



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY**

**Andy Beshear
Governor**

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**Eric C. Friedlander
Acting Secretary**

Guidance

April 21, 2020

On March 6, 2020, Governor Andy Beshear signed Executive Order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the novel coronavirus (COVID-19). Therefore, in accordance with the authority of KRS Chapter 39A, KRS 194A.025, and KRS 214.020, the Cabinet for Health and Family Services, Office of Inspector General in collaboration with the Department for Public Health hereby issues the following directive that shall remain in effect until Governor Beshear rescinds state of emergency under Executive Order 2020-215:

Background: The Cabinet for Health and Family Services has received requests from numerous health care providers to offer additional guidance for determining the appropriate level of care for a person living in a long-term care setting who exhibits symptoms of - or tests positive for - the COVID-19 virus. Our goals are to foster safe and effective navigation across the state's health care continuum, facilitate the sharing of high impact practices, and support the health care provider community.

Federal Guidance: The Centers for Medicare and Medicaid Services (CMS) issued QSO-20-14-NH on March 13, 2020. The memorandum provides clear guidance to long-term care facilities regarding admission as follows:

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can admit a person diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. Available at: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

- If a nursing home cannot, it must wait to admit the person until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html). Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

NOTE: A nursing home should admit any individuals that it would normally, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing/separable area exclusively for any residents coming or returning from the hospital to serve as a transitional care unit where they remain for at least 14 days while monitoring for symptoms associated with COVID-19 (instead of integrating as usual on a short-term rehab floor, or returning to a long-stay, original room).

State Guidelines – Nursing Facility: In addition to the nationwide guidelines established by QSO-20-14-NH, the Cabinet for Health and Family Services directs skilled nursing, nursing and intermediate care facilities to comply with the following:

- Admission:
 - If a person has been treated in the hospital for a non-COVID-19-related condition and does not have any COVID-19 symptoms, he/she does not need a COVID-19 test to be discharged. (Testing before discharging asymptomatic patients is impractical given the current shortage of test kits.)
 - A person returning from the hospital should be placed into COVID –19 precautions while being monitored for 14 days for signs and symptoms of illness
 - A person who has been treated in the hospital for COVID-19 and whose condition no longer requires acute inpatient management, but who continues to present COVID-19 symptoms, shall require
 - Only one (1) negative test result for return admission to the nursing facility of origin.
 - No negative test result for return admission to a nursing facility with a designated COVID-19 cohort unit.
 - If the facility is unable to adequately meet the person’s post-acute needs, he/she should either remain hospitalized or be transferred to a nursing facility with a designated COVID-19 cohort unit.
- Transfer to Hospital: A resident with suspected or confirmed COVID-19 should be transferred to a local hospital if:
 - The resident needs acute care interventions, such as airway management or breathing support; or
 - The facility is unable to cohort-locate the resident in a COVID-19-specific area that meets CMS Guidelines.and
 - Transfer does not contradict the resident’s established goals of care or advance directives.

In collaboration with the facility’s medical director, local health department, KY Department of Public Health toll-free at (800) 722-5727 and the KY COVID-19 Help Center toll-free at (877-435-7219 or 877-HELPC19), the resident’s attending physician orders the transfer.

SNF/ICF Transfer Algorithm

***Contact Definition:**
 Within the last 14 days:
 1. Travel OR
 2. Contact or exposure with someone known to have Coronavirus

Follow Centers for Disease Control and Prevention Surveillance/Monitoring Recommendations

Fever \geq 99F OR Cough, Gastrointestinal Symptoms, Fatigue, Body Aches, Diarrhea, Difficulty Breathing, Shortness of Breath (any of these true new symptoms) OR Contact*

Provider to Complete Routine Evaluation to Rule out Differential Diagnosis

Isolate Patient with COVID
 Precautions = Droplet and Contact
 Isolation with Eye Protection
 (Test for COVID-19 ASAP as Testing Available)

Follow Centers for Disease Control and Prevention Infection Prevention Recommendations (Additional Guidance)

1. Implement Standard Contact and Droplet Precautions with eye protection for staff
2. Place a mask on resident and transfer to a private room with a dedicated bathroom (if not already in one). – Mask on patient can be removed once patient in private room
 - Skip this step if patient in a single room or their own assisted living, personal care environment
3. Take Vital Signs
4. RN, House Supervisor, or Director of Nursing to verify and document symptoms
5. Align treatment plans considering Goals of Care

**Please call the KY COVID-19 Call Center with any questions/needs/concerns that arise at any point

Arrange transfer to alternate setting equipped for proper isolation

Transfer ordered by the resident's attending provider, in collaboration with the facility's medical director, local health department, KY Department of Public Health, and the **KY COVID-19 Call Center

Unable to isolate but not requiring acute care

Is the patient deteriorating?

