

Pathway: Individual discharged from Hospital into Designated settings

Covid 19 continues to have a significant impact on both health and social care settings, and as we approach the winter it is important that we have a consistent approach to managing the spread of infection, supporting staff, respecting residents' individual needs and wishes, and ensuring people are in the setting most appropriate for their level of clinical need.

The Adult Social Care Winter Plan published on 18th September set out the plans for the next phase of the COVID-19 response. The attached discharge pathway incorporates the new guidance derived from this plan and includes the introduction of the designation scheme with the Care Quality Commission (CQC) of premises for people leaving hospital who have tested positive for COVID-19 and are transferring to a care home.

It is intended to be complementary to that plan and is subject to change as guidance changes. It should be considered within the context of the primacy of a home first model and discharge to assess which underpins good discharge planning.

The flow chart is intended to be used for support at system level and at an individual patient level.

For systems:

Patients who have been admitted into a hospital setting (excluding A and E attendances from Care Homes) are not to be discharged into or back into a registered care home setting with a COVID-19 test result outstanding or without having been tested within the 48 hours preceding their discharge.

The designation scheme is intended for the small number of individuals in hospital who have tested positive for COVID-19 and whose discharge pathway requires admission to a registered care home at a point in time where they have not completed their isolation period. This applies to an admission to care homes providing accommodation for people who need personal or nursing care. including registered residential care and nursing homes for older people, people with dementia, and people with learning disabilities, mental health and/or other disabilities and older people.

Anyone with a Covid-19 positive test result being discharged into or back into a registered care home setting who has not completed their period of isolation should, where possible, be discharged into a designated setting where these have been agreed by the system. These settings will have been confirmed by the CQC has having the policies, procedures, equipment and training in place to maintain infection control and support the care needs of residents.

NOTE: Where no designated settings have been identified, systems should continue to use existing agreed pathways until advised otherwise.

For use with individual patients:

The below lays out in a straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical need; that staff are protected, and that the resident's wishes and expectations influence decision making around their care. Priority should continue to be based on a 'Home first model.'

The need to maintain the highest standards of Infection Prevention Control in all settings remains and staff should be working on the assumption that all individuals requiring admission to a care home should be assumed to be positive for COVID-19 regardless of their test result.

Individual due to be discharged from Hospital into a Care Home



Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting (see appendix 1) and cared for there for the remainder of the required isolation period.

Before individual arrives to the designated setting, Hospital must provide:

1. COVID-19 status of an individual
2. The date and results of any COVID-19 test
3. The date of the onset of symptoms
4. The care plan for discharge from isolation
5. Ensure that the details of the individual's GP practice(s) are readily available
6. Ensure an up to date ACP¹ is available and in place for individuals (including DNAR²/RESPECT) as applicable



Has the individual completed 14-day isolation period?

Yes

Patient can be discharged to Care Home following IPC guidance as set out in Appendix 2. Designated setting must ensure:

1. The details of the individual's GP practice(s) are readily available
2. An up to date ACP is available and in place for individuals (including DNAR/RESPECT) as applicable
3. Multi - Disciplinary Team (MDT) support is available to this care home from

No

Provide care in isolation until 14 days from the date of testing positive*

Is the individual for escalation according to ACP¹?

No

Provide care as normal - include twice daily assessment for Fever (>37.8C) /Cough / Shortness of Breath

Yes

Has the individual fully recovered?

No

Monitor individual using NEWS²³ /RESTORE²⁴ to identify earlier signs of relapse and escalate accordingly.

Contact MDT for nursing support.

Notes:

- 1 - ACP – Advanced Care Plan
- 2 - DNAR – Do not attempt resuscitation
- 3 - NEWS2 – National Early Warning Score
- 4 - RESTORE2 – Recognise Early Soft sign, Take Observation, Respond, Escalate

* - Please see Appendix 1 for IPC consideration.

Appendix 1

Midlands Designated Settings

Appendix 2

INFECTION PREVENTION CONTROL (IPC) REMINDER:

- **When transporting the individual, you should wear a surgical face mask.**
- **All staff and carers to wear disposable gloves (single use), plastic apron (single use) and fluid resistant surgical mask (sessional use) for any care encounter or entering room. Eye protection should also be used if the individual is coughing or there is a risk of body fluids reaching the eyes.**
- **Transport to single occupancy ensuite / private facility room away from any shielding or immunocompromised individual.**
- **Clearly sign the room by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room**
- **Room door(s) should be kept closed where possible and safe to do so.**
- **Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door as part of a risk assessment.**
- **Individual does not leave room (including for meals) for 14 days.**
- **Staff caring for symptomatic people should also be cohorted away (please see below) from other care home residents and other staff, where possible/practical.**
- **Home to ensure it conducts individual risk assessment based on staff circumstances, as to who the best staff are to care for those individual. For example, staff who are – at increased risk from severe illness from COVID -19 should be carefully assessed when assigning duties.**