

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



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Hospital Discharges to Post-Acute Care During the COVID-19 Pandemic (Updated Jan 6, 2022)

This guidance outlines expectations for safe and timely transfer of patients to post-acute care after hospital discharge and updates [prior guidance from November 2020](#) (now archived) on this topic. Since that time, the Centers for Disease Control and Prevention have published comprehensive [COVID-19 infection prevention and control recommendations for healthcare settings](#), with [guidance specifically for nursing homes](#). In addition, COVID-19 vaccination has been implemented as a key tool for infection prevention.

Definitions

Post-Acute Care (PAC): Essential health and social services after discharge from an acute care hospital.

- Per the Centers for Medicare and Medicaid Services (CMS), post-acute care includes long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health (HH) agencies.
- This guidance could also apply for assisted living facilities, residential care homes, and other congregate living settings.

General Principles

Hospitalized patients should be discharged from acute care whenever clinically indicated, regardless of COVID-19 status.

- Meeting criteria for [discontinuation of isolation precautions](#) (also known as transmission-based precautions) is not a prerequisite for discharge from a hospital. PAC providers should be equipped to safely care for individuals with active COVID-19 who are ready for discharge from acute care.
- Vaccination status of an individual should not influence decisions about hospital discharge or PAC admission.
- **Discharge should not be held due to a pending SARS-CoV-2 test, as receiving PAC providers should now have quarantine policies in place based on COVID-19 vaccination status.**
- **If testing is requested before transfer, no more than a single test for SARS-CoV-2 infection within 48 hours of transfer to PAC should be required for admission to the PAC setting. Any type of diagnostic SARS-CoV-2 test available should be acceptable.**

Any SNF unable to care for individuals admitted with COVID-19 infection should report reasons for their inability to do so via email to dph.flisadmin@ct.gov.



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Guidance for PAC Providers

Create a plan for managing new admissions, in accordance with [current CDC guidance](#). Basic principles of COVID-19 infectious status should be applied for decisions on PAC isolation or quarantine.

- **Individuals recently diagnosed with SARS-CoV-2 infection require isolation until they meet [criteria for discontinuation of isolation precautions](#).**
- **Individuals recovered after infection with SARS-CoV-2 in the past 90 days who remain asymptomatic *do not require quarantine or isolation* and do not need to be tested unless symptomatic or otherwise necessary.** Antigen testing is preferred for individuals who have had COVID-19 in the past 90 days.
- **Testing can be requested for fully vaccinated individuals who are asymptomatic.**
- **In general, all unvaccinated individuals who are new admissions and readmissions should be placed in a 14-day quarantine** (except those who had COVID-19 in the past 90 days), even if they have a negative test upon admission. A risk-based approach to quarantine can be considered in areas of low COVID-19 transmission.

If testing is requested, no more than a single test for SARS-CoV-2 infection within 48 hours of transfer should be required for admission to the PAC setting.

Guidance for Hospitals

- Report any SNF unable to accept new admissions due to COVID-19 infection status to dph.flisadmin@ct.gov.
- **During discharge planning, appropriateness of COVID-19 vaccination (and booster vaccination) prior to discharge should be evaluated. COVID-19 vaccine should be administered if appropriate and feasible to reduce the risk of COVID-19 in the PAC setting.**
- During discharge planning, the following should be clearly communicated to PAC providers:
 - COVID-19 vaccination status (including date(s) of vaccination, and which vaccine)
 - Recent COVID-19 infection status (e.g., any known SARS-CoV-2 positive result in the past 90 days and recent SARS-CoV-2 testing)
- Infection and/or colonization status for other pathogens of concern for nosocomial spread (including but not limited to carbapenem-resistant organisms, VRE, and MRSA) should also be communicated at transfer.
- **Consider using an [interfacility infection control transfer form](#) to indicate relevant vaccine, colonization, or active infection status.**



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