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Guidance

Guidance for stepdown of infection control precautions and discharging COVID-19 patients

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Contents

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Latest updates to this information

18 December: updated to include information on designated settings and exemption from re-testing if discharged within 90 days of a previous positive SARS-CoV-2 PCR test.

1. Scope

This guidance provides advice on appropriate infection prevention and control (IPC) precautions for patients recovering or recovered from coronavirus (COVID-19), and who are remaining in hospital, being discharged to their own home, or being discharged to residential care. Hospital discharges are covered by the NHS hospital discharge service: policy and operating model (https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model).

Patients can and should be discharged before resolution of symptoms provided they are deemed clinically fit for discharge in a rapid, but safe, manner. Patients who are discharged from the NHS within 14 days of onset of COVID-19 symptoms (https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/) may need ongoing social or medical care. For patients who have been severely unwell, it is recommended that they are reviewed by either their district nurse or GP.

For patients being discharged to social care settings refer to guidance for designated settings (https://www.gov.uk/government/publications/designated-settings-for-people-discharged-to-a-care-home) and the 'safe discharge from the NHS to social care settings' section in the Department of Health and Social Care (DHSC) adult social care plan (https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan).

In general, patients with COVID-19 who are admitted to hospital will have more severe disease than those who can remain in the community, especially if they have been severely unwell. In addition, they are more likely to have pre-existing conditions such as severe immunosuppression.

Therefore, it is recommended that all patients with COVID-19 who have been admitted to hospital should be isolated within hospital or remain in self-isolation on discharge for 14 days from their first positive SARS-CoV-2 PCR test, compared to the 10 day isolation rule for patients with milder disease managed in the community.

2. Stopping COVID-19 isolation and IPC measures if the patient is staying in hospital

For suspected or confirmed COVID-19 patients who require hospitalisation, IPC measures should continue until 14 days after their first positive SARS-CoV-2 PCR test, provided the clinical improvement criteria below have been met. This is due to uncertainties about the duration of infectiousness for patients with more severe illness or underlying immune problems that may delay them clearing the virus.

Clinical improvement criteria:

- clinical improvement with at least some respiratory recovery
- absence of fever (> 37.8°C) for 48 hours without the use of medication
- no underlying severe immunosuppression

A cough or a loss of, or change in, normal sense of smell or taste (anosmia), may persist in some individuals for several weeks, and is not considered an indication of ongoing infection when other symptoms have resolved.

Consider testing:

- severely immunocompromised patients to support the optimal use of side rooms, or where side rooms are not available
- where it optimises patient flow through the hospital, such as:
  - long-stay patients who are unable to otherwise be discharged
  - those being discharged to a household where someone is clinically extremely vulnerable

For clinically suspected COVID-19 patients who have tested negative or have not been tested for SARS-CoV-2 and whose condition is severe enough to require hospitalisation, then the 14 day isolation period should be measured from the day of admission.

Inpatient stepdown of IPC precautions in hospitalised patients

Before control measures are stepped down for COVID-19, clinical teams must first consider the patient's ongoing need for transmission-based precautions (TBPs) necessary for any other alert organisms (for example, MRSA carriage or C. difficile infection), or patients with ongoing diarrhoea.

For severely immunocompromised individuals, one negative test is acceptable for stepdown. If repeat testing remains positive after 14 days, patient samples should be tested after a further 7 days if the patient remains in hospital, or at intervals of 2 weeks in the community (for example, at repeat hospital appointments if attending for another pressing indication).

If the patient is producing sputum or is intubated, a lower respiratory tract sample should be preferentially tested as the priority sample, as SARS-CoV-2 can be present in the lower respiratory tract despite being undetectable in the upper respiratory tract.

It may be operationally easier to cohort all COVID-19 patients in a ward area throughout their inpatient stay. In these areas, staff should maintain appropriate staff personal protective equipment (PPE) (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe) and recommended IPC measures. (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

3. Discharge to patient's own home

This can be done when the patient's clinical status is appropriate for discharge, for example, once assessed to have stable or recovering respiratory function, and any ongoing care needs can be met at home. Consider testing the patient 48 hours prior to discharge if:

- they will require repeated hospital day case or other care, especially if severely immunocompromised
- a member of their household is clinically extremely vulnerable

They should be given clear safety-netting advice for what to do if their symptoms worsen.

Discharged patients should follow the Stay at Home guidance for households (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance), but should self-isolate for 14 days from their first positive SARS-CoV-2 PCR test. If patients are febrile on discharge, they should continue to self-isolate until their fever has resolved for 48 consecutive hours without antipyretic medication (unless otherwise advised by a healthcare professional, for example if another reason for persistent fever exists).

When discharging patients, it is best practice to provide written instructions on any ongoing isolation recommendations.

4. How to transfer patients home

Transport home can be arranged via a variety of routes.

If the patient has their own car at the hospital, and is well enough, they may drive home.

If they are taking shared transport, their status and isolation needs should be communicated with transport staff (for example, ambulance crews and relatives). Those transporting them should not themselves be at greater risk of severe infection.

