-19 infection.

BACKGROUND: Residents of PALTCFs, who are typically older and suffer from multiple comorbid illnesses, are the segment of the population most at risk of experiencing severe and potentially lethal outcomes related to coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) recommends that all PALTCFs develop a comprehensive COVID-19 response plan that includes **identification** and **management** of residents with COVID-19 infection.¹ Moreover, the Centers for Medicare and Medicaid Services (CMS) recommends the separation of residents with confirmed COVID-19 infection from those without COVID-19 with a strong preference for a dedicated COVID-19 wing/unit.²

Medically unstable residents with confirmed or clinically suspected COVID-19 infection should be transferred to a higher level of care when consistent with the resident's preferences for hospitalization. However, the disposition of otherwise medically stable residents who may have COVID-19 poses several challenges for many Wisconsin PALTCFs, including: 1) access to testing to confirm a diagnosis of COVID-19; 2) limited space to physically distance COVID-19 residents from others; 3) limited amounts of personal protective equipment (PPE) to protect staff; and 4) insufficient numbers of skilled staff to establish a dedicated COVID-19 care team with the capacity to detect and respond to the rapid declines in health status that can accompany COVID-19 infection.

GUIDING PRINCIPLES:

- All PALTCFs must have a plan for the care and management of the medically stable residents with confirmed or clinically suspected COVID-19.

¹ Department of Health & Human Services, Centers for Disease Control and Prevention, *COVID-19 Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings*, April 3, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>

² Department of Health & Human Services, Centers for Medicare & Medicaid Services, *COVID-19 Long-Term Care Facility Guidance*, April 2, 2020, available at: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

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- PALTCF residents with clinically suspected infection should be tested for COVID-19 in a timely manner and should be carefully evaluated to determine their medical stability.
- Transfers are potentially associated with trauma and psychosocial distress.³ Confirmed or suspected COVID-19 infection, in the absence of medical instability, is not grounds for transfer to an acute care hospital.
- PALTCF residents with clinically suspected COVID-19 infection who transfer to a local emergency room and ***are deemed to be stable*** following an appropriate medical evaluation should not routinely be admitted to the hospital.
- Residents isolated for COVID-19 or relocated for related reasons can experience trauma and psychosocial distress related to isolation and separation from supports.⁴ PALTCFs should develop and employ measures to minimize these adverse effects.

RECOMMENDATIONS:

1. PALTCFs should make every attempt to understand and honor resident and family preferences related to relocation, hospitalization and medical care. PALTCFs should incorporate the following COVID-19 management issues into their resident care plans:⁵
 - a. Whether COVID-19 infection alters the resident's code status
 - b. Preference for receiving COVID-19 treatment in the hospital
 - c. Re-location to another setting in the event of a facility COVID-19 outbreak
 - d. Preference for undergoing COVID-19 testing
2. PALTCF residents with clinically suspected COVID-19 infection should immediately be placed in droplet and contact transmission precautions. This includes:
 - a. Placement in a single occupancy room with the door kept closed.
 - i. PALTCF residents with clinically suspected COVID-19 should not be transferred to the COVID-19 unit, if activated in the facility, until a diagnosis of COVID-19 has been confirmed.
 - b. Staff entering the room should be in CDC recommended PPE⁶ which includes
 - i. Eye protection (exam goggles or a face shield)
 - ii. A medical grade exam mask, N95 mask or PAPR
 - iii. Gown
 - iv. Gloves
 - c. Appropriate donning and doffing of PPE equipment.

³ Lemoyne, S.E., Herbots, H.H., DeBlick, D. et al. Appropriateness of transferring nursing home residents to emergency departments: a systematic review. *BMC Geriatr* 19, 17 (2019), available at: <https://doi.org/10.1186/s12877-019-1028-z>

⁴ State of Wisconsin Board of Aging and Long Term Care Ombudsman Program, *Relocation Stress Syndrome*, April 2011, available at: <http://longtermcare.wi.gov/docview.asp?docid=21549>

⁵ Resources to help facilities develop procedures for soliciting resident preferences and developing resident-centered advanced care plans in the era of COVID-19 are increasingly available. One (currently) free resource with COVID-19 specific guidance can be found at: <https://respectingchoices.org/covid-19-resources/-planning-conversations>. DISCLAIMER: The link to this resource is being provided for informational purposes only and does not constitute or imply an endorsement by the State of Wisconsin.

⁶ The facility should ensure that staff have received training in the proper technique for donning and doffing PPE.

