Guidance on COVID-19
Admissions, transfers to and discharges from residential care facilities
V1.2 23.12.2020

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<td>1.2</td>
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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.

Key Points and 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 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 infection who are in a RCF or are planning to move into a RCF, the period of isolation is 14 days after onset of infection with no fever for the last five 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 or 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 Diseases or Public Health Clinicians.
The role of COVID-19 testing in assisting with decision-making regarding transfers to congregate settings

- People for admission to a LTRCF should be tested for SARS-CoV-2. 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 three days of planned admission to the LTRCF.

- Where testing is not performed before admission, it should be carried out within one 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:

- People who, in the last 12 weeks, have already had confirmed COVID-19, who are fully recovered and 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 five 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 People Pre-transfer/Admission to a LTRCF

- If a person is being transferred from an acute hospital to a LTRCF, the hospital should arrange for the person to be swabbed in the three days before transfer. The person will need to be isolated for 14 days regardless of the test result. There is an exception to this requirement if the person diagnosed with COVID-19 in the previous 12 weeks and who is no longer infectious (more than 14 days after onset) as a result of that infection.

- If a person is being admitted to the LTRCF from home where possible, the GP should arrange for the person to be swabbed within the three days before admission. This can be done using Healthlink. If the person 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 (Figure 1). The person will need to be isolated for 14 days regardless of the test result. There is an exception to this requirement if the person diagnosed with COVID-19 in the previous 12 weeks and who is no longer infectious (more than 14 days after onset) as a result of that infection.

- If a test pre-admission cannot be arranged, including for urgent admissions, the person should be admitted as planned. The person will need to be isolated for 14 days, with full contact and droplet precautions until the result of the test is available. The facility can arrange swabbing after admission. This can be done by the person’s own GP or the GP/Medical Officer who provides medical care for the residents in the facility. There is an exception to this requirement if the person diagnosed with COVID-19 in the previous 12 weeks and who is no longer infectious (more than 14 days after onset) as a result of that infection.

Figure 1. Snapshot of Health link web page
Requirements for placement of the person 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 physical distancing and placement of residents.
- Residents 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 SARS-CoV-2 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 COVID-19 diagnosed in the previous 12 weeks but who are who are no longer considered infectious to others (minimum 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 is symptom free and there is no evidence of infection in residents within the room it is proposed for the resident to move to.

Planning

- 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

(1) Transfer of people with COVID

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. Such transfer should not proceed if the receiving LTRCF has no other residents with infectious COVID-19 at the time. 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 a LTRCF who require transfer to hospital from the LTRCF for assessment or care related to COVID-19 acquired in the LTRCF 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 in an LTRCF 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 it is likely that infection was acquired in hospital and 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 immediately where newly-diagnosed COVID-19 is assessed as acquired within a 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 RCF within 14 days of COVID-19 diagnosis)
  • Details of any follow-up treatment or monitoring required

(2) Admission of people with no diagnosis or clinical suspicion of COVID-19 from acute hospital to LTRCF

• Testing for SARS-CoV-2 should be undertaken within the three days prior to discharge from the acute hospital. A single test is generally sufficient but a second test between day 5 and day 7 may be considered if the resident is transferred from a ward or unit with an outbreak of COVID-19.

• Result should be available before the person is discharged.

• Resident must be accommodated in a single room for 14 days after arrival to the LTRCF, regardless of test result

• Residents should be cared for using standard precautions plus a surgical face mask where no other indication for transmission-based precautions exists (HCW are advised to wear a surgical 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 separated from 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

(3) Admission of people from community / home settings, including urgent admissions

- Testing for SARS-CoV-2 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 three days prior to admission.
  - Residents should be cared for using standard precautions plus a surgical face mask where no other indication for transmission-based precautions exists (HCW are advised to wear a surgical 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 separated from 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 SARS-CoV-2 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 separated from 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 to the LTRCF

• 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 SARS-CoV-2 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 HCW 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.

(4) Cessation of new admissions to a facility during an outbreak of COVID-19 in a LTRCF

• 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 in the LTRCF 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.
• People with COVID-19 do not require to be hospitalised for the 14 days if they are clinically fit for discharge, if infection was acquired in the LTRCF or if the LTRCF already
has cases of COVID-19 and 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.

- If an episode of care lasts longer than 12 hours but less than 3 days there is no requirement for testing before return to the LTRCF unless the person has new symptoms suggestive of COVID-19. This is because the test is not likely to be positive within that time frame even if the person was exposed after arrival at the hospital. In such circumstances return to the LTRCF should not be delayed pending a test result however a test should be performed in the LTRCF between day 5 and day 7 after arrival at the hospital if possible.

- The resident should continue to restrict movement and be monitored closely for symptoms for 14 days after return even if the test at 5 to 7 days is reported as not detected/negative.
### Table 3. Transfer/admission of a resident to a LTRCF

<table>
<thead>
<tr>
<th>CLINICAL SCENARIO</th>
<th>RECOMMENDED PRECAUTIONS ON ARRIVAL TO LTRCF</th>
<th>PRE-ADMISSION TEST FOR SARS-CoV-2 (COVID-19)</th>
<th>TIMING OF TRANSFER TO LTRCF</th>
<th>DAY OF TRANSFER</th>
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</table>
| CONFIRMED COVID-19 & will be still infectious to others on planned date of transfer (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 other resident(s) with COVID-19: Transfer when fit for discharge to LTRCF AND provided LTRCF can meet care needs | Confirm date of onset/first positive test result

LTRCF has no other resident with COVID-19

Remain in hospital until no longer infectious to others |

<p>| CONFIRMED COVID-19 in past 12 weeks &amp; no longer infectious to others | 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 |</p>
<table>
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<tr>
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<th>DAY OF TRANSFER</th>
</tr>
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<tbody>
<tr>
<td>Last five of those days)</td>
<td>Single room accommodation with monitoring for symptoms until 14 days reached</td>
<td>Test within the 3 days prior to scheduled transfer date</td>
<td>Test result-not-detected LTRCF can meet care needs</td>
<td>Confirm test result received</td>
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<tr>
<td>NO PRIOR CONFIRMATION OF COVID-19/COVID-19 MORE THAN 12 WEEKS AGO &amp; NO SUSPICION OF COVID-19</td>
<td>Standard Precautions plus surgical face mask</td>
<td></td>
<td></td>
<td>Ensure no new symptoms and not newly-identified as a contact of a COVID-19 case</td>
</tr>
<tr>
<td>Test result available prior to transfer</td>
<td>Transmission-based Precautions until test result is available</td>
<td>Test within one day of admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO PRIOR CONFIRMATION OF COVID-19/COVID-19 MORE THAN 12 WEEKS AGO &amp; NO SUSPICION OF COVID-19</td>
<td>But Test result is NOT available prior to admission</td>
<td>Test within one day of admission</td>
<td></td>
<td>Take sample for COVID-19 test</td>
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<td>But Test result is NOT available prior to admission</td>
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<td></td>
<td>Ensure no symptoms and not newly identified contact of a COVID-19 case</td>
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