

Table 1: Accepting Patients/Residents Discharged from Hospital during COVID-19 Pandemic

In addition to CMS, CDC, and NJDOH guidelines, the following are steps that can be taken to reduce the spread of COVID-19 in the post-acute care setting. Follow the chart to determine which action to follow.

- 1. Monitor for fever, respiratory and other COVID-19 symptoms per shift (Check for residents with malaise, confusion, falling, diarrhea, or vomiting in addition to traditional respiratory symptoms such as coughing, shortness of breath, and fever).
- 2. Put in single room.
- 3. Implement transmission-based precautions per CDC guidance and utilize PPE based on new Strategies to optimize PPE supplies.
 - https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
- 4. Create separate wing/unit or floor to accept asymptomatic patients/residents coming or returning from the hospital. This may mean moving patients/residents in facility to create a new wing/unit. Limit staff working between wing/units as much as possible.
- 5. Create separate wing/unit to accept COVID-19 (+) patients/residents and care for those suspected or confirmed with COVID-19.

	Patient is tested COVID-19 (-) or no clinical concern for COVID-19 (asymptomatic) ¹	Patient is tested COVID-19 (+)**
COVID-19 cases <u>not</u> present in the surrounding hospital catchment area	Admit patient and	Admit patient and
	• #1	• #1
	• #4	• #2
		• #3
		• #5
COVID-19 cases present in the surrounding community of hospital catchment area	Admit patient and	Admit patient and
	• #1	• #1
	• #3	• #2
	• #4	• #3
		• #5
COVID-19 cases wide-spread in the surrounding community and hospitals are at or past capacity	Admit patient and	Admit patient and
	• #1	• #1
	• #3	• #2
	• #4	• #3
		• #5

¹For hospital discharges, facilities should ask the hospital to perform a complete COVID-19 screening including temperature and respiratory symptoms and then base decisions on the screening results.

NOTE: If the patient's/resident's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.

^{**}Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.

It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.

NOTE: If accepting a patient who is COVID-19 (+) but is considered recovered, please follow the CDC's Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Notification of COVID-19 Positive Patient/Resident and/or Facility Staff Member

- a. When the Facility receives information from its local health agency that either a patient/resident of the facility or a facility staff member has tested positive for COVID-19, the facility shall follow the guidance provided by the local health agency to implement the actions necessary to protect the health and well-being of its patients/residents and staff.
 - i. The Facility shall provide notification to its staff of the presence of a COVID-19 positive patient/resident or staff member in the facility in accordance with the direction provided by the local health agency or department.