

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 28 January 2022

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 and the updates on step-up and step-down arrangements last issued on 16th December 2021.

The D2RA model and "Home First" ethos remain the default.

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, and is reflective of the additional safeguards implemented in hospital admissions procedures and patient testing pathway.

This guidance applies to people transferring to care homes, Extra Care and supported housing, Shared Lives (sometimes known as "Adult Placement"), other step-down settings or home with a package of care or reablement. It applies to people:

- requiring Reablement or 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, either RT-PCR or LFT, result prior to discharge, undertaking a 10-day isolation period with the option to 'test to release' on day 3 with a negative Lateral Flow Test (LFT).
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 10day initial isolation period: transfer to a 'step-down/step-up whilst Covid infectious' facility.

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 RT-PCR or LFT result prior to discharge, undertaking a 10-day isolation period with the option to 'test to release' with a negative LFT on day 3.

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 period of self-isolation of up to 10 days.

On day 3 of self-isolation, the care home may undertake a follow-up LFT for the individual; if this LFT confirms the original negative result then the individual's self-isolation may end. If the LFT returns a positive result, the care setting should refer to separate guidance outlining the procedures for managing cases.

Some care homes may not be able to support self-isolation arrangements, owing to the facilities available or the specialist needs of the individual. If the individual was admitted to hospital via a pre-planned/elective route then, for these cases, the need to self-isolate on discharge from hospital may be risk-assessed by care homes.

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

- Whether the person to be admitted is fully vaccinated (i.e. has received a primary course of vaccine) plus 2 weeks. Booster doses of vaccine should be encouraged according to eligibility;

- Whether the person to be admitted has no known contact with a COVID-positive person, within last 10 days, and has received a negative RT-PCR or LFT result;
- The ability to practically implement isolation precautions¹ 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.

If the individual was admitted to hospital for emergency/non-elective treatment, self-isolation procedures must be followed.

A summary of changes can be seen 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 10 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

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:

[COVID-19 - How to work safely in care homes](#)

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 10 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 10 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 1**.

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, and there remains a small risk that the LFT undertaken on discharge was conducted at the start of the infectiousness curve, self-isolation will still be necessary for patients with no evidence of COVID-19 infection during admission. This isolation could take place in a healthcare facility or in the care home or other social care setting and may be ended with follow-up testing.