Remain at Current Location: Continue to Evaluate and Treat Patient Following COVID Precautions = COVID Droplet and Contact Isolation with Eye Protection

****RN, House Supervisor, Director of Nursing, or Provider to Contact KY COVID-19 Call Center at 877-435-7219 for support with best practices, practice application, and patient management—**

Support any challenges, at any point, with Person Under Investigation or employees/patients with confirmed positive COVID-19

**Please call the KY COVID-19 Call Center with any questions/needs/concerns that arise at any point

Requiring Isolation AND
 1. Airway management
 2. Ventilation Support
 >nasal cannula and/or aerosol treatment

Set up for transfer (if in alignment with patient's Goals of Care) - Notify EMS and Hospital Facility Infection Prevention team. Handoff communication should occur to include COVID19 concern

***Refer to Existing Transfer Processes

Source: Centers for Disease Control and Prevention. (March 21, 2020). Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

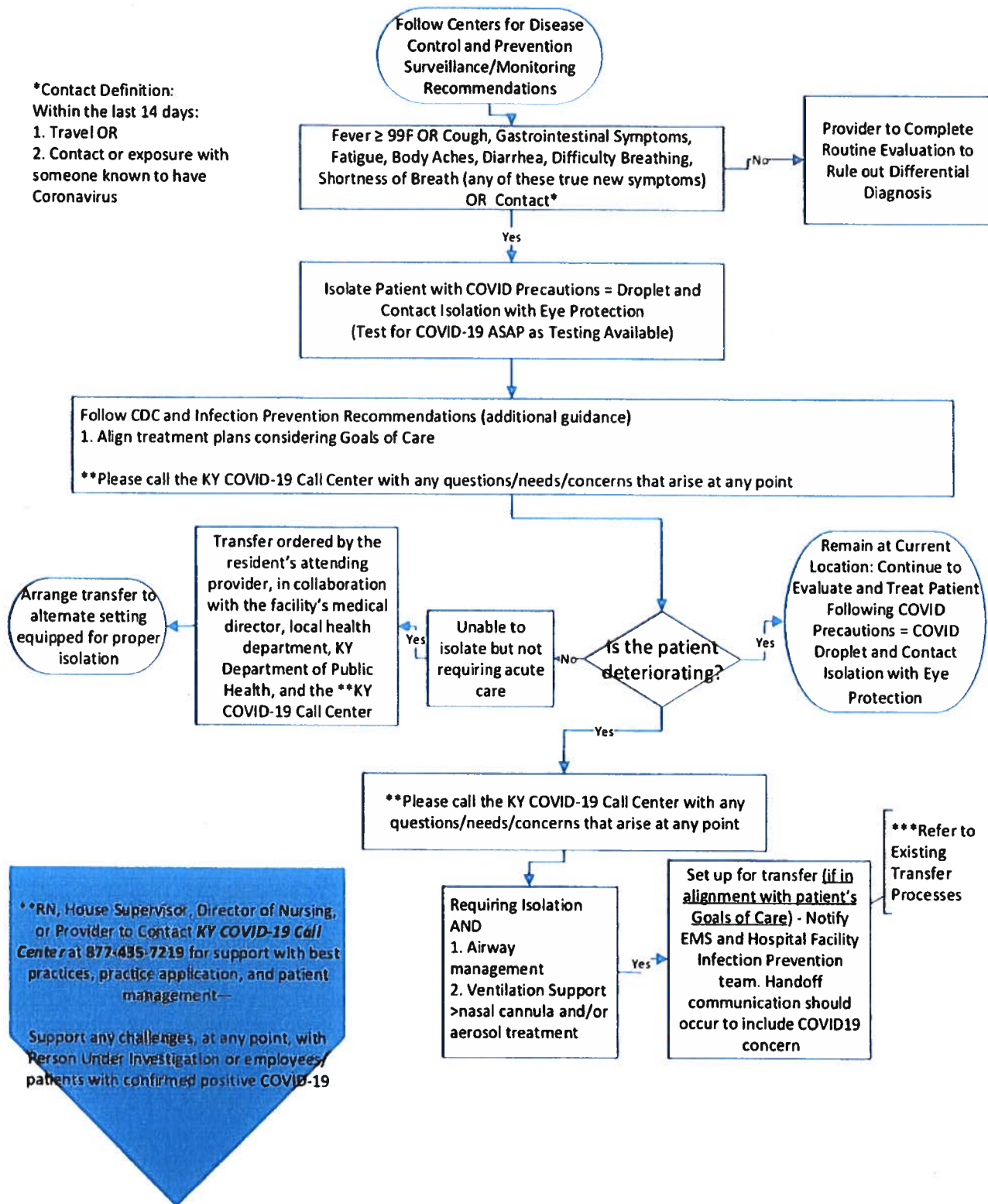
State Guidelines – Licensed Personal Care, or Certified Assisted Living Facility, Licensed Family Group Home or Congregate Senior Housing Community: In addition to the nationwide guidelines established by QSO-20-14-NH, the Cabinet for Health and Family Services directs senior living sites included in this category to comply with the following:

