



Guidance for Healthcare Facilities Caring for Nursing Home Residents for Medically Necessary Visits

Updated April 10, 2020

Recommendation: For healthcare facilities that receive patients from a nursing home for medically necessary care (i.e., dialysis, chemotherapy, etc.), these patients should be cared for with full personal protective equipment (PPE) and isolated for the duration of their care at the facility. This should be done regardless of coronavirus disease 2019 (COVID-19) test status.

Background: In the context of the current pandemic of COVID-19 caused by the SARS-CoV-2 virus, nursing home visitation is restricted.ⁱ Movement of nursing home residents outside the nursing home is also restricted and should be minimized to medically necessary visits only, given that any travel presents substantial risk to the patient of acquiring or transmitting SARS-CoV-2.

COVID-19 is prevalent in many nursing homes in Rhode Island and the initial clinical presentation in nursing home residents can be very mild. Therefore, if a nursing home resident **must** be transported outside the nursing home for a medically necessary visit, such as dialysis or an emergency department evaluation, any patients should be considered to potentially have COVID-19 and cared for in this manner. This includes being isolated at the receiving facility regardless of the duration of the visit in order to protect other patients. Staff should don appropriate personal protective equipment (PPE) to protect healthcare workers. Decisions on COVID-19 testing is at the discretion of the receiving facility but should not hold up medically necessary care.ⁱⁱ

If an asymptomatic patient has to go to dialysis from a nursing home, regardless of COVID-19 status, the patient should be isolated and visits minimized. Staff should don appropriate PPE. COVID-19-positive patients or symptomatic patients who need to receive dialysis need to be isolated from other dialysis patients. This may include scheduling the dialysis at the end of the day at the discretion of the facility. Nursing home patients who are symptomatic or COVID-19 positive should wear a mask. Reducing the frequency of the dialysis should be considered and should be at the discretion of the nephrologist.ⁱⁱⁱ In these situations, nursing homes should discuss with the patient's nephrologist about decreasing frequency of dialysis (i.e. from three times a week to two times) to reduce the risk to both the patient and others.

Many nursing homes in Rhode Island have a current outbreak of COVID-19 and it is possible COVID-19 negative patients are sharing a room with a COVID-19 positive patient. Sharing of a room may occur when a currently negative patient was a roommate of a COVID-19 positive patient. While the Rhode Island Department of Health (RIDOH) recognizes the sharing of rooms is not ideal, if a patient was exposed, current guidance^{iv} is not to move the COVID-19 negative roommate to a different shared room or facility. The transfer of a nursing home resident to another facility, presents risk to the patient and the receiving facility. Additionally, nursing homes should cohort patients based on COVID-19 status.

ⁱ State of Rhode Island: Department of Health. (n.d.). Retrieved April 9, 2020, from <https://health.ri.gov/covid/>

ⁱⁱ State of Rhode Island: Department of Health. (n.d.). Retrieved April 9, 2020, from <https://health.ri.gov/publications/guidelines/NH-Hospitalization-Guidance.pdf>

ⁱⁱⁱ Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities. (2020, March 30). Retrieved April 10, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>

^{iv} Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. (2020, March 21). Retrieved April 9, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>