Interim Public Health, Infection Prevention & Control Guidelines on: Admissions, Transfers to and Discharges from Long Term Residential Care Facilities during the COVID-19 Pandemic

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Version	Date	Changes from previous version	Drafted by
1.0	28.07.2020	Initial Guidance	AMRIC Team
1.1	21.09.2020	Update on duration of self isolation for community cases of COVID-19 Adoption of the term Long-Term Residential Care Facilities (LTRCF) to conform to terminology used in Five Level Framework – Table of Public Health Restrictive Measures Rephrasing, for clarity, with respect to exemption from requirement for testing and isolation for those who have had COVID-19 Re-wording regarding period of cohort isolation in community hospitals to clarify meaning.	AMRIC Team

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Interim Public Health and Infection Prevention and Control Guidance on; Admissions, Transfers to and Discharges from Long-Term Residential Care Facilities during the COVID-19 Pandemic

Readers should not rely solely on the information contained within these guidelines. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of these guidelines. These guidelines are aligned with the principles of Art 3 IHR.

Introduction

Long-Term Residential care facilities (LTRCF) are a critical part of health and social care services.

LTRCFs should put in place clear processes that facilitate the return of residents from an acute setting and the admission of new residents, where it is clinically safe to do so.

It is recognised that accepting admission or transfer of residents poses a risk of introducing COVID-19, even where processes to manage the risks are in place. However, it is essential that this risk is balanced against the consequences of restricting access to a facility/service or disproportionately impacting on the wellbeing of residents.

In all instances, careful attention to Standard Precautions will assist in minimising risk of infection to residents and staff. Key elements of Standard Precautions include; hand hygiene, respiratory hygiene and cough etiquette, use of personal protective equipment (PPE), for example wearing disposable gloves when in contact with blood or other body fluids (other than sweat), non-intact skin or mucus membranes and regular environmental cleaning.

It is essential that residents and clients and their significant persons are informed of the issues and risks of decisions related to their care and that their preferences are taken into account in applying this guidance.

Background on testing for COVID-19

The key point about testing is that interpretation is not straightforward

1. **A test result that says not-detected or "negative" does not prove the person is not infectious to others**
2. **A test result that says a virus is detected does not prove the person is still infectious to others**

Over the course of the COVID-19 pandemic, there has been significant learning about the role of testing for COVID-19 and its role in determining levels of asymptomatic infection and tracking spread of infection, especially in congregated settings, such as LTRCF.

Experience to date indicates that a test may fail to detect the virus in a significant proportion of people who have COVID-19 infection. A single test may be reported as not-detected or "negative" in a substantial proportion of people with infection. The test is more likely to miss infection in people with pre-symptomatic or asymptomatic infection. Therefore, a not-detected or "negative" test makes COVID-19 infection less likely, but it does not prove the person is not infected.

Equally, for those who have been infected and infectious with COVID 19, a continued positive test result does not mean they are still infectious to others. Some people have a positive test for weeks after onset of symptoms, but latest evidence shows they do not spread infection after they have fully recovered.

For people with a diagnosis of COVID-19 who are in a LTRCF or are planning to move into a LTRCF the period of isolation is 14 days with no fever during the last 5 days of this period. This remains the case although the infectious period is now 10 days with no fever for the last 5 days for people who do not require hospitalisation for care of COVID-19 and for people who are not resident in LTRCF. Note that repeat testing at the end of the isolation period is generally not appropriate though exceptions may arise in the context of discussion with Microbiology, Infectious Disease or Public Health.

The role of COVID-19 testing in assisting with decision-making regarding transfers to congregated settings

- Patients for admission to a LTRCF should be tested for COVID 19. This is to help identify most of those who have infection, but it will not detect all of those with infection.
- Testing should be performed within 3 days of planned admission to the LTRCF.
- Where testing is not performed before admission it should be carried out within 1 day of admission.
- Irrespective of testing, all residents should be assessed before admission to ensure they are not known COVID-19 contacts and have no clinical symptoms suggestive of COVID-19.
- Note this requirement for testing (and single room placement) is not intended to apply to:
  - Patients who have already had confirmed COVID-19 who are no longer considered infectious to others (minimum 14 days since onset of symptoms and no fever for the last five days).
  - Settings caring for children under the age of 18.
  - Persons who are returning to supported/assisted living or small group homes (generally less than 5 residents) following discharge from hospital where the facility is more reflective of a household setting.

- It is also acknowledged that some residents may decline testing, or may find the process too distressing and that testing may not be appropriate in every situation (Refer to DoH Guidance on Ethical Considerations Relating to Long-Term Residential Care Facilities in the context of COVID-19).

