

Summary of Changes: This guidance has been updated as of

- 7/24/2020 to reflect lessons learned related to COVID-19 and updated CDC guidance. The Discharge Criteria and Discharge Approval Process have been modified in this update,
- 11/19/2020 to align the Discharge Criteria with current CDC guidance.

The Ventura County Public Health Department (VCPH) seeks to protect vulnerable populations from COVID-19. The most vulnerable population is the elderly. Seniors confined together in a **Long-Term Care Facility (LTCF)** are at particular risk. An outbreak there might result in numerous deaths. VCPH is committed to preventing the spread of COVID-19 in LTCFs. The following guidance outlines the strategy for holding patients in the **COVID Holding Unit** within each hospital¹. This document applies to all patients that are confirmed COVID-19 who may not be discharged back to their LTCF because doing so would pose a health threat to others living in the same environment until LTCF Discharge Criteria are met. The Ventura County Health Officer's guidance supersedes that of State, Federal and corporate guidance provided the local guidance is more stringent.^{2 3} Local guidance differs from that of the State in that, with few exceptions, **COVID-19 positive residents will not remain in a long-term care facility**. In consultation with VCPH, exceptions may be made for residents with mild symptomatology residing in non-congregate settings such as a home apartment or home condominium on LTCF property. Some residents may be allowed to recover at their non-congregate setting home.

For the purpose of this document, Long-Term Care Facilities refers to nursing homes, skilled nursing facilities, intermediate care facilities, assisted living facilities, continuing care communities, residential facilities, and congregate living facilities that are licensed by the California Department of Public Health and/or the California Department of Social Services.

Receiving Patients from Long-Term Care Facilities

LTCFs should have a mechanism for obtaining COVID-19 testing kits and are expected to provide testing for their symptomatic residents. If a LTCF resident is laboratory-confirmed positive for COVID-19, the LTCF will contact VCPH Communicable Disease to make arrangements for transferring the resident to a hospital. Ventura County EMS will utilize

¹ A Holding Unit need not be a specific designated unit. This function may be met by utilizing usual hospital beds or surge beds, as long as these are capable of holding patients who are COVID-19 positive. While Ventura County is committed to keeping COVID-19 out of long-term care facilities, an overwhelming surge at the hospitals will result in a change to this guidance. In this situation, additional care sites will be sought such as utilizing one or more wings in one or more of the Skilled Nursing Facilities.

² Kathleen Harriman, PhD, MPH, RN., Chief, Vaccine Preventable Diseases Epidemiology Section, Current lead of the CDPH COVID-19 Investigations Team, California Department of Public Health, correspondence 4/8/2020 10:36 a.m.

³ "CDC Guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances." Coronavirus Disease 2019 (COVID-19), Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings, CDC, March 23, 2020.

ReddiNet or other communication tools to equitably direct patient admissions. The LTCF will maintain the resident's bed for repatriation after the hospital stay.

Upon the resident's arrival to the hospital:

- The LTCF resident should be isolated with standard, contact, and droplet precautions.
- The hospital will determine if the LTCF resident requires in-patient hospitalization or the hospital COVID Holding Unit.
- For the hospitalized LTCF COVID-19 patient, once hospitalization is no longer necessary, the patient may be transferred to the COVID Holding Unit.
- The LTCF resident should remain in the hospital COVID Holding Unit until **LTCF discharge criteria** are met.

VCPH strongly discourages LTCFs sending patients to the ED simply for COVID-19 testing. However, if a patient is sent to the ED from a LTCF for other reasons (fever and dysuria, sudden onset severe head pain, etc.) and the ED physician deems a COVID-19 test is necessary but believes the patient does not warrant hospitalization, that patient should **not** be sent back to the LTCF and should be placed in a hospital COVID Holding Unit until the test results are known. The COVID Holding Unit should have a section maintained for patients whose COVID-19 status is unknown. If a reliable rapid COVID-19 test is available to the ED, placement in a COVID Holding Unit may not be necessary. If the ED does not have reliable rapid COVID-19 testing, the specimen should be designated "Priority" and sent to the Public Health Laboratory. The patient should be placed in a hospital COVID Holding Unit until the test results are known.

- If COVID-19 test results are negative, patient should be discharged back to LTCF if no hospitalization is required using normal hospital transportation means.
- If COVID-19 test results are positive and patient does not require acute care hospitalization, patient should remain in the COVID Holding Unit until **LTCF discharge criteria** are met.

Discharge to Long-Term Care Facilities

Due to risk factors such as advanced age, congregate living environment and underlying chronic medical conditions, LTCF patients are at the highest risk of being negatively impacted by COVID-19. To protect this fragile population against COVID-19, VCPH is providing the following guidance.

1. The COVID Holding Unit should be established by each hospital in the County.
 - The COVID Holding Unit may be a part of a hospital's surge bed capacity.
 - The Unit may be "conceptual-only" with these patients intermingled with other COVID patients in the hospital.
 - Many of the patients housed in the COVID Holding Unit will need a level of care that does not require the attention of an RN. Some of these patients will be completely independent while others may require help with toileting, feeding, and/or the distribution of medications.

2. Hospitals should be prepared to maintain positive COVID-19 patients either as an inpatient or at a hospital COVID Holding Unit until **LTCF discharge criteria** have been met.
 - Standard, contact and droplet precautions should be implemented with each of these patients both inpatient and in the holding unit.
3. Hospitals should not discharge any patient with a laboratory confirmed positive COVID-19 test to any LTCF until the following **LTCF discharge criteria** have been met:

LTCF Discharge Criteria

- 14 days have passed since symptom onset
 - If asymptomatic throughout isolation, 14 days since specimen collection **and**
- No fever for 24 hours (without the use of fever reducing medications) **and**
- Improvement in respiratory symptoms

Patients with severe to critical illness who are severely immunocompromised

- 20 days have passed since symptom onset
 - If asymptomatic, 20 days since specimen collection **and**
- No fever for 24 hours (without the use of fever reducing medications) **and**
- Improvement in respiratory symptoms

Discharge Approval Process

- The hospital is responsible for tracking the number of days since specimen collection.
- When the hospital believes that discharge criteria has been met, the hospital must notify VCPH Communicable Disease at (805) 981-5201.
- VCPH Communicable Disease will review the discharge criteria with the hospital and if met, will approve discharge.
 - If the patient is being **returned** to the LTCF of origin: VCPH Communicable Disease will coordinate transport back to the LTCF in collaboration with Ventura County EMS.
 - If the patient with a previous positive is a **new admission** to the receiving LTCF: The hospital will arrange transport and admission to a LTCF through normal discharge planning protocols.
 - *For patients that have no previous positive test result for COVID-19 but are requiring post-acute care for recovery unrelated to COVID-19, no discharge approval is required. The hospital should work directly with the receiving LTCF to coordinate transfer. The LTCF should test the resident upon admission and quarantine the resident for 14 days. The LTCF should retest the resident on day 14.*