COVID-19 Hospital Discharge Service Requirements
(Wales)

Update to Guidance in respect of testing and
Step-up & Step-down Care Arrangements
during the COVID-19 period.

Issued 17 December 2020

The Discharge to Recover then Assess (D2RA) model forms the basis of the COVID-19 Hospital Discharge Requirements published by Welsh Government on 7th April 2020 https://gov.wales/covid-19-hospital-discharge-service-requirements and the update on step-up and step-down arrangements issued on 29th April.

The D2RA model and the ‘Home First’ ethos remain the default for as many people as possible during the COVID-19 pandemic.

This update aligns the COVID-19 Discharge Guidance with the new approach to testing on discharge, i.e. testing for infectious or non-infectious status, rather than PCR positive or negative test.

This guidance applies to people transferring to care homes, Extra Care and supported housing, adult placements (Shared Lives), other step-down settings or home with a package of care/reablement. It applies to people:

- requiring reablement/domiciliary care at home (either on D2RA Pathway 2 or returning to their existing care package or starting a new package)
- transferring to a step-down bed in a care home or other setting on D2RA Pathway 3
- transferring to a covid-infectious step down setting on D2RA Pathway 3a
- returning to an existing care home placement on D2RA Pathway 4
- transferring to a new care home placement
This updated guidance sets out in detail, the three main scenarios:

1. For patients with no evidence of COVID-19 who are ready for the next stage of care: discharge to an existing or new placement or care package, where the individual has received a negative COVID-19 test result prior to discharge, with a 14-day isolation period.

2. For patients who have had COVID-19 infection, are ready for the next stage of care and are confirmed as non-infectious: discharge to an existing or new placement or care package, with no need for an isolation period.

3. For patients who have had COVID-19 infection, are ready for the next stage of care and are confirmed as infectious for COVID-19, are still symptomatic or within the 14 day initial isolation period: transfer to a ‘step-down/step-up whilst Covid infectious’ facility.

Where an individual has been admitted to hospital with no evidence of COVID-19 infection, is ready for the next stage of care and has received a negative test result for COVID-19, they can be discharged to an existing or new placement or package of care. This is subject to the provider agreeing that the appropriate isolation and Personal Protective Equipment (PPE) arrangements are in place, and they are able to support a 14 day period of self-isolation.

Factors to be taken into account when considering this option will include:

- The ability to practically implement isolation precautions\(^1\) in the home environment (wherever that may be) and with available staffing arrangements;
- The risk to, and impact on, other residents/service users; and
- Whether the receiving care home (or other supported housing arrangement) has a confirmed COVID-19 outbreak.

Return to the individual’s familiar environment for further recovery will always be the preferred option, as this will provide the best outcomes for them. Providers should be supported to implement this option wherever possible.

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\(^1\) Within a care home, isolation precautions mean that the resident should be in a single room, ideally with en-suite or designated toilet facilities and not leave the room (including for meals). Staff would be expected to wear PPE as outlined in the guidance document linked below:

2. For patients who have had COVID-19 infection, are ready for the next stage of care and are confirmed as non-infectious: discharge to an existing or new placement or care package, with no need for an isolation period.

Patients (other than those who are severely immunocompromised) who have had COVID-19 during admission will be defined ‘non-infectious’ and discharged into social care settings without a subsequent requirement to self-isolate if all of the following apply:

1) At least 14 days have elapsed since either (a) first onset of symptoms or (b) first positive Covid test; AND
2) The patient has had resolution of fever for at least three days; AND
3) The patient has experienced clinical improvement of symptoms other than fever; AND
4) An RT-PCR test is negative or ‘low positive’ with a Ct value ≥35

Discharge arrangements for severely immunocompromised patients should be subject to individualised discussion and assessment between clinical and microbiology teams.

3. For patients who have had COVID-19 infection, are ready for the next stage of care and are confirmed as infectious for COVID-19, are still symptomatic or within the 14 day initial isolation period: transfer to a step-down/step-up whilst Covid infectious’ facility

Where an individual has been admitted with or has contracted COVID-19, is ready to move from acute hospital to their next stage of care (see Annexe B of the COVID-19 Hospital Discharge Service Requirements) and is COVID-19 test infectious, they should move onto discharge pathway 3a - ‘Step-down whilst Covid infectious’. This phase is aimed primarily at people who:

- Require support for recovery and further assessment for ongoing care via one of the D2RA Pathways; or
- Are returning to an existing placement; and
- Are still symptomatic or testing as infectious for COVID-19 after hospitalisation or are still within the initial 14 day isolation period.