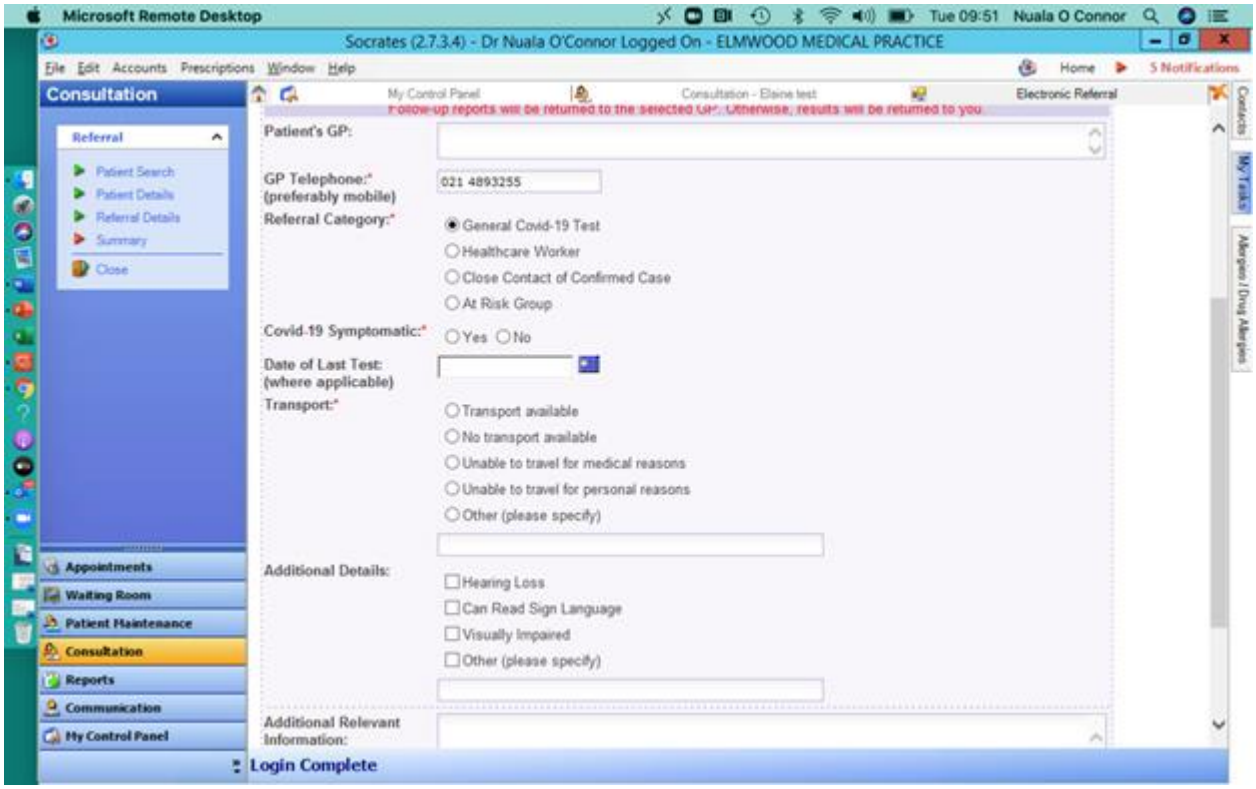
Procedure for Testing of Patients Pre-transfer/Admission to a LTRCF

- If a patient who has not previously been diagnosed with COVID-19 is being transferred from an acute hospital to a LTRCF, the hospital should arrange for the patient to be swabbed up to 72 hours before. The patient will need to be isolated for 14 days regardless of the test result. If a person who has not previously been diagnosed with COVID-19 is being admitted to the LTRCF from home, where possible, the GP should arrange for the patient to be swabbed up to 72 hours before. This can be done using Health link. If the patient cannot travel to the test

centre, a home test can be ordered by clicking on the ‘no transport available’ option as shown on the screenshot below. The patient will need to be isolated for 14 days regardless of the test result.

- If a test pre-admission cannot be arranged, the patient should be admitted as planned. The patient will need to be isolated for 14 days. The facility can then arrange swabbing after admission. This can be done by the patient’s own GP or the GP/Medical Officer who provides medical care for the residents in the facility.

Figure 1. Snapshot of Health link web page



Patient placement requirements as part of transfer protocols

- All transfers or new admissions should have a risk assessment, to ensure sufficient resources are available within the LTRCF to support social distancing and patient placement.
- In general residents who have not previously had COVID-19 who are transferred or directly admitted to a LTRCF should be accommodated in a single room (or room with no other residents) for 14 days after arrival and monitored for new symptoms consistent with COVID-19 during that time.

