This information is intended to help healthcare providers reduce the risk for SARS-CoV-2 (the virus that causes COVID-19) transmission with regards to post-acute discharge. The information here is drawn primarily from U.S. Centers for Disease Control (CDC) recommendations:

*Please note that the following guidance is intended specifically for care of patients who have known or suspected COVID-19. In all other cases, follow your standard protocols.*

**When considering discharge for patients with known or suspected COVID-19:**

The decision to discharge a patient from the hospital should be made based on the clinical condition of the patient. **Patients may be discharged from the hospital whenever clinically stable**, whether recovered or not from COVID-19 or PUI.

Patients that came from a SNF should return to the same SNF even if positive or PUI to avoid overloading the acute care system. The hospital should communicate information about the patient’s testing status and if awaiting test results, the method for the SNF to obtain test results when available.

For discharged patients that are being newly admitted to a SNF, provide two negative tests or arrange Peer-to-Peer communication in advance of the transfer. See the **PLACEMENT OF PATIENTS IN SKILLED NURSING FACILITIES DURING COVID-19 PANDEMIC** document on the Pulse page for more information.

**Transport Arrangements:** If Positive or PUI the transport team should be notified in advance that Transmission Based Precautions are in place.

**When planning for discharge to a long-term care or assisted living facility:**

- If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility should be notified in advance and must be able to implement all infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed at a facility that has already cared for COVID-19 cases, in a specific unit designated to care for COVID-19 residents (or one designated to care for PUI residents).
- When the patient is discharged to a long-term care or assisted living facility, if Transmission-Based Precautions have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room, and wear a
facemask during care activities until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.

- If Transmission-Based Precautions have been discontinued and the patient’s symptoms have resolved they do not require further restrictions based upon their history of COVID-19.

Discharged hospice patients whose symptom were exacerbated by COVID-19 and cannot be adequately managed in the home should be transferred to a hospice inpatient unit and be managed according to their COVID status.

When planning for discharge to the home/community setting:

Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge the patient to the home-based setting should be made in consultation with the patient’s clinical care team in conjunctions with the Home Care, PACE Program, Independent Retirement Community, or Hospice team leaders, and local or state public health departments to jointly establish a community-based plan of care. It should include considerations for the following

- The patient is stable enough to receive care at home
- The patient’s ability to adhere to isolation recommendations
- Appropriate caregivers are available at home (provide instructions to the designated caregivers)
- There is a separate room where the patient can recover without sharing immediate space with others
- Resources for access to food and other necessities are available
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of the home care or isolation (eg. respiratory hygiene)
- Considerations for any household members who may be at increased risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes)

References:
