



**Interim Guidance: Discharging Suspected or Confirmed COVID-19 Cases  
 From an Emergency Department, Hospital, or Skilled Nursing Facility  
 May 15, 2020**

The following interim guidance was developed by the San Francisco Department of Public Health for use by local facilities and will be posted at [www.sfdcdp.org/covid19hcp](http://www.sfdcdp.org/covid19hcp) and may change as circumstances and resources change.

**Audience:** Health care providers who are discharging patients with confirmed or suspected COVID-19 from an emergency department, hospital, or skilled nursing facility (SNF).

**Definitions:**

**Confirmed COVID-19:** patient who has had positive COVID-19 RT-PCR result, regardless of whether they have symptoms

**Suspected COVID-19:** patient who has any ONE of the following signs or symptoms, which is new or not explained by a pre-existing condition, and has not yet been tested OR has pending COVID-19 test results:

- Fever, chills, or rigors
- Cough
- Sore throat
- Shortness of breath, difficulty breathing
- Feeling unusually weak or fatigued
- New loss of taste or smell
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea

Encourage Suspected COVID-19 cases to get tested.

- If you are unable to test or the patient refuses testing, they must be treated as if they have COVID-19.
- If they are tested but discharged prior to results, they must remain isolated while awaiting results.

**Confirmed or Suspected COVID-19 patients can be discharged from an emergency department, hospital or SNF when clinically indicated as long as the patient can maintain isolation if it is still required.** See CDC guidelines for discontinuing transmission-based precautions in healthcare settings:

[www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

All patients prior to discharge from an emergency department, hospital or SNF

- Verify the phone number at which the person can be contacted with any pending test results.
- Identify if patient is a reportable case (see below).
- Provide SF City Directive of the Health Officer No. 2020-03b and SFDPH Isolation and Quarantine instructions to patient ([www.sfdcdp.org/covid19hcp](http://www.sfdcdp.org/covid19hcp)) under “Isolation and Quarantine Directives” which highlight
  - Cases: Self-isolation for at least 10 days from symptom onset AND 72 hours fever free AND symptoms improving
  - Close contacts: Quarantine for 14 days from last close contact with case, even if their own test results are negative
- Emphasize importance and legal mandate of these orders
- Ensure patient can continue to safely self-isolate upon discharge if going to community:
  - If the patient cannot have their own sleeping quarters, cannot adequately physically distance within those sleeping quarters, or must share a bathroom or a kitchen facility that they cannot adequately disinfect, then they are unable to self-isolate at home. Patients staying at shelters can never adequately self-isolate; this is often true for people living on the street, in SRO hotels, in residential treatment programs, or in other congregate living situations.
  - If patient cannot self-isolate, providers should contact the DPH Containment Center. See “Patients who need assistance to self-isolate” below.
  - Ensure patients have adequate supplies of essential medicines and strongly recommend medication delivery services if available. If support is needed, providers should call the DPH Containment Center.



	<ul style="list-style-type: none"> <li>○ If the patient needs additional resources to safely self-isolate, work with the patient to ensure this. In discharge instructions, tell the patient they can obtain additional resources by calling 311 (<a href="https://sf311.org">https://sf311.org</a>).</li> <li>● Inform patient that employers should not require a letter for (a) patients isolating or quarantined for COVID-19, or (b) patients to return to work after isolation or quarantine.</li> </ul>
Patients who need assistance, including but not limited to food and housing, to self-isolate	<ul style="list-style-type: none"> <li>● Call the SFDPH Containment Call Center (628-652-2810) ideally 24-48 hours prior to discharge</li> <li>● Complete a web-based referral form for people who need placement in an isolation &amp; quarantine hotel at: <a href="https://covid19isorequest.getcare.com/referral">https://covid19isorequest.getcare.com/referral</a>.</li> <li>● Call Center will assess whether patient qualifies for isolation housing and can help provide supportive social services for patient to self-isolate at home.</li> <li>● DO NOT discharge patient to street or to congregate setting in which bathrooms or kitchens are shared by multiple households without discussing with the SFDPH Containment Call Center.</li> </ul>
Patients leaving against medical advice (AMA)	<ul style="list-style-type: none"> <li>● Continue to follow existing policies at your institution regarding patients leaving AMA.</li> <li>● Call the SFDPH Containment Call Center (628-652-2810) for same-day assistance or email <a href="mailto:covid19AMArecovery@sfdph.org">covid19AMArecovery@sfdph.org</a>.</li> <li>● If patient desires to leave AMA but is willing to self-isolate, then provide patient SF City Directive of the Health Officer No. 2020-03b and SFDPH Isolation and Quarantine instructions (see above).</li> </ul>
Patient refusing to self-isolate	<ul style="list-style-type: none"> <li>● Attempt to identify specific barriers to compliance</li> <li>● The provider can call the SFDPH Containment Call Center (628-652-2810; 7am-8pm daily; or email <a href="mailto:covid19AMArecovery@sfdph.org">covid19AMArecovery@sfdph.org</a>) for access to social services and referrals to address potential barriers to isolation (this includes meal assistance, workplace protections, childcare resources, medication delivery, cleaning supplies, etc)</li> </ul>
Patients being discharged to LTCF/SNF	<ul style="list-style-type: none"> <li>● Follow the guidance: <a href="#">Discharge or Transfer of Patient with Covid-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities</a> found at <a href="http://www.sfdcp.org/covid19hcp">www.sfdcp.org/covid19hcp</a> under “Long Term Care and Senior Care”</li> <li>● For patients who tested positive for COVID-19, hospitals should email or call SFDPH 24-48 hours before proposed discharge at 415-554-2830 so DPH can assess facility readiness to accept patient.</li> </ul>
Patients being discharged from SNF to assisted living facilities (ALF)	<ul style="list-style-type: none"> <li>● Follow the guidance: <a href="#">Discharge or Transfer of Patient with Covid-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities</a> found at <a href="http://www.sfdcp.org/covid19hcp">www.sfdcp.org/covid19hcp</a> under “Long Term Care and Senior Care” with regard to clinical stability and provisions for isolation if still required.</li> <li>● It is not necessary to report discharge from SNF to AFL to DPH.</li> </ul>
<b>REPORT SUSPECTED OR CONFIRMED COVID-19 CASES TO SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH</b>	
All <b>lab confirmed COVID-19 cases</b> need to be reported to SFDPH by fax, phone, or laboratory record	<ul style="list-style-type: none"> <li>● Download the COVID-specific CMR from <a href="http://www.sfdcp.org">www.sfdcp.org</a>.</li> <li>● Complete all relevant fields.</li> <li>● Send the complete form and supporting laboratory results via fax to (415) 554-2848, or by calling (415) 554-2830, or via electronic laboratory record.</li> </ul>
Some <b>confirmed and suspected</b> COVID-19 Cases also need to be reported via phone	<p><b>Please call SFDPH Clinical Consultation between 8 am - 5 PM at (415) 554-2830 to report:</b></p> <ul style="list-style-type: none"> <li>● Fatal confirmed case.</li> <li>● Confirmed or suspected case who is a patient or staff in a long-term care or skilled nursing facility.</li> <li>● Confirmed or suspected case who is experiencing homelessness, and/or living in congregate settings such as shelters, navigation centers, SROs, correctional facilities, or adult/senior residential facilities.</li> <li>● A cluster of 3 or more confirmed or suspected cases in health care workers at the same facility.</li> <li>● A cluster of 3 or more confirmed or suspected cases of unexplained pneumonia or deaths in a congregate setting not listed above.</li> </ul>