(By ‘testing as infectious for COVID-19’ we mean has an RT-PCR test which is ‘high positive’ with a Ct value <35)
What is a ‘step-down/step-up whilst Covid infectious’ facility?

This could be a community hospital, field hospital or other appropriate setting. It could be a process of cohorting patients based on COVID status. All LHBs must put in place appropriate arrangements to establish and maintain/operate such facilities.

Patients in these scenarios must not remain in acute hospital beds.

A revised COVID Discharge Flow Chart is attached as Annex A.

Whilst multiple moves are generally to be avoided, in these exceptional circumstances the revised pathway will:

- Mitigate the risks to vulnerable people of cross-infection;
- Protect acute hospital bed capacity
- Protect the scarce social care staff resource; and
- Maximise the opportunity for active therapeutic input during the early recovery phase, potentially mitigating the reduction in reablement, where community teams may have been redeployed to other services.

The same service should be provided for ‘step-up’ from placement or a person’s own home where appropriate. For example, where a care home has a confirmed COVID outbreak, there may be a case for transferring residents who are testing as infectious for COVID-19 or are still symptomatic, to a step-up facility to mitigate the risks of further cross infection and provide any required therapeutic input.

This guidance will be reviewed on a regular basis.

Actions required

Health Boards, Local Authorities and their partners must identify suitable facilities in their area for the ‘step-down/step-up whilst Covid infectious’ phase in the COVID-19 Discharge Pathway.

They must also consider how this provision can accommodate people who have a cognitive impairment/delirium/learning disability/other mental health needs and ensure the right skill mix, including mental health advice and support, is available.

All patients leaving the ‘step-down/step-up whilst Covid infectious’ phase of their care (including transfer to one of the main D2RA pathways) must have their infectious status reviewed under the criteria set out under 2. above, be tested and their COVID-19 non-infectious status confirmed with the receiving service provider, prior to transfer taking place.

As testing is only true for the time at which the test was taken, the national policy of 14 day self-isolation will still be necessary for patients with no evidence of COVID-19 infection during admission (in case they have acquired the infection whilst in hospital
but are not symptomatic on discharge). This isolation could take place in a healthcare facility or in the care home or other social care setting.

### Summary of discharge scenarios

<table>
<thead>
<tr>
<th>Patient Covid-19 Status/Scenario</th>
<th>Discharge action</th>
<th>Desired outcome</th>
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COVID-19 Test Negative | Provider agrees it is appropriate to transfer to existing or new placement/care package and they can comply with requirements for isolation for 14 days.  
Provider does not agree that it is appropriate to transfer.  
Individual is transferred to a suitable step-down facility until the 14 day self-isolation period is complete.  
Further negative test required prior to transfer at the end of the 14 day period. Further isolation is not essential but some settings may wish to isolate for a further period as a precaution. | Individual recovers in their optimal environment, with risks to themselves and to others mitigated  
Individual is supported until such time as safe transfer home is arranged. |
| 2. Admitted with or contracted COVID-19 in hospital.  
Ready to move on from acute phase of treatment.  
COVID test non-infectious on discharge. | Transfer back to placement or own home, or new package or placement, on Discharge to Recover then Assess pathway if required.  
No requirement to isolate; care can be provided as normal | Individual recovers in their optimal environment.  
Risks to other service users are mitigated. |
| 3. Admitted with or contracted COVID-19 in hospital. | Transfer/remain in ‘step-down/step-up whilst Covid infectious’ facility. Transfer back to placement/care package or to non-COVID step-down facility, once COVID non-infectious status is confirmed and symptoms have resolved. | Individual receives appropriate support for recovery and rehabilitation. Risks to other residents/service users are mitigated. Individual is supported to return to their familiar environment as soon as it is safe and appropriate to do so. |
COVID-19 DISCHARGE FLOW CHART (Wales)

