



# Guidance on Hospital Discharges to Long-Term Care Facilities, Home Isolation, and Quarantine Facilities to Prevent the Spread of COVID-19

Updated October 20, 2020

The Rhode Island Department of Health (RIDOH) is providing guidance for individuals being released by a hospital to a long-term care (LTC) facility, home isolation, or a quarantine facility to reduce community spread of 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 table below provides a recommended approach for individuals being discharged from a hospital or emergency department to a long-term care facility or home.

		<b>Hospitalization<sup>1</sup> Discharge</b>	<b>Emergency Department Discharge</b>
<b>COVID-19 POSITIVE</b>	<b>Patient being discharged to a long-term care facility</b>	<p>Criteria for discharge</p> <p><b>Symptom-Based</b> Criteria for Discontinuing Isolation and/or Discharge</p> <p>Patients with <b>mild to moderate illness</b></p> <ol style="list-style-type: none"> <li>At least 10 days have passed since symptoms first appeared (20 days if severely immunocompromised<sup>2</sup>) <b>and</b></li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications <b>and</b></li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> </ol> <p>Patients with <b>severe to critical illness<sup>3</sup></b> or who are severely immunocompromised<sup>2</sup></p> <ol style="list-style-type: none"> <li>At least 20 days have passed since symptoms first appeared <b>and</b></li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications <b>and</b></li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> </ol>	<p>Criteria for discharge (This may necessitate admission.)</p> <p><b>Symptom-Based</b> Criteria for Discontinuing Isolation and/or Discharge</p> <p>Patients with <b>mild to moderate illness</b></p> <ol style="list-style-type: none"> <li>At least 10 days have passed since symptoms first appeared (20 days if severely immunocompromised<sup>2</sup>) <b>and</b></li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications <b>and</b></li> <li>Symptoms (e.g., cough, shortness of breath) have improved</li> </ol> <p>Patients with <b>severe to critical illness<sup>3</sup></b> or who are severely immunocompromised<sup>2</sup></p> <ol style="list-style-type: none"> <li>At least 20 days have passed since symptoms first appeared <b>and</b></li> <li>At least 24 hours have passed since last fever without the use of fever-reducing medications <b>and</b></li> </ol> <p>Symptoms (e.g., cough, shortness of breath) have improved</p>
	<b>Patient being discharged home</b>	<p>Criteria for discontinuing isolation (Symptom-based):</p> <ol style="list-style-type: none"> <li>Same as above.</li> </ol>	<p>Criteria for discontinuing isolation (Symptom-based):</p> <ol style="list-style-type: none"> <li>Same as above.</li> </ol>
<b>COVID-19 STATUS UNKNOWN OR NEGATIVE</b>	<b>Patient being discharged to a long-term care facility</b>	<p>Criteria for discharge:</p> <ol style="list-style-type: none"> <li>No current COVID-19 symptoms<sup>4</sup>;</li> <li>Negative results of COVID-19 RNA from <b>one</b> nasopharyngeal specimen during hospital stay (can be during admission).</li> </ol> <p>Also: Quarantine at the long-term care facility for 14 days. Monitor and retest immediately if any COVID-19 symptoms<sup>4</sup>.</p>	<p>Criteria for discharge:</p> <ol style="list-style-type: none"> <li>No current COVID-19 symptoms<sup>4</sup>;</li> <li>No further testing recommended.</li> </ol> <p>Also: Quarantine at the long-term care facility for 14 days, if being newly admitted to the facility. If returning to the facility after an emergency department visit, resident does not need to quarantine. Monitor and test immediately if any COVID-19 symptoms<sup>4</sup>.</p>
	<b>Patient being discharged home</b>	<p>Quarantine at home for 14 days.</p>	<p>No need to quarantine.</p>

<sup>1</sup> Discharge from hospitalization in a hospital or hospital-based alternate care site.

<sup>2</sup> Severely immunocompromised is defined as conditions with a higher degree of immunocompromise that inform decisions about ending isolation, including being within one year of receiving a hematopoietic stem cell or solid organ transplant; currently receiving chemotherapy; untreated HIV infection with CD4 T lymphocyte count lower than 200; combined primary immunodeficiency disorder; or taking more than 20 mg a day of prednisone for more than 14 days. Conditions which may pose a much lower degree of immunocompromise and do not clearly affect decisions about ending isolation include advanced age, diabetes mellitus, and end-stage renal disease. The degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

<sup>3</sup> Severe illness is defined as individuals who have respiratory frequency of more than 30 breaths per minute; SpO2 lower than 94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of more than 3%); ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) lower than 300 mmHg; or lung infiltrates more than 50%.

<sup>4</sup> Defined as **any of the** following symptoms: [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

**Important updates:** A previous version of this guidance (released in April 2020), recommended using a test-based strategy for a COVID-19 positive patient who is in the hospital before being discharged to a LTC facility (two negative tests at least 24 hours apart). The Centers for Disease Control and Prevention (CDC) updated its guidance on the discontinuation of transmission-based precautions and discharging hospitalized patients with COVID-19 to state “A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.” This is based on a number of evidence-based studies that have been conducted. For hospitalized patients who are not known to have COVID-19, RIDOH no longer recommends testing immediately before discharge if the patient is asymptomatic. RIDOH still recommends that on admission to a long-term care facility, patients quarantine for 14 days.

**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 frequently.
- 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 medically 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.