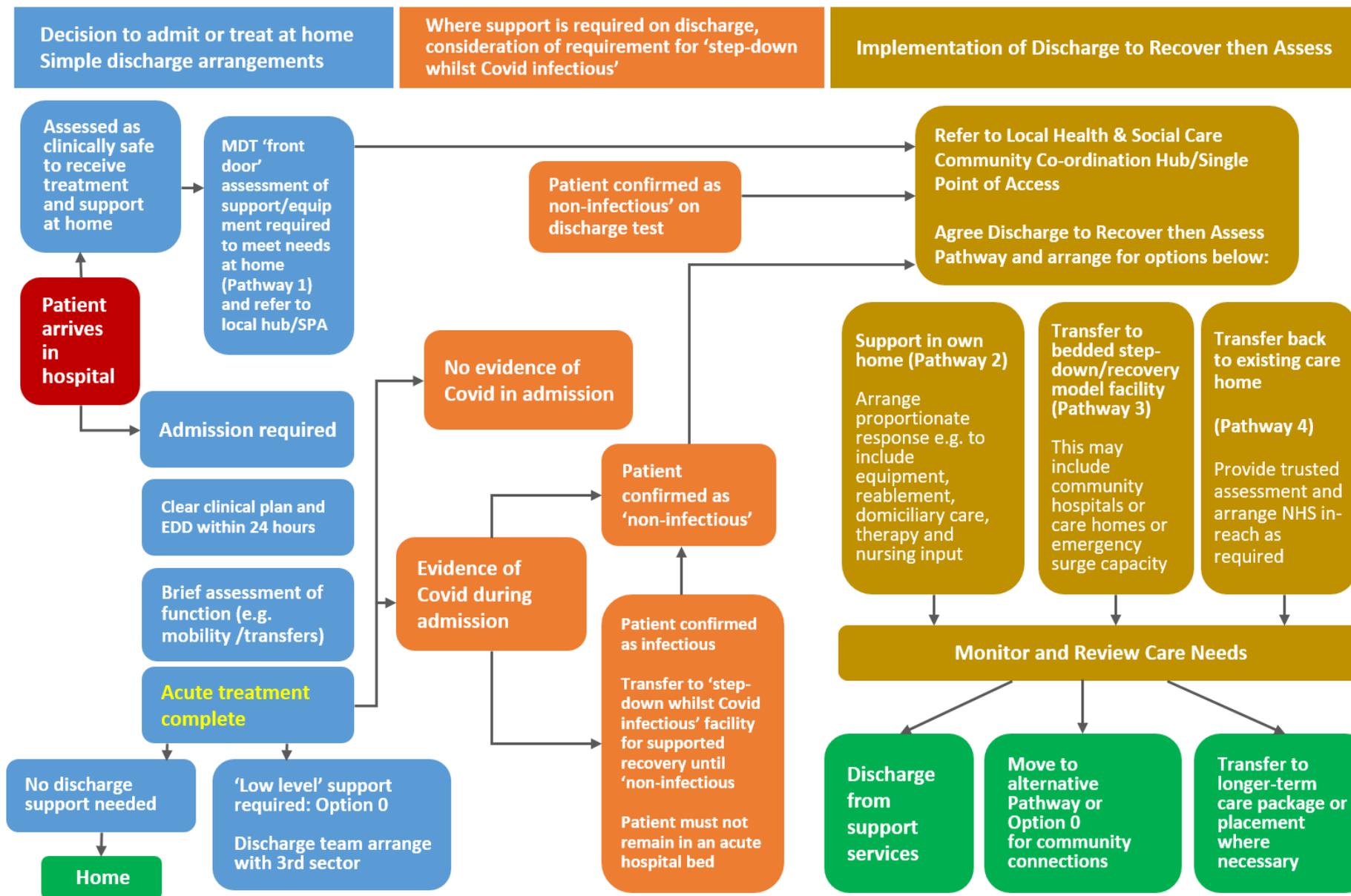
Summary of discharge scenarios

Patient Covid-19 Status/Scenario	Discharge action	Desired outcome
1. Admitted for non-COVID-19 related reasons. COVID-19 Test Negative – PCR or LFT	Provider agrees it is appropriate to transfer to existing or new placement/care package and they can comply with requirements for isolation for up to 10 days, subject to a ‘test to release’ LFT being undertaken at day 3.	Individual recovers in their optimal environment, with risks to themselves and to others mitigated
	Provider does not agree that it is appropriate to transfer. Individual is transferred to a suitable step-down facility with	Individual is supported until such time as safe transfer home is arranged.

Patient Covid-19 Status/Scenario	Discharge action	Desired outcome
	<p>isolation for up to 10 days, subject to a 'test to release' LFT being undertaken at day 3.</p> <p>Further negative test required prior to transfer at the end of the 10day period. Further isolation is not essential but some settings may wish to isolate for a further period as a precaution.</p>	
<p>2. Admitted with or contracted COVID-19 in hospital.</p> <p>Ready to move on from acute phase of treatment.</p> <p>COVID test non-infectious on discharge.</p>	<p>Transfer back to placement or own home, or new package or placement, on Discharge to Recover then Assess pathway if required.</p> <p>No requirement to isolate; care can be provided as normal</p>	<p>Individual recovers in their optimal environment.</p> <p>Risks to other service users are mitigated.</p>
<p>3. Admitted with or contracted COVID-19 in hospital.</p> <p>Ready to move on from acute phase of treatment.</p> <p>COVID test infectious.</p>	<p>Transfer/remain in 'step-down/step-up whilst Covid infectious' facility.</p> <p>Transfer back to placement/care package or to non-COVID step-down facility, once COVID non-infectious status is confirmed and symptoms have resolved.</p>	<p>Individual receives appropriate support for recovery and rehabilitation.</p> <p>Risks to other residents/service users are mitigated.</p> <p>Individual is supported to return to their familiar environment as soon as it is safe and appropriate to do so.</p>

COVID-19 DISCHARGE FLOW CHART (WALES)

ANNEX 1



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, Shared Lives (sometimes known as "Adult Placement"), 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.

Patient discharged with instruction to self-isolate for 10 days with the option to 'test to release' with a negative Lateral Flow Test (LFT) on day 3. If the LFT on day 3, confirms the original negative result then the individual can conclude self-isolation.

If the LFT on day 3 returns a positive result, individual to complete a full 10 day self-isolation period.

Liaise with care providers to confirm they are able to support both isolation scenarios

If the care provider does not feel confident in supporting either isolation periods, 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 10 day isolation period, with test-to-release at day 3.

Scenario 2

Patient has had Covid-19

Patient is not severely immunocompromised and:

- ✓ 10 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 10 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.