Discharge of patients with Coronavirus Infectious Disease 2019 (COVID-19)

SARS-CoV-2 (COVID-19) is detectable in the nose and throat of infected persons and is predominantly transmitted by large droplets which are launched into the air by coughing and sneezing but only travel a limited distance (up to 1.8m) before landing on the ground.

Therefore, the predominant route of transmission is through

- Droplets generated by coughing or sneezing,
- Contact of hands with fomites (surfaces contaminated with secretions) followed by self-inoculation by touching one's own nose/eyes/mouth.

SARS-CoV-2 (COVID-19) can be detected in upper respiratory tract samples 1-2 days before symptoms and in moderate cases is detectable for 7-12 days. Levels of virus peak in the first 1-2 days of infection. In reports, there has been detection of virus up to 24 days, although the infectivity of virus at that point was not tested. Similarly, virus has been detected in faeces, but infectivity of this has not been conclusively demonstrated. Since there is detection of SARS-CoV-2 (COVID-19) in upper respiratory tract before symptoms, and evidence of asymptomatic transmission, there should be a clear and strong emphasis on the importance of hand hygiene.

Evidence is limited but it should be assumed that immunocompromised patients shed virus for longer.

Although transmission from faeces has not been shown, an emphasis on closing the lid of the toilet before flushing and hand hygiene after using toilets should be made for all patients at all times. Similarly staff should be meticulous with hand hygiene after supporting patients using the toilet.

Cough is not always a good indicator of infectivity since patients with upper respiratory viruses in the recovery phase can have a persistent cough whilst not necessarily being infectious.

Recommendations for patients who previously tested positive for SARS-CoV-2 (COVID-19)

Discharge to own home

- Well patients can be discharged to their own home as soon as possible without a negative test once they have resolution of their symptoms and have been afebrile for at least 72 hours and if it is deemed safe to do so by their clinical team. Once home, immunocompetent and immunocompromised individuals should self-isolate for 14 days after the onset of symptoms in order to minimise transmission. This is longer than the 7 days of isolation for individuals who remain at home with symptoms, since those admitted to hospital have higher viral loads at the time of illness.

- Household contacts (who live in and care for the patient, or who live out and come to the house to care for the patient) are likely to have already been exposed to the virus through being in contact with the patient prior to admission. Therefore PPE is not required. If they

were not in contact with the patient prior to their illness, strict hand hygiene and distancing is advised. If the household contact is immunocompromised, the PHE guidance on Shielding is useful, although it is highly advisable for patients to be discharged to another home setting until they have finished their self-isolation period. The family should self-isolate for 14 days from the arrival of the discharged patient. Carers who are external should come to care for the patient using personal protective equipment (apron, mask, gloves) for 14 days. Arrangements should be made for management of waste with the patient's household.

Discharge to a single occupancy room in care facility, including nursing homes and residential homes:

- Patients can be safely discharged to these care facilities once they have resolution of their symptoms and have been afebrile for at least 72 hours and if it is deemed safe to do so by their clinical team.
- The timing of discharge can be modified in palliative situations with agreement from the facility receiving the patient.
- Care facilities should manage these patients in side rooms with isolation and personal protective equipment (apron, mask, gloves) for 14 days from onset of symptoms.

Discharge to another hospital

- Patients for transfer to another hospital can be transferred on discussion with the receiving hospital requirements.
- Criteria for discharge would be expected to be in line with the requirements above, but the timing of discharge can be modified with agreement from the facility receiving the patient.

How to transfer patients home

The need for isolation of discharged patients with COVID-19 should be communicated with any transport staff (e.g. ambulance crews, taxi drivers, relatives). Regardless of route of transport:

- patients should wear surgical face masks for the duration of the journey if they are coughing
- sit in the back of the vehicle with as much distance from the driver
- vehicle windows should be (at least partially) open to facilitate a continuous flow of air
- vehicles be cleaned appropriately at the end of the journey
- any rubbish (tissues, etc) should be taken by the patient out of the vehicle via a waste bag and disposed of in the patient's house.