COVID-19 Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines

- Individuals with COVID-19 who are medically stable may be transferred to congregate setting while still infectious and requiring isolation and transmission-based precautions.
- Testing should be performed for residents prior to admission or readmission, including transfers from hospitals or other healthcare facilities. If the hospital does not test the patient, the congregate setting must test and quarantine upon admission. Facilities may not require a negative test result to accept admission.

NEW ADMISSION TO A CONGREGATE SETTING

- Tested Positive
  - Isolation should continue in the **COVID-19 Positive Unit** until:
    - At least **7 days** have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); **AND**
    - At least **14 days** have passed since symptoms first appeared
    - If asymptomatic, at least **14 days** have passed since the date of specimen collection for the first positive test (PCR or antigen).

- Pending Testing Results
  - Quarantine ideally in a single room in a separate area (**Unknown Status Unit**) until test result is available.
    - If there is not enough space for a separate unit, then quarantine in a single room in the **Observation Unit** until test results are available.

- Tested Negative
  - Quarantine for **14 days** ideally in a single room in a separate area (**Observation Unit**)
    - If symptoms develop, re-test immediately.

- Is isolation still indicated?
  - **YES**
    - Place in the designated **COVID-19 Positive Unit**
    - Identify staff dedicated to care for residents in the **COVID-19 Positive Unit**
  - **NO**

- Symptoms resolved?
  - **YES**
    - Can return to a **COVID-19 Negative/Recovered Unit**
  - **NO**

- Persistent cough or chronic symptoms above baseline:
  - Single room in the **COVID-19 Positive Unit** is preferred
  - Remain in room until symptoms have resolved or at baseline to the extent possible
  - Wear face mask, if tolerated, during care activities and when outside the room

- Tested Positive
  - Transfer to a designated **COVID-19 Positive Unit**
  - Follow the same guidelines for discontinuation of transmission-based precautions for the **COVID-19 Positive Unit**

- Tested Negative
  - Release from quarantine
  - Place in the **COVID-19 Negative/Recovered Unit**

*COVID-19 Negative/Recovered Unit** refers to the cohort/unit for the residents who tested negative without known exposure to COVID-19 in the last 14 days and for residents who previously tested positive and recovered.

**In some cases, the days spent in the hospital may be counted as part of the observation period. Please see page 2 for details.
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READMISSION TO A CONGREGATE SETTING

Was out of the congregate setting for more than 24hrs

1. Facility is in regular communication with the hospital
2. There is no suspected and no confirmed COVID-19 transmission among patients or staff at the hospital
3. The facility has verified that the hospital is testing all patients upon admission and has designated COVID-19 unit(s) with dedicated staff and minimal cross-over

YES to all three

• Count acute care hospital days as part of the quarantine period

NO to any

• Do NOT count acute care hospital days as part of the quarantine period
• Follow the New Admission algorithm outlined on the previous page

Was out of the congregate setting for less than 24hrs (e.g., ambulatory care visit such as dialysis, ED, or clinic visit)

1. There is no suspected or confirmed COVID-19 transmission at the outside facility
2. The resident did not test positive for COVID-19 while out of the congregate setting

YES to both

• Resident returns to original unit
• Additional testing and quarantine are not required

NO to any

• Follow the New Admission algorithm outlined on the previous page

Consider periodic surveillance testing and cohorting for residents that regularly leave the facility for dialysis, as well as surveillance testing for residents following hospitalization or ED visits

Updated August 21, 2020
# COVID-19 Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions Guidelines

## Resident Cohorting

<table>
<thead>
<tr>
<th>Placement Criteria</th>
<th>COVID-19 Positive Unit</th>
<th>Unknown Status Unit</th>
<th>Observation Unit</th>
<th>COVID-19 Negative/Recovered Unit</th>
</tr>
</thead>
</table>
|                    | Residents with laboratory-confirmed COVID-19 (tested PCR or antigen positive for COVID-19) who have not met criteria for discontinuation of transmission-based precautions | - Residents with pending COVID-19 PCR or antigen test results  
- Residents who refuse COVID-19 testing | Residents who tested PCR negative for COVID-19 at time of admission but were exposed within the last 14 days (e.g., new admissions and readmissions transferred from another facility) | - Residents who tested PCR negative for COVID-19 without a known exposure in the last 14 days  
- Residents who have recovered from COVID-19 |

## Infection Control and Prevention Precautions

- This unit should be housed in a separate area (building, unit or wing) of the facility and have dedicated staff members who do not provide care for residents in other cohorts  
- Dedicated staff members in this unit should have separate break rooms and restrooms. These staff should remain separate from other staff members  
- To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit  
- Assign dedicated environmental services (EVS) staff to work on this unit  
- Residents should wear a face mask, if tolerated, during care activities and when outside the room  
- Ideally, place resident in a single room in a separate area. If single room is not available in a separate area, place resident in a single room in the Observation Unit until testing results are available  
- Maintain transmission-based precautions for all residents on the unit  
- Residents should wear a face mask, if tolerated, during care activities and when outside the room  
- Ideally, place resident in a single room in a separate area  
- If single-bed rooms are not available, cohort those residents in the same room with at least 6 feet between beds and a privacy curtain drawn between them. If unable to separate beds by 6 feet, separate as far as possible, but no less than 3 feet apart  
- Maintain transmission-based precautions for all residents on the unit  
- Residents should wear a face mask, if tolerated, during care activities and when outside the room  
- Residents can be placed in a multi-resident room  
- Maintain standard precautions

## Personal Protective Equipment (PPE) Recommended During Direct Patient Care

- All recommended COVID-19 PPE, which includes a N-95 or higher-level respirator (or face mask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gown, and gloves  
- All recommended COVID-19 PPE  
- All recommended COVID-19 PPE  
- Face mask and gloves plus standard PPE based on care activities – i.e., may include gown and eye protection if anticipating splashes or if indicated based on multi-drug resistant organism (MDRO) status of resident

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