Guidance on Hospital Discharges to Long-Term Care Facilities, Home Isolation, and Quarantine Facilities to Prevent the Spread of Coronavirus Disease 2019 (COVID-19)

Updated April 21, 2020

The Rhode Island Department of Health (RIDOH) is providing guidance for individuals being released by a hospital to a long-term care facility, home isolation, or a quarantine facility to reduce community spread of coronavirus disease 2019 (COVID-19). This includes guidance for both hospital discharges and emergency department (ED) visit discharges to home or other facilities/settings.

Hospital Discharges to Long-Term Care Facilities: The following table provides a recommended approach for individuals being discharged from a hospital or emergency department to a long-term care facility or home. Please note that for patients with an unknown COVID status, the discharge criteria are different for hospitals and emergency departments.

Resources:

- The Centers for Medicare & Medicaid Services (CMS) recently distributed guidance on infection control and prevention of COVID-19. This memorandum provides answers to frequently asked questions about patient triage, placement, and hospital discharge as well as protective measures to reduce transmission.
- The Centers for Disease Control and Prevention (CDC) provides this guidance on the discontinuation of transmission-based precautions and discharging hospitalized patients with COVID-19.

		Hospitalization† Discharge	Emergency Department Discharge
COVID POSITIVE PATIENT	**Patient being discharged to a long-term care facility that accepts COVID negative patients (including patients recovered from COVID-19)**	Criteria for discharge (Testing based): 1. Resolution of fever without the use of fever-reducing medications; 2. Resolution of respiratory symptoms (e.g., cough, shortness of breath); 3. Negative results of COVID-19 RNA from at least **two** consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). 4. Patient does not need to quarantine. Patient is recovered.	Criteria for discharge (Testing based, this may necessitate admission): 1. Resolution of fever without the use of fever-reducing medications; 2. Resolution of respiratory symptoms (e.g., cough, shortness of breath); 3. Negative results of COVID-19 RNA from at least **two** consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). 4. Patient does not need to quarantine. Patient is recovered.
	Patient being discharged home	Criteria for discontinuing self-isolation (Non-testing based): 1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and resolution of all symptoms; 2. At least 7 days have passed since symptoms first appeared.	Criteria for discontinuing self-isolation (Non-testing based): 1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and resolution of all symptoms; 2. At least 7 days have passed since symptoms first appeared.
COVID Status Unknown	**Patient being discharged to a long-term care facility**	Criteria for discharge (Testing based): 1. No current COVID-19 symptoms*; 2. Negative results of COVID-19 RNA from **one** nasopharyngeal specimen within 48-72 hours before discharge. Also: Self-quarantine at the long-term care facility for 14 days. Monitor and retest immediately if any COVID-19 symptoms*.	Criteria for discharge (Symptom based) 1. No current COVID-19 symptoms*; 2. Performing COVID-19 RNA from **one** nasopharyngeal specimen prior to emergency department discharge (do *not* have to wait for results). Also: Self-quarantine at long-term care facility for 14 days. Monitor and retest immediately if any COVID-19 symptoms*.
	Patient being discharged home	Self-quarantine at home for 14 days.	Self-quarantine at home for 14 days.

Defined as **any of the following: elevated temperature (temperature of 100° F or higher), cough, shortness of breath or difficulty breathing, body aches or myalgias, chills, runny nose or stuffy nose, sore throat, headache, or diarrhea.* **Reference:** *Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).*

† Discharge from hospitalization in a hospital or hospital-based alternate care site

Patient Home Care and Isolation: Many patients with COVID-19 can safely self-manage symptoms at home. Staying at home when sick can help decrease the spread of COVID-19 and help protect people outside of the home who are at risk for getting seriously ill. Patients who are recovering at home should monitor for worsening of symptoms and emergency signs, prevent the spread of germs, treat symptoms, and carefully consider when to end home isolation.

Monitoring Symptoms:
A designated household member should monitor the individual for worsening symptoms and know emergency warning signs. Household members who are monitoring symptoms should:

- Know about all of the healthcare needs of the sick person and be comfortable overseeing their care.
- Keep a healthcare provider's contact information on hand and know when to call.
- Call a healthcare provider if the individual's symptoms are worsening.
- Know emergency warning signs and to call if they arise; call 9-1-1 and notify the dispatch personnel that the individual has COVID-19.

Prevention Steps:
It is important to note that COVID-19 spreads between people who are in close contact (within about six feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Household members and caregivers should:

- Stay in another room or be separated from the patient as much as possible.
- Use a separate bedroom and bathroom, if available.
- Make sure that shared spaces in the home have sufficient air flow, such as by an air conditioner or an opened window, weather permitting.
- Avoid sharing household items with the patient.
- Clean all "high-touch" surfaces
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container
- Patients at higher risk for infection, severe illness, and poorer outcomes from COVID-19 should avoid close contact with the infected person. More information on COVID-19 and underlying conditions is available from the CDC.

Resources:

- CDC has developed interim guidance for healthcare professionals who are coordinating home care and isolation of people with confirmed or suspected COVID-19 infection. This guidance is intended for individuals who are medially stable and can receive care at home or patients who have been discharged home following a hospitalization with a confirmed COVID-19 infection.
- CDC's *10 Ways to Manage Your Health At Home* (English Spanish Chinese Vietnamese Korean) offers information on self-care to help prevent the disease from spreading to household members and the community.
- RIDOH's prevention steps for people who have tested positive for COVID-19 as well as for household members, intimate partners, and caregivers.

Patient Care in Quarantine and Isolation Facilities: Assisting the Homeless or Housing Insecure

One of RIDOH's roles in the COVID-19 response is to order quarantine housing for individuals experiencing homelessness or individuals who cannot safely quarantine in their current living arrangement because they are awaiting COVID-19 test results or they have a confirmed COVID-19 infection.

Housing in a quarantine facility includes:

- Homeless individuals, due to no permanent housing, referred to or present in the shelter system, or who are unable to reliably use temporary housing.
- Housing insecure individuals such as victims of domestic violence, people living in state communal housing, people living in temporary housing, or people who "couch surf" or rely on temporary peer support.
- People who cannot safely quarantine or isolate at home due to family size, lack of access to a private bathroom, or the presence of a medically-fragile person, elder adult(s), or child(ren) younger than age five in the home.

Securing Arrangements for a Quarantine and Isolation Facility
Hospital staff are encouraged to call RIDOH's Healthcare Provider Information Line, **401-222-2577**, Monday-Friday 8:30 a.m. - 4:30 p.m., or **401-276-8046** after hours, to secure housing for individuals who meet one or more of the above criteria. Hospital staff should complete the Initial Assessment for Quarantine and Isolation Facility Form and send it to a secured fax (1-401-315-9229) for review by the Quarantine Facility nurse. The Quarantine Facility Nurse may clarify medications and discharge recommendations with the hospital.

Once determined eligible, transportation and intake will be arranged by RIDOH. Please note that transportation and intake to the Quarantine Facility is available seven days a week between 8 a.m.- 8 p.m.

Intake Procedures
People who have secured access to the quarantine facility must arrive wearing a mask and gloves and must have on-hand a 14-day supply of medication, clothing, and personal items. In addition, individuals must agree to the *Quarantine and Isolation Facility* terms (English or Spanish).

Quarantine and Isolation Facility Discharge
RIDOH's Center for Acute and Infectious Disease Epidemiology (CAIDE) staff will determine eligibility for discharge. Individuals being discharged from a quarantine facility will be provided an opportunity to connect with a case manager to identify any needs for long-term living arrangements.