



COVID-19 Guidance for Healthcare Facilities for Discharge of Residents

Michigan.gov/Coronavirus

Guidance for health care facilities, including hospitals, nursing facilities, and other entities for discharging residents with suspected or confirmed COVID-19.

Please note – patient and resident are used interchangeably in this document.

Discharge of Individuals with Suspected or Confirmed COVID-19 to Subsequent Care Locations

If a patient is departing via transport by [emergency medical services \(EMS\)](#), EMS personnel should contact the receiving healthcare facility and follow previously agreed upon local or regional transport protocols. This will allow the healthcare facility to prepare for receipt of the patient.

If a COVID-19 test was not warranted based on CDC or MDHHS guidance, then a patient does not need to be tested prior to discharge from a facility. Residents with COVID-19 that require hospitalization can and should be discharged back to the facility of residence once they are clinically stable regardless of whether COVID-19 testing is still positive or not. Continued hospitalization until residents' test negative will overwhelm the healthcare system and should be avoided.

- Discharge of residents with confirmed COVID-19 disease to the originating facility or a separate facility with known COVID-19 cases is preferred as opposed to discharge to a facility without known cases of COVID-19.
- Health care facilities transferring patients should ensure communication about the patient's COVID-19 testing status, and Person Under Investigation (PUI) number, is included in transfer paperwork. This ensures there is no duplication testing (unless additional testing is clinically warranted).

The decision to discharge a patient from the hospital should be made based on the clinical condition of the patient. If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control recommendations.

Medicare's Discharge Planning Regulations (which were updated in November 2019) requires that hospital assess the patient's needs for post-hospital services, and the availability of such services.

- When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any post-acute service provider.
- For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.
 - CMS sub-regulatory guidance identifies infection control concern as an example of when clinical restrictions may be warranted.
 - Patients must be informed of his/her visitation rights and the clinical restrictions or limitations on visitation.
 - The development of such policies and procedures require hospitals to focus efforts on preventing and controlling infections, not just between patients and personnel, but also between individuals across the entire hospital setting (for example, among patients, staff, and

visitors) as well as between the hospital and other healthcare institutions and settings and between patients and the healthcare environment.

- Hospitals should work with their local, State, and Federal public health agencies to develop appropriate preparedness and response strategies for communicable disease threats.

Considerations for Long-Term Care Settings

A nursing home can accept a resident diagnosed with COVID-19 and still under [Transmission Based Precautions for COVID-19](#) as long as the facility can follow CDC guidance for Transmission-Based Precautions.

- If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions](#) or [In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).
- Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses.
 - The decision to discontinue Transmission-Based Precautions should be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. More information and CDC guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Per [CMS Guidance](#): Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.
 - Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Discharge of Individuals Back to Community

Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider if:

- The patient is stable enough to receive care at home.
- The patient's ability to adhere to isolation recommendations.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).
- There are household members who may be at increased risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes).

Personal Protective Equipment Considerations

- As a measure to limit HCP exposure and conserve personal protective equipment (PPE), facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
 - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.
 - It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit.
 - However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.
 - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
 - HCP must take care not to touch their eye protection and respirator or facemask.
 - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
 - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
 - Additional information from the CDC is available for [Strategies for Optimizing PPE](#)

Communal Space Considerations in Health Care Facilities During Periods of Community Transmission

- Cancel communal dining and all group activities, such as internal and external group activities. Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Explore alternatives to face-to-face triage and visits.
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
- Postpone elective procedures, surgeries, and non-urgent outpatient visits.
- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
 - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).

Recommended Infection Prevention and Control Practices

Recommendations for patient placement and other detailed infection prevention and control recommendations regarding hand hygiene, Transmission-Based Precautions, environmental cleaning and disinfection, managing visitors, and monitoring and managing healthcare personnel are available in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons under Investigation for COVID-19 in Healthcare Settings](#).