**Decision to admit or treat at home**
- Simple discharge arrangements
  - Patient arrives in hospital
    - Admission required
      - Clear clinical plan and EDD within 24 hours
      - Brief assessment of function (e.g. mobility/transfer)
    - Acute treatment complete
      - No discharge support needed
        - ‘Low level’ support required: Option 0
          - Discharge team arrange with 3rd sector
          - Home
      - ‘Low level’ support required: Option 0
    - MDT ‘front door’ assessment of support/equipment required to meet needs at home (Pathway 1) and refer to local hub/SPA

**Where support is required for discharge, consideration of requirement for ‘step-down whilst Covid infectious’**
- Patient tests as Covid –ve
  - No evidence of Covid in admission
    - Support in own home (Pathway 2)
      - Arrange proportionate response e.g. to include equipment, reablement, domiciliary care, therapy and nursing input
    - Evidence of Covid during admission
      - Patient confirmed as ‘non-infectious’
        - Support in own home (Pathway 2)
          - Arrange proportionate response e.g. to include equipment, reablement, domiciliary care, therapy and nursing input
      - Patient confirmed as infectious
        - Transfer to ‘step-down whilst Covid infectious’ facility for supported recovery until ‘non-infectious’
          - Patient must not remain in an acute hospital bed
    - Patient tests as Covid –ve
      - No evidence of Covid in admission
        - Support in own home (Pathway 2)
          - Arrange proportionate response e.g. to include equipment, reablement, domiciliary care, therapy and nursing input
      - Evidence of Covid during admission
        - Patient confirmed as ‘non-infectious’
          - Support in own home (Pathway 2)
            - Arrange proportionate response e.g. to include equipment, reablement, domiciliary care, therapy and nursing input
        - Patient confirmed as infectious
          - Transfer to ‘step-down whilst Covid infectious’ facility for supported recovery until ‘non-infectious’
            - Patient must not remain in an acute hospital bed

**Implementation of Discharge to Recover then Assess**
- Refer to Local Health & Social Care Community Co-ordination Hub/Single Point of Access
  - Agree Discharge to Recover then Assess Pathway and arrange for options below:
    - Support in own home (Pathway 2)
      - Arrange proportionate response e.g. to include equipment, reablement, domiciliary care, therapy and nursing input
    - Transfer to bedded step-down/recovery model facility (Pathway 3)
      - This may include community hospitals or care homes
    - Transfer back to existing care home (Pathway 4)
      - Provide trusted assessment and arrange NHS in-reach as required.

**Monitor and Review Care Needs**
- Discharge from support services
- Move to alternative Pathway or Option 0 for community connections
- Transfer to longer-term care package or placement where necessary

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ANNEX A
ANNEX B

### Decision Tree: Covid-infectious status on discharge

Apply to all patients who require support from paid carers on discharge.
(This includes care home placements, Extra Care, supported housing, adult placements, domiciliary care packages and Discharge to Recover then Assess Pathways 2, 3 & 4)

#### Scenario 1

- Patient was not admitted with Covid-19, is showing no symptoms and has had a negative test result.
- Discharge with instruction to self-isolate for 14 days.
- Liaise with care providers to confirm they are able to support this isolation period

If the care provider does not feel confident in supporting the isolation period, hospital discharge teams should:
- a) Consider if NHS support can be provided to facilitate discharge (PPE/advice & support etc.);
- b) If discharge is still not agreed, arrange transfer to suitable ‘step-down’ facility for the 14 day isolation period

#### Scenario 2

- Patient has had Covid-19
- Patient is not severely immunocompromised and:
  - 14 days have elapsed since first onset of symptoms/first +ve Covid test; and
  - Has had no fever for at least 3 days; and
  - Is showing clinical improvement of symptoms; and
  - Has had RT-PCR test is -ve or low +ve with Ct value ≥35
- Patient can be safely discharged, with no requirement for self-isolation.
- If patient is severely immunocompromised, discuss with microbiology

#### Scenario 3

- Patient has had Covid-19
- Acute phase of treatment is complete but:
  - Patient is still symptomatic; or
  - Within 14 days of first onset of symptoms/first +ve Covid test; or
  - Has had a test result that indicates they are still infectious

- This patient should not remain in an acute hospital bed.
- Transfer to appropriate ‘step-up/down whilst Covid infectious’ facility.
- Support active recovery until Scenario 2 can be applied.