If isolation is to continue in a residential setting, the following guidelines apply to all methods of transport:

- the patient should be given clear instructions on what to do when they leave the ward to minimise risk of exposure to staff, patients and visitors on their way to their transport
- the patient should wear a surgical facemask for the duration of the journey, and advised that this should be left on for the entire time if tolerated (not pulled up and down)
- the patient should sit in the back of the vehicle with as much distance from the driver as possible (for example, the back row of a multiple passenger vehicle)
- where possible use vehicles that allow for optimal implementation of social distancing measures, such as those that have a partition between the driver and the passenger or larger vehicles that allow for a greater distance between the driver and the passenger
- vehicle windows facing the outside environment should be (at least partially) open to facilitate a continuous flow of air
- vehicles should be cleaned appropriately at the end of the journey
- ensure the patient has a supply of tissues and a waste bag for disposal for the duration of the journey; the waste bag should then be taken into their house, put into another waste bag and held for a period of 72 hours before disposal with general household waste

Other household members in an individual’s home setting

If the discharged patient is returning to a shared household less than 14 days after receiving their positive test result, other household members should complete their 10-day stay at home period. This period should start from the date of the individual’s first positive test result.

If there are any clinically extremely vulnerable (https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) individuals who live in the household and are currently not infected, it is highly advisable for patients to be discharged to a different home until

they have finished their self-isolation period, if possible. If these individuals cannot be moved to a different household, then ensure that the discharged patient is advised on strict infection prevention control measures as outlined in the Stay at home guidance (https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).

5. Discharge to a single occupancy room in a care facility, including nursing homes, residential homes and designated settings

This can be done when the patient's clinical status is appropriate for discharge, for example, once assessed to have stable or recovering respiratory function, and any ongoing care needs can be met at the residential care facility.

Any COVID-19 patient who is being discharged to a care facility within their 14 day isolation period should be discharged to a designated setting (https://www.gov.uk/government/publications/designated-settings-for-people-discharged-to-a-care-home/discharge-into-care-homes-designated-settings), where they should complete their remaining isolation.

Immunocompetent patients who have tested positive for SARS-CoV-2 by PCR and have already completed their 14-day isolation period, should be exempt from testing prior to hospital discharge within 90 days from their initial illness onset or test, unless they develop new COVID-19 symptoms. In this case, a clinical assessment should be made to determine subsequent onward movement.

However, if the positive SARS-CoV-2 PCR test was more than 90 days ago, the patient should be tested again 48 hours prior to discharge and the result of this repeat test relayed to the receiving organisation.

6. Additional measures

Ongoing medical needs for discharged patients within their isolation period

Should any patient deteriorate following discharge, either at home or in a care setting, they or their carer should seek advice from NHS 111 online (https://111.nhs.uk/) or by telephone, or through pre-existing services such as GP practice links with care homes. In an emergency, they or their carer should call 999 for assistance. In either case, they should inform the call attendant that they have been recently discharged from hospital with confirmed COVID-19.

If there are professional care needs at the patient's own home, visiting carers should follow the appropriate PPE precautions outlined in the home care guidance (https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care).

Specific instructions for ongoing medical needs for severely immunosuppressed patients and those who have received critical care

The isolation policy for patients admitted to hospital is longer than those in the community, as there are uncertainties about the duration of infectiousness for patients with more severe illness and, in particular, underlying immune problems that may delay them clearing the virus.

For those who have been severely unwell, if there has been no virological evidence of clearance prior to discharge and ongoing medical attendances are required for their underlying condition (such as outpatient follow-up appointments), appropriate IPC measures should be used for all medical attendances for patients for 14 days since the first positive test result.

Testing for virological clearance (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/priority-for-sars-cov-2-covid-19-testing) is encouraged in severely immunosuppressed patients. For these patients, IPC measures should be continued unless either there has been virological evidence of clearance prior to discharge or there has been complete resolution of all symptoms. This is different to other advice sections but reflects the complex health needs of such patients and likelihood for prolonged shedding, with risk of spread in healthcare settings. Such patients may be retested at first follow-up appointment to help inform actions at any next medical appointment.

7. Severe immunosuppression definitions

Severe immunosuppression is defined in the Green Book on Immunisation (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655225/Greenbook_chapter_6.pdf) as:

- immunosuppression due to acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
- severe immunosuppression due to HIV/AIDS (British HIV Association advice (https://www.bhiva.org/BHIVA-and-THT-statement-on-COVID-19-and-advice-for-the-extremely-vulnerable))
- cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
- being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias
- having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
- having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
- those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist
- those who are receiving or have received in the past 3 months immunosuppressive therapy including:
    - adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
    - adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
    - adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day

- children on high doses of non-biological oral immune modulating drugs

8. Associated legislation

Please note that this guidance is of a general nature and that an employer should consider the specific conditions of each individual place of work and comply with all applicable legislation, including the Health and Safety at Work etc. Act 1974. (http://www.legislation.gov.uk/ukpga/1974/37/contents)

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