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- d. Performance of hand hygiene before entering and after exiting the room.
 - e. Implementation of supports to counter the adverse psychosocial effects of isolation. This includes providing residents with the opportunity to engage in video conversations with family and loved ones as well as provision of other forms of social support from facility staff.
3. PALTCF residents with clinically suspected infection should be tested for COVID-19 in a timely manner.
 - a. Testing for influenza, respiratory syncytial virus (RSV) and other communicable viral illnesses should be considered based on local epidemiology.
 - b. To the extent possible, PALTCFs should develop COVID-19 testing capabilities within in their facilities, including accessing existing support from State and local public health authorities.
 - c. Facilities with access to COVID-19 testing should not transfer medically stable residents to the emergency department for the sole purposes of testing.
 4. The decision to transfer a PALTCF resident with clinically suspected COVID-19 to a higher level of care should be based on: 1) resident stated preferences for hospitalization; 2) the clinical status of the individual; and 3) the types of medical services they require.
 - a. While there are no firm criteria that can establish which individuals with clinically suspected COVID-19 should be transferred, the presence of one or more of the following findings portend a higher risk of disease progression:
 - i. New onset hypoxemia
 - For residents without baseline hypoxia: pulse oximetry <92%
 - For residents with baseline hypoxia: pulse oximetry <88% or a need for sustained increase in oxygen supplementation to maintain saturations >88%
 - ii. Tachypnea (respiratory rate >20)
 - iii. Tachycardia (heart rate > 100)
 - iv. Hypotension (SBP < 100 mmHg, DBP <60 mmHg)
 - v. Radiographic evidence of viral pneumonia (bilateral infiltrates observed on chest imaging)
 - vi. Delirium (CAM score)
 - b. Medically stable residents with confirmed/suspected COVID-19 infection who also require aerosol generating therapies (e.g., administration of nebulized medications, continuous positive airway pressure [CPAP], open tracheostomy suctioning) pose a particular challenge in the PALTCF setting. Aerosol generating therapies (AGTs) may lead to the generation of small droplet nuclei and risk of airborne spread. Most PALTCFs lack access to the negative-pressure rooms needed for implementation of airborne transmission precautions. In these situations, PALTCFs should:
 - i. Discontinue and/or Modify Treatments: Determine if the AGT is medically necessary. Unnecessary AGTs should be withheld as long as the resident remains on transmission precautions. Residents with

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- confirmed/suspected COVID-19 infection should have nebulized medications converted to metered dose inhalers, if possible.
- ii. Consider Transfer: For residents with confirmed/suspect COVID-19 who absolutely require an AGT, PALTCFs should consider transferring the resident to a setting that has airborne transmission precaution capabilities.
 - iii. Create a Temporary Negative Pressure Room: In those situations where a resident with confirmed/suspected COVID-19 infection requiring AGT cannot be immediately transferred to another facility, an existing room should be modified to create a negative pressure environment or a device to clean the room air (e.g., portable high-efficiency particulate air [HEPA] filter) should be employed.⁷ Specialized equipment and appropriate set-up are required to ensure the effectiveness of these room modifications and should only be performed in consultation with individuals with expertise in engineering and/or environmental health and safety. **As a last resort**,⁸ PALTCFs can employ a floor and window fan to direct the flow of air from room entry, across the area where the AGT is being performed and exhausted out through an open window.⁹ Under these situations, the following additional measures should be employed:
 - Keep the door of the room closed during the AGT and for 60 minutes after completion of the AGT.
 - Providers who need to be in the room during the AGT should don a respirator (e.g. N95), eye protection, gown, and gloves during and for 60 minutes after completion of the procedure.
5. Medically stable PALTCF residents with confirmed or clinically suspected COVID-19 infection should not routinely be admitted to the hospital.
- a. PALTCF residents transferred to a local emergency room for medical evaluation should return to the sending PALTCF if they are deemed to be medically stable.
 - b. Medically stable residents with clinically suspected COVID-19 infection whose test results are pending should remain in droplet and contact precautions (refer to Recommendation #2).
 - c. Medically stable residents with confirmed COVID-19 infection should be transferred to a bed on the facility's designated COVID-19 area.

⁷ Department of Health & Human Services, Centers for Disease Control and Prevention, *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, December 30, 2005, available at: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

⁸ Should be used as a mitigation strategy pending transfer or when done on a longer-term basis only after consultation with local public health officials and/or an appropriately qualified medical sub-specialist (e.g., pulmonologist or infectious disease sub-specialist)

⁹ Rebmann T. Management of patients infected with airborne-spread diseases: an algorithm for infection control professionals. *Am J Infect Control* 2005; 33(10): 571-9, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7119117/-!po=42.3077>

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- i. Facilities that do not have access to a dedicated COVID-19 wing/unit should attempt to assign a group of rooms designated for cohorting residents with confirmed COVID-19, preferably at the end of a hallway, and assign dedicated HCP to work only where residents with confirmed COVID-19 infection are cohorted.¹⁰
- ii. Facilities that cannot establish a dedicated COVID-19 area, or this space has reached capacity, should transfer residents with confirmed COVID-19 infection to another PALTCF with an activated COVID-19 unit/wing (please refer to specific guidance from CMS and the State of Wisconsin^{11,12,13}).
 - o Residents relocated for COVID-19 related reasons can experience trauma and psychosocial distress related to separation from supports. Contact local mental health resources, the Board on Aging and Long-Term Care Ombudsman Program for suggestions for support and identification of symptoms of Relocation Stress Syndrome.³

The above recommendations do not preclude PALTCFs and acute care hospitals from developing mutual agreements that would result in the transfer of medically stable residents to the hospital setting.

¹⁰ Department of Health & Human Services, Centers for Disease Control and Prevention, *Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes*, April 15, 2020, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

¹¹ Department of Health & Human Services, Centers for Medicare and Medicaid Services, *COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers*, April 21, 2020, available at: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>.

¹² Department of Health & Human Services, Centers for Medicare and Medicaid Services, *COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers*, April 21, 2020, available at: <https://www.cms.gov/files/document/gso-20-25-nh.pdf>.

¹³ State of Wisconsin, Department of Health Services, Division of Quality Assurance, *DQA Memo 20-008: State Licensure Application for Temporary Nursing Facility Expansion Units and Transfer Options during the COVID-19 Public Health Emergency*, May 1, 2020, available at: <https://www.dhs.wisconsin.gov/dqa/memos/20-008.pdf>.