- The requirement for a single room applies even if the person:
  - Has had a test for COVID-19 reported as “not-detected” or “negative”.
  - Is only being admitted for short periods of respite or convalescence, which may have an anticipated duration of less than 14 days.
  - Although the resident has single room accommodation and may be encouraged to avoid or limit interaction with other residents in so far as practical, care delivered within the room can be delivered with Standard Precautions plus surgical mask and the resident may leave their room as per guidance below on transfers.
- The requirement for a single room does not apply:
  - To residents who have had confirmed COVID-19 and who are no longer considered infectious to others (14 days since onset of symptoms and no fever for the last five days).
  - In certain situations where persons are being admitted to community hospitals or rehabilitation facilities where implementing this requirement would have a disproportionate impact on service provision (See section below).
- A move to a multi-occupancy room (where this is the planned accommodation in the longer term for the resident) will be appropriate after the 14 day period, once the resident has no symptom suggestive of COVID-19 and there is no evidence of infection in residents within the room it is proposed for the resident to move to.
- All LTRCF should review their accommodation to identify areas where new residents can be safely isolated. It is understood that the creation of such areas may be constrained by existing accommodation availability (e.g., rooms already in use by existing residents).
- Where possible the use of single rooms in LTRCF with significant numbers of multi-occupancy rooms should be prioritised for new transfers and admissions from community or other healthcare facilities (acute hospital or other LTRCF), regardless of the pre-admission COVID 19 test result.
- For those LTRCF providing a blend of longer-term nursing home and short-term respite or convalescence care, it is advised to consider where the longer and shorter-term residents will be accommodated and where it is feasible, to try and place residents for shorter-term accommodation in an area separate to those for longer-term accommodation.

- The identification of space for the 14 day isolation period needs to be managed carefully with residents, families and others. Existing residents should not be required to move from their room / accommodation in order to facilitate the creation of new areas to facilitate transfers.
- Careful consideration should also be given to the consequences of closing facilities/rooms within a service for the purpose of having an isolation area should a need arise – the potential harms of such decisions should be balanced against the likely requirement.

Admissions to LTRCF from acute hospitals and rehabilitation facilities or other LTRCF

Transfer of Patients post COVID-19 Recovery

- Any resident transferred to a LTRCF before the 14 days have elapsed since date of onset of symptoms or date of first positive test (if symptom onset undetermined/ asymptomatic), must be isolated with transmission based precautions up to day 14 on return to the LTRCF. Provided the resident has remained afebrile for the last five of the 14 days, the resident is no longer infectious to others after day 14 has elapsed.
- In particular existing residents from an LTRCF who require transfer to hospital from the LTRCF for assessment or care should be allowed to transfer back to that LTRCF following assessment / admission if clinically fit for discharge and risk assessment with the facility determines there is capacity for them to be cared for there with appropriate isolation and where that transfer represents the most appropriate place of care for the resident (e.g. ongoing need for palliative care).
- If the resident has been diagnosed with COVID-19 while in hospital, it is important to assess if the person was infected in the LTRCF before transfer to the hospital or if this is a hospital-acquired infection. If there are no other known cases of COVID-19 in the LTRCF, transfer back to the LTRCF should be delayed until the resident is no longer infectious to others.
- The public health team should be notified in advance of all discharges where COVID-19 has been newly-diagnosed within the LTRCF.
- In all instances the discharging hospital should provide the LTRCF with the following information on the arrival of the resident:

- The date and results of COVID-19 tests (including dates of tests reported as not-detected).
- The date of onset of any symptoms of COVID-19.
- Date of last documented fever while in hospital (particularly important where resident is being transferred to LTLTRCF within 14 days of COVID-19 diagnosis).
- Details of any follow-up treatment or monitoring required.

Admission of patients with no diagnosis or clinical suspicion of COVID-19 from acute hospital to LTRCF

- Testing for COVID-19 should be undertaken within the 3 days prior to discharge from the acute hospital. A single test is sufficient.
- Result should be available before the patient is discharged.
- Resident must be accommodated in a single room for 14 days on arrival in the LTRCF, regardless of test result.
- Residents should be cared for using Standard Precautions plus a face mask where no other indication for transmission based precautions exists (HCW are advised to wear a face mask where a 2m distance cannot be maintained in line with NPHET recommendations).
- The resident is not required to remain in strict isolation but should practice restricted movement:
  - The resident may leave their room but should remain separate to other residents e.g. to go the garden or for a short walk.
  - The resident should not dine in communal dining areas.
  - The resident should not attend group activities.