- Admission:
 - If a person has been treated in the hospital for a non-COVID-19-related condition and does not have any COVID-19 symptoms, he/she does not need a COVID-19 test to be discharged. (Testing before discharging asymptomatic patients is impractical given the current shortage of test kits.)
 - Persons returning from the hospital should be placed into quarantine while monitoring themselves for 14 days for signs and symptoms of illness
 - A person who has been treated in the hospital for COVID-19 and whose condition no longer requires acute inpatient management, but who continues to present COVID-19 symptoms, shall require
 - Only one (1) negative test result for return admission to the nursing facility of origin.
 - No negative test result for admission to a nursing facility with a designated COVID-19 cohort unit.
 - A person who meets all other admission criteria for this level of care, has been treated in the hospital for COVID-19 and no longer presents COVID-19 symptoms, shall require only one (1) negative test for return admission to the facility.
 - If the facility is unable to adequately meet the person’s post-acute needs, he/she should either remain hospitalized or be transferred to a nursing facility with a designated COVID-19 cohort unit.
 - A person returning from the hospital should be placed into COVID –19 precautions while being monitored for 14 days for signs and symptoms of illness.
- Transfer to Hospital: A resident with suspected or confirmed COVID-19 should be transferred to a local hospital if:
 - The resident needs acute care interventions, such as airway management or breathing support;
or
 - The facility is unable to cohort-locate the resident in a COVID-19-specific area that meets CMS Guidelines.and
 - Transfer does not contradict the resident’s established goals of care or advance directives.

In collaboration with the facility’s leadership, local health department, KY Department of Public Health toll-free at (800) 722-5727 and the KY COVID-19 Help Center toll-free at (877-435-7219 or 877-HELPC19), the resident’s attending physician orders the transfer.

Personal Care/Assisted Living/Family Group Home/Congregate Housing Transition to Acute Care

***Contact Definition:**
 Within the last 14 days:
 1. Travel OR
 2. Contact or exposure with someone known to have Coronavirus

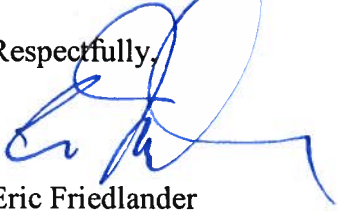


Source: Centers for Disease Control and Prevention. (March 21, 2020). Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Secretary of the Cabinet for Health and Family Services has been designated by the Governor to deliver these directives during this state of emergency.

The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers during this public health emergency.

Respectfully,



Eric Friedlander
Acting Secretary
Governor's Designee



Adam Mather
Inspector General

Attachment: Guidelines for Active Screening of Residents

Active Screening of Residents

Evaluate residents for the following every 12 hours

Common Signs and Symptoms

Fever $\geq 37.2^{\circ}\text{C}$ (99.0°F)

Cough

Shortness of breath. *Increased oxygen requirements or increased frequency of nebulizer treatments may be surrogate symptoms of shortness of breath*

Less Common Signs and Symptoms

Confusion or change in mental status. *If noted, check pulse oximetry to determine if increased oxygen requirements*

Muscle aches, headache

Sore throat, runny nose

Chest pain

Diarrhea, nausea and vomiting

Probable case: any two of the common signs/symptoms

Initiate contact and droplet precautions

Check a room air pulse-oximetry

Increase frequency of vital signs, including pulse oximetry to every 8 hours

Screen for influenza. If negative, screen for COVID-19 (in areas of community outbreak may consider concomitant testing based on clinicians assessment)

Possible case: any one of the common signs/symptoms and ≥ 1 of the less common signs/symptoms

Initiate contact and droplet precautions

Check a room air pulse-oximetry

Source: Society for Post-Acute Long-Term Care Medicine. Available at:

https://urldefense.proofpoint.com/v2/url?u=https-3A_paltc.org_sites_default_files_Active-2520Screening-2520rlj-2DSG.pdf&d=DwICA&c=ivUANN7rYqzaQJvTqI-69Jgi41yDEZ3CXtgIEaHlx7c&r=vrHUaVnp--ldSOZsKW-bRD06dyZCFzHjSIL2PahyExQ&m=SekF6ygha7QquEuhIkMsOioIPAsM81VPLg96u70h_Nw&s=UqNrfKlr3f0aniS0c0yIIl0D7pMTIhp2yhvvSNQnMpc&e