



DISCHARGE INTO CARE HOMES FOR PEOPLE WHO HAVE TESTED POSITIVE FOR COVID-19: NOTE AND FLOWCHART FOR CARE HOMES

Date of Issue: 13th January 2021

This document is based on guidance available on the date of issue. It will be updated as new guidance is published in line with the latest evidence.

OVERVIEW

- This note and flowchart has been created for care homes to simplify and clarify existing [national guidance](#) on discharge into care homes (published in December), particularly in relation to people who have tested positive for COVID-19.
- The current requirement is for hospitals to undertake a COVID-19 PCR test on all people discharged into a care home in the 48 hours prior to discharge. All individuals who test positive within this timeframe should be discharged into [designated settings](#) in the first instance. The outcome of tests should be shared with care homes prior to discharge and be included in the discharge summary information.
- An exception to this process is for individuals who have tested positive for COVID-19 and are within 90 days of their initial illness onset or positive test date. If these individuals have already completed their 14-day isolation period from onset of symptoms or positive test result (if asymptomatic) and have no new COVID-19 symptoms or exposure, they are not considered to pose an infection risk. They therefore do not have to be re-tested and can move directly to a care home from hospital (see flowchart overleaf).

KEY ROLES OF CARE HOMES AND HOSPITALS

| Key roles of care homes | Key roles of hospitals (in the context of interacting with care homes) |
|--|--|
| Care home manager has the absolute discretion to accept or decline a resident depending on their local context and subsequently whether to isolate that individual on admission. | Hospital discharge team must not put undue pressure on a care home to accept a resident. |
| Care home manager should review the discharge summary information, in conjunction with NHS clinical support to care homes if required, to satisfy themselves that due process has been followed in the clinical assessment and decision-making. | Clinical team should ensure that the time-stamped reported COVID-19 test result of the individual is included in the discharge summary information. |
| If any information in the discharge summary information is missing or unclear, the care home manager should seek clarification from the hospital before accepting a resident. | Clinical team should provide detailed information about the clinical assessment and decision-making in the discharge summary information. This should state clearly whether or not the person is considered infectious and therefore whether or not it is necessary to discharge them to a designated setting. It should also include details of the individual's previous COVID symptomology (including date of onset of symptoms) and severity. |
| Care home manager should ensure the care home follows its own infection prevention and control procedures. | |
| Care home manager must ensure that the care home is operating within the margins of its organisation's indemnity insurance. | |

DISCHARGE INTO CARE HOMES FOR PEOPLE WHO HAVE TESTED POSITIVE FOR COVID-19: FLOWCHART FOR CARE HOMES

Immunocompetent* individual in hospital who has received a positive PCR test for COVID-19, is within a period of 90 days from their initial illness onset or positive test date and is [clinically ready for discharge](#)

*Immunocompetence describes having a normal immune response.

Hospital clinical team, in conjunction with an infection specialist if required, should undertake a clinical assessment against the following questions:

QUESTIONS:

- Has the individual completed their [14-day isolation period](#) from their symptom onset or positive test result (if asymptomatic)?
- Has the individual **not** developed any new COVID-19 symptoms? [New COVID-19 symptoms](#) include a new continuous cough, high temperature and/or loss of, or change to, the individual's sense of smell or taste. Care home residents may not present with typical symptoms. A post-viral cough and/or loss of, or change to, normal sense of smell or taste is known to persist for several weeks in some cases.
- Has the individual **not** had a new COVID-19 exposure? A [new COVID-19 exposure](#) is close contact with a confirmed COVID-19 case – a risk assessment involving an infection specialist may be required.

NO (TO ONE OR MORE)

YES (TO ALL)

Individual may pose an infection risk so should be discharged to a suitable [designated setting](#) to complete their isolation period

The total 14-day isolation period can be shared across the hospital and designated setting if infection prevention and control practices are not breached

After the 14 days the individual may be moved to their care home without the need for further COVID-19 test

Individual is considered **not** to pose an infection risk and may be discharged to any care home without having to enter and isolate in a designated setting

Resident does not require a further COVID-19 test in the 48 hours prior to discharge

Care homes should continue to receive clinical support for residents following hospital discharge as outlined the [framework on NHS clinical support to care homes](#)