



Nursing Home Admissions Resource During COVID-19 Pandemic

The purpose of this document is to share clear and condensed guidance from CMS and the CDC to nursing homes regarding accepting new admissions or readmissions. Tools within this document will help providers decide how to safely handle new admissions and to triage infection control process recommendations in order to avoid the spread of COVID-19 within long-term care organizations. This guidance is not a requirement and is strictly informational. Each provider must decide if/when they are able to safely accept an admission.

All new admissions from either the hospital or community should be considered as potentially COVID-19 positive and placed in isolation for 14 days. When deciding on admissions, each facility should factor in their available PPE, staffing, and physical layout of their building. A multi-disciplinary admissions review process is recommended.

Residents will generally fall within one of three tiers

Tier One: Applies to-

- Current residents who have resided in your building for more than 14 days and who are asymptomatic. These residents are currently living in general areas where no symptomatic residents are being cared for.
- Residents who have been removed from isolation precautions and do not exhibit any COVID-19 clinical symptoms per CDC guidance.

Precautions:

Residents should be encouraged to be in their rooms, and to cover their mouth with a tissue when staff enter. Standard precautions should be used when entering resident's room, utilizing social distancing when possible. Frequent, thorough hand washing/sanitizing should be required for both caregivers and residents. If a resident must leave their room, have them don a mask, if able, and practice social distancing. Disinfect area afterwards.



Tier Two: Applies to-

- Admissions who do not exhibit clinical symptoms of COVID-19 per CDC guidelines
- Admissions who tested negative *and* do not have any clinical symptoms of COVID-19 per CDC guidelines

Precautions:

Resident should be placed on isolation precautions for 14 days with staff frequently assessing for COVID-like clinical symptoms during this time. New admits or readmissions do not require separate staff dedicated to caring for them, although keeping the same staff caring for this category of residents is recommended. A separate wing or unit is recommended. If that is not possible use single rooms. If no private bathroom, an individual commode is also recommended. If a separate unit or private room is not available, cohort those residents together. Droplet precautions should be used when interacting.

Tier Three: Applies to-

- Admissions *with* respiratory or COVID-like symptoms *with* a confirmed positive test
- Admissions *with* respiratory or COVID-like symptoms *without* a confirmed test
- Admissions *with* respiratory or COVID-like symptoms *without* a confirmed test, but also a non-COVID diagnosis that may explain symptoms

Precautions: Residents with known or with suspected COVID-19 can be admitted to an alternate care site dedicated to care of COVID-19 positive patients, or to an isolation unit within a nursing facility as long as it can:

- Meet the demands for staffing
- Have ability to create completely or near completely separate wings/units, ideally but not necessarily with negative pressure rooms,
- Staffed by individuals who are dedicated to provide care in that wing/unit and not rotate to other units
- Meet the necessary PPE and infection control demands of COVID-19 positive/suspected residents.

Considerations for admitting new residents or accepting returning residents from the hospital

The decision to admit new residents, or accept returning residents from the hospital, who have COVID-19 symptoms per CDC guidelines, exposure, or are COVID-19 positive, depends on the organization's ability to safely care for that resident. Here are some considerations in each case:

- What is your current capacity to isolate and/or cohort individuals who are positive or



- have symptoms consistent with COVID-19?
- Is your supply of PPE adequate to protect staff and residents from transmission per current CDC guidelines?
 - Do you have adequate medical equipment designated to be specifically used for COVID-19 related cases?
 - What is your capacity for appropriately cleaning and sanitizing non-disposable equipment?
 - How adequate is your current staffing? Are you able to designate staff to care exclusively for residents with confirmed or presumed COVID-19 without utilizing those staff to care for other residents?
 - Do you have adequate staff to follow the resident's care plan?
 - What is your ability to follow CDC guidance for transmission-based precautions?

This is not an all-inclusive list of considerations in making an admissions decision. It is primarily focused on several infection control, and COVID-19 specific factors. For further guidance consult:

[CMS QSO-20-14-NH Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes \(REVISED\). \(March 13, 2020\)](#)

[CMS Long Term Care COVID-19 Infection Control Tool and Checklist](#)

[CDC Preparing for COVID-19: Long Term Care Facilities and Nursing Homes](#)

[CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Health Care Settings \(Update April 13, 2020\)](#)



