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.sfcdcp.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

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.sfcdcp.org/covid19hcp) under “Isolation and Quarantine Directives”) which highlight
  o Cases: Self-isolation for at least 10 days from symptom onset AND 72 hours fever free AND symptoms improving
  o 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:
  o 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.
  o 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.
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 (https://sf311.org).

- 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.

### Patients who need assistance, including but not limited to food and housing, to self-isolate

- Call the SFPDH Containment Call Center (628-652-2810) ideally 24-48 hours prior to discharge
- Complete a web-based referral form for people who need placement in an isolation & quarantine hotel at: [https://covid19isorequest.getcare.com/referral](https://covid19isorequest.getcare.com/referral)
- Call Center will assess whether patient qualifies for isolation housing and can help provide supportive social services for patient to self-isolate at home.
- DO NOT discharge patient to street or to congregate setting in which bathrooms or kitchens are shared by multiple households without discussing with the SFPDH Containment Call Center.

### Patients leaving against medical advice (AMA)

- Continue to follow existing policies at your institution regarding patients leaving AMA.
- Call the SFPDH Containment Call Center (628-652-2810) for same-day assistance or email covid19AMArecovery@sfdph.org.
- 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 SFPDH Isolation and Quarantine instructions (see above).

### Patient refusing to self-isolate

- Attempt to identify specific barriers to compliance
- The provider can call the SFPDH Containment Call Center (628-652-2810; 7am-8pm daily; or email covid19AMArecovery@sfdph.org) 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).

### Patients being discharged to LTCF/SNF

- Follow the guidance: Discharge or Transfer of Patient with Covid-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities found at [www.sfcdcp.org/covid19hcp](http://www.sfcdcp.org/covid19hcp) under “Long Term Care and Senior Care”
- 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.

### Patients being discharged from SNF to assisted living facilities (ALF)

- Follow the guidance: Discharge or Transfer of Patient with Covid-19 to a Skilled Nursing Facility: Instructions for Hospitals and Other Facilities found at [www.sfcdcp.org/covid19hcp](http://www.sfcdcp.org/covid19hcp) under “Long Term Care and Senior Care” with regard to clinical stability and provisions for isolation if still required.
- It is not necessary to report discharge from SNF to AFL to DPH.

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### REPORT SUSPECTED OR CONFIRMED COVID-19 CASES TO SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**All lab confirmed COVID-19 cases need to be reported to SFDPH by fax, phone, or laboratory record**

- Download the COVID-specific CMR from [www.sfcdcp.org](http://www.sfcdcp.org).
- Complete all relevant fields.
- 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.

**Some confirmed and suspected COVID-19 Cases also need to be reported via phone**

- Please call SFPDH Clinical Consultation between 8 am - 5 PM at (415) 554-2830 to report:
  - Fatal confirmed case.
  - Confirmed or suspected case who is a patient or staff in a long-term care or skilled nursing facility.
  - 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.
  - A cluster of 3 or more confirmed or suspected cases in health care workers at the same facility.
  - A cluster of 3 or more confirmed or suspected cases of unexplained pneumonia or deaths in a congregate setting not listed above.