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Ref: **NF-20-77 - Provider Alert**

Date: April 15, 2020

TO: Nursing Facilities Providers

FROM: Safety, Oversight, and Quality

SUBJECT: NF Admission-Readmission Scenarios Guide

The Safety, Oversight and Quality Unit is making adjustments to the current executive order (EO) process related to COVID-19 based on current recommendations of the Oregon Health Authority and the Centers for Disease Control.

Please see the attached spreadsheet on admission restriction scenarios during the COVID-19 pandemic. This scenario spreadsheet has been developed to help you better understand the requirements and expectations for admissions, infection control protocols and employee return-to-work during this time. These are *examples* of situations you may encounter and are not meant to replace regular communication with your licensor or policy analyst.

The spreadsheet contains 10 different scenarios labeled **yes, no, or possibly** as to whether they meet the criteria for admission restrictions. The spreadsheet then describes the requirements put forth by the Department should the scenario apply to your facility. Please understand that these are unprecedented times that require constant communication and attentiveness to ensure the safety of both residents and staff.

If you have questions about this alert, please contact the Nursing Facility Licensing Unit at NF.Licensing@dhsoha.state.or.us

For general information about the DHS Office of Safety, Oversight and Quality, visit the DHS Web site at www.oregon.gov/DHS/.

Updated 04/15/20

	Scenario	SOQ recommendation: Admission(s) Allowed?	Requirements
Scenario 1	**A staff person is exposed to a COVID-19 positive individual outside of the workplace.**	YES	An employee has been exposed to a COVID-19 positive individual outside of the work setting and remains asymptomatic. The employee may continue to work using PPE as indicated. They must actively monitor themselves for cough and shortness of breath, and take their temperature daily before starting their shift. Facility must do daily montioring of all residents and staff for fever and potential COVID symptoms. If the facility has adequate staffing, they may choose to assign the employee to non-patient care.
Scenario 2	**A staff person reports symptoms which may be indicative of COVID-19.**	YES	Any staff displaying symptoms which may be indicative of COVID-19 may not return to work until 72 hours since resolution of fever and cough *and* at least 7 days have passed since symptoms first appeared. Symptomatic congregate care workers should be tested for COVID-19, and testing can be obtained from the Oregon State Public Health Laboratory (OSPHL), if necessary, for 1-3 day turnaround time. No EO issued if facility is performing daily monitoring to rapidly identify symptomatic residents or staff **and that staff member did not work while ill.**
Scenario 3	**A single direct care staff person has been tested for COVID-19 but results not yet available. No other residents or staff have COVID-19 like symptoms.**	YES	If a single direct care staff has been tested for COVID-19, they may not return to work until 72 hours after resolution of fever and cough *and* at least 7 days have passed since symptoms first appeared. All residents and staff must be monitored daily. As long as residents are asymptomatic and no additional staff members develop symptoms, admissions may be allowed *after consultation with DHS* to ensure facility has sufficient staffing, PPE and infection control practices in place.
Scenario 4	**A hospital requests a LTCF re-admit a facility resident that has not been tested for COVID-19 and has no COVID-19 like symptoms. The LTCF has no COVID-19 positive residents.**	YES	A patient admitted to a hospital for non-COVID related issues and no fever or respiratory symptoms may be re-admitted to a LTCF. As with any resident of a LTCF, newly admitted patients should be monitored daily for fever and other symptoms of COVID-19 and promptly isolated if symptoms develop. Facilities with the capacity to provide a single room to a newly or re-admitted resident may choose to quarantine new or re- admitted residents for 14 days, but this is not required by OHA.
Scenario 5	**A resident was transported to the emergency department for non-COVID-related emergency. Resident is not admitted to hospital and is ready for discharge from emergency department. Resident has not been tested for COVID-19 and has no COVID-19 like symptoms. The LTCF has no COVID-19 positive residents.**	YES	A patient discharged from the emergency department with a non-COVID diagnosis and no fever or respiratory symptoms may be re-admitted to a LTCF. As with any resident of a LTCF, newly or re- admitted patients should be monitored daily for fever and other symptoms of COVID-19 and promptly isolated if symptoms develop. Facilities with the capacity to provide a single room to a newly or re- admitted resident may choose to quarantine new residents for 14 days, but this is not required by OHA.
Scenario 6	**A single staff person has tested positive for COVID-19. No other residents or staff have COVID-19 like symptoms.**	POSSIBLY	If a single direct care staff has been tested for COVID-19, they may not return to work until 72 hours after resolution of fever and cough and at least 7 days have passed since symptoms first appeared. All residents and staff must be monitored daily for symptoms. As long as all residents and staff remain asymptomatic, admissions may be allowed *after consultation with DHS* to ensure facility has sufficient staffing, PPE and infection control practices in place, and measures have been taken to isolate new admissions. DHS will evaluate risk including the role of the employee, direct contact wih residents and distinct parts within the facility.

	Scenario	SOQ recommendation: Admission(s) Allowed?	Requirements
Scenario 7	**A hospital requests a LTCF new admission for a COVID-19 positive patient and the LTCF already has a COVID-19 positive resident and is able to provide appropriate isolation and infection control practices.**	POSSIBLY	Admission *may* be allowed *after consultation with DHS* to ensure facility has isolation capacity, sufficient staffing, PPE and infection control practices in place, including appropriate cohorting. CMS guidelines allow facilities to accept a resident diagnosed with COVID-19 who is still under transmission-based precautions for COVID-19 if the facility can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued.
Scenario 8	**A hospital requests a LTCF re-admit a resident that is COVID-19 positive and the LTCF already has a COVID-19 positive resident and is able to provide appropriate infection control practices. The LTCF is the resident's home.**	POSSIBLY	Admission may be allowed *after consultation with DHS* to ensure facility has isolation capacity, sufficient staffing, PPE and infection control practices in place. CMS guidelines allow facilities to accept a resident diagnosed with COVID-19 who is still under transmission-based precautions for COVID-19 if the facility can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued.
Scenario 9	**A hospital requests a LTCF re-admit a facility resident that has tested positive for COVID-19. The LTCF has no COVID-19 positive residents.**	NO	DHS will not allow admissions or re-admissions that may introduce a known COVID-19 positive resident into a building that has not previously identified the presence of COVID-19. Instead, the resident should be discharged to a facility that already has COVID-19 positive residents *and* has isolation capacity, sufficient staffing, PPE and infection control practices in place.
Scenario 10	**A hospital requests a LTCF admit a new resident that has not been tested for COVID-19 and has no COVID-19 like symptoms. The LTCF already has COVID-19 positive residents.**	NO	The Department will not allow accepting new admissions once a facility has confirmed cases of COVID-19. The preferred approach in this scenario is to discharge the patient to a facility that has not yet identified the presence of COVID-19. If no such facility is available, such as in rural areas, DHS must be consulted to assist with the discharge plan.