Resources to Support Skilled Nursing Facilities in Determining Admission Policies during a COVID-19 Outbreak

This document serves as a decision support tool for Skilled Nursing Facilities (SNF). It is a companion document to BCD 2020-27, “Prevention and Control of Acute Respiratory Illness Outbreaks in Long-Term Care Facilities”.

Following CDC guidance, and BCD 2020-27, “When a suspected or confirmed case of COVID-19 is identified in a facility, the CDC recommends temporary restriction of admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented.”

While COVID-19 remains a threat in Wisconsin, a SNF’s Administrator, in consultation with their Medical Director, and/or Director of Nursing, may determine that the facility can safely admit a resident if certain considerations are taken into account. Before proceeding with resuming admissions, facility leadership should carefully review the considerations below, in consultation with the local public health officer when possible, taking into account all necessary infection prevention and control protocols.

For purposes of determining whether it is appropriate to accept admissions prior to the completion of the recommended 14-day temporary halt on admissions to affected wings/units, facilities should assess the following information:

1. After subsequent facility-wide testing and contact tracing, either no units are impacted, or the outbreak is limited to a single unit/floor/wing. The facility may admit to a non-affected unit, may establish an alternate temporary quarantine area, or may consider admissions within a wing or floor where an outbreak was identified if the outbreak is contained, and interventions are in place for continued containment.

2. The facility has determined it has adequate caregiver staffing levels to safely allow admissions while in its current outbreak status.

3. The facility has determined it has an adequate supply of PPE, based on CDC guidance, to safely allow admissions while in its current outbreak status.

4. The facility has addressed or mitigated other extenuating circumstances that would preclude it from admitting new residents in less than 14 days.

5. The facility will inform new admissions of the outbreak and steps it has taken to ensure patient safety.

A facility admitting a resident following review and analysis of the above considerations must document and keep record of the findings of the assessment that are being used to support a decision to allow admissions during the outbreak status, including notification to their local public health department.
I hereby notify [Local Health Department] that [Name of Facility] has experienced an outbreak and, after completing a round of facility-wide testing, have determined the facility can be open for new admissions.

[Name of Facility] has taken the following steps to ensure patient safety:

- The outbreak has either not affected any units or has been limited to a single unit/floor/wing. The non-affected unit/floor/wings will open for admission.
- If the unit/floor/wing affected by an outbreak will open for admissions, the facility has established that the outbreak is contained and interventions are in place for continued containment.
- In the event the positive case occurred in a staff member working on the facility’s quarantine unit, the facility has established an alternative temporary quarantine area where there has been no infection.
- The facility has determined it has adequate caregiver staffing levels to safely allow admissions while in its current outbreak status.
- The facility has determined it has an adequate supply of PPE, based on CDC guidance, to safely allow admissions while in its current outbreak status.
- The facility has addressed or mitigated other extenuating circumstances that would preclude it from admitting new residents in less than 14 days.
- The facility will inform new admissions of the outbreak and steps it has taken to ensure patient safety.

We plan to re-evaluate this on an ongoing basis.

____________________________________________  ____________________
[Administrator/Medical Director/Director of Nursing]  Date