Admission of patients from community / home settings

- Testing for COVID-19 should be carried out. If testing can be facilitated in the community prior to the anticipated admission date, the test should be taken within the 3 days prior to admission.
- Residents should be cared for using standard precautions plus a face mask where no other indication for transmission based precautions exists (HCW are advised to wear a face mask where a 2m distance cannot be maintained in line with NPHET recommendations).

- The resident is not required to remain in isolation but should practice restricted movement:
  - The resident may leave their room but should remain separate to other residents e.g. to go the garden or for a short walk.
  - The resident should not dine in communal dining areas.
  - The resident should not attend group activities.
- If the testing prior to admission is not feasible or the result is not yet available, provided the new resident has not developed new symptoms or signs of COVID-19 and has not been informed they have been in contact in the past 14 days with a person confirmed to have COVID-19, the planned admission can go ahead, with a viral swab to be taken within 24 hours of admission to the LTRCF.
- The person should remain in isolation with Contact and Droplet Precautions until the results of the swab are available.
- If the swab result is reported as not detected/negative then Contact and Droplet Precautions can be discontinued (if there are no other indications for them) and the resident can practice restricted movement:
  - The resident may leave their room but should remain separate to other residents e.g. to go the garden or for a short walk.
  - The resident should not dine in communal dining areas.
  - The resident should not attend group activities.
- Irrespective of whether or not the COVID-19 test result is available if the person is symptomatic or a known contact, a medical assessment is required prior to further decisions being made about admission.

Residents who become symptomatic during admission

- Following transfer/admission to a LTRCF, the resident should be evaluated by their doctor if they become symptomatic, including changes in the resident's overall clinical condition and a further viral swab for COVID-19 sent for testing.
- The rationale for this recommendation is that, in the context of a pandemic, there may have been contact between the resident and healthcare workers or other people who may have had COVID-19 infection, but who may have been in the pre-symptomatic incubation period or have had minimal symptoms/been asymptomatic at the time. In that case, there would be an associated risk of unrecognised onward transmission to the resident.

Community Hospitals and Rehabilitation Facilities

- There are a number of specific challenges for community hospitals and rehabilitation centres, distinct from residential care facilities in two key respects:
  - Many have very few single patient rooms and are largely dependent on multi-bed rooms that is two, four, six bed or larger areas.
  - They have higher turnover compared with residential care facilities as the length of stay is typically two to four weeks even though it is understood that some patients may have longer lengths of stay as part of their rehabilitation.
- The current guidance for residential care facilities specifies that each new admission should have a surveillance test of COVID-19 and should go into a room with no other person. It is recognised that implementing this requirement in community hospitals/rehabilitation facilities would have a disproportionate impact on service provision.
- The following is therefore suggested:
  - In facilities where care is provided for both long-term care residents and for short stay patients distinct wards and areas should be identified to meet the different requirements for care of both groups.
  - The facility should have plans in place for the management of patients who develop symptoms during their admission this includes planning for isolation or cohorting should the need arise.
  - All patients are assessed before admission to ensure they are not known COVID-19 contacts and have no clinical symptoms suggestive of COVID-19.
  - Everyone is tested for COVID-19 either within the 3 days BEFORE admission (Particularly if coming from an acute facility) or within 1 day AFTER admission (for example when coming from the community).
  - For elective admissions from the community testing in the community before admission should be considered however it is necessary to take account of practical difficulties the person may experience in traveling to access testing.
  - Admission should not be delayed because testing in the community is not practical. In such cases, the test should be performed promptly after admission (as above).
  - With these controls in place patients can be admitted to a multi-bed cohort area with other newly admitted patients if there are no available single rooms and provided there is no other requirement for Transmission-based Precautions.

- Where cohorting in a multi-bed area is necessary the cohort areas for admission should include as few beds as possible (for example a 2-bed or 4-bed area is preferred to a 6-bed area).
- Where practical to do so those admitted from the community and who are awaiting test results should be accommodated in a single room or in separate areas until the test result is available and reported as not detected.
- During the initial 14 day period, patients should remain in the cohort area as much as is practical and avoid contact with other patients in the hospital.
- Staff caring for patients in the cohort areas should apply Standard Precautions plus face mask.
- Where patients leave the cohort room for therapy or other reasons then they should not mix with patients from other areas. Group therapy activities can be arranged for members of the same cohort.
- Each cohort area should have designated bathing and toilet facilities where practical to do so. Where this is not practical the bathing and toilet facilities should be shared with the lowest possible number of other patients.
- All patients should be monitored twice daily for symptoms of COVID-19.
- Patients should be advised not to share personal items, including food/drink.
- Please note that cohorting may not be appropriate for mobile patients with behavioural challenges.
- Patients should remain in their cohort area (in so far as is practical) until 14 days have elapsed since the date on which the last patient was admitted to the cohort area.
- At the end of the 14 days, patients may remain together or one or more of them can transfer to other areas of the facility.

Cessation of new admissions to a facility during LTRCF COVID-19 Outbreak

- Following the declaration of an outbreak within a LTRCF, admissions of new residents to the facility (i.e. residents not previously living in the LTRCF) should be suspended until Public Health state that the outbreak is over.
- Residents normally cared for in the LTRCF who are admitted to hospital while an outbreak is ongoing may have their discharge to the same LTRCF facilitated if it is deemed to be clinically appropriate and a risk assessment has been carried out which identifies that the resident can be isolated and the facility has capacity to

manage their care needs and where that transfer represents the most appropriate place of care for the resident (e.g. ongoing need for palliative care).

Transfers from LTRCF to an acute hospital

- COVID-19 positive status in itself does not preclude transfer to acute hospital and must not significantly delay transfer to an acute hospital, where it is deemed clinically appropriate. The national ambulance service (NAS) and the local receiving hospital must be informed by the LTRCF, in advance of transfer of any COVID-19 positive or suspected COVID-19 resident AND where there is a suspected or confirmed COVID-19 outbreak in the LTRCF.
- Patients with COVID-19 do not require to be hospitalised for the 14 days if the LTRCF has appropriate facilities and capacity for isolation and can support care
- Residents do not require isolation on return to their LTRCF following hospital transfer to facilitate short investigations (e.g., diagnostics, haemodialysis, radiology, outpatient appointment.
- Residents will need to be isolated for 14 days on return to their LTRCF in the event that an episode of care in an acute hospital results in a longer period of time (12 hours or more) or an overnight stay in the acute hospital. During that 14 day period, restricted movement should apply and the resident should be monitored for symptoms.

Summary Table: Transfer/admission of a resident to a LTRCF

CLINICAL SCENARIO	RECOMMENDED PRECAUTIONS ON ARRIVAL TO LTRCF	PRE-ADMISSION TEST FOR SARS-CoV-2 (COVID-19)	TIMING OF TRANSFER TO LTRCF	DAY OF TRANSFER
CONFIRMED COVID-19 & will be still infectious to others on planned date of transfer (that is transfer is planned at less than 14 days since onset/test date)	Transmission-based precautions* until 14 days reached and has been afebrile for last five of those days	Not required, as already confirmed COVID-19	**LTRCF has managed other resident(s) with COVID-19:** Transfer when fit for discharge to LTRCF AND provided LTRCF can meet care needs **LTRCF has not managed other resident with COVID-19**	Confirm date of onset/first positive test result Confirm date last febrile

CLINICAL SCENARIO	RECOMMENDED PRECAUTIONS ON ARRIVAL TO LTRCF	PRE-ADMISSION TEST FOR SARS-CoV-2 (COVID-19)	TIMING OF TRANSFER TO LTRCF	DAY OF TRANSFER
			Remain in hospital until no longer infectious to others	
CONFIRMED COVID-19 & no longer infectious to others (that is more than 14 days since onset/test date and afebrile for last five of those days	No requirement for Transmission based Precautions**	Not required, as already confirmed COVID-19	When fit for discharge to LTRCF	Confirm date of onset/first positive test result is more than 14 days ago and was afebrile for last five days of that
NO PRIOR CONFIRMATION OF COVID-19 & NO SUSPICION OF COVID-19 Test result available prior to transfer	Single room accommodation with monitoring for symptoms until 14 days reached Standard precautions plus face mask	Test within the 3 days prior to scheduled transfer date	Test result-not-detected LTRCF can meet care needs	Confirm test result received Ensure no new symptoms and not newly-identified as a contact of a COVID-19 case
NO PRIOR CONFIRMATION OF COVID-19 & NO SUSPICION OF COVID-19 But Test result is NOT available prior to admission	Transmission based precautions until test result is available When "not detected" result is available single room accommodation with monitoring for symptoms until 14 days reached. Standard precautions plus face mask	Test within 1 day of admission		Take sample for COVID-19 test Ensure no symptoms and not newly identified contact of a COVID-19 case