



DISCHARGE PROTOCOL FOR PERSONS WHO HAVE TESTED POSITIVE FOR COVID-19 Version 3.3

September 4, 2020

The following are the essential principles underpinning the MOHW Discharge Protocol for persons in the COVID-19 Care Pathway (Appendix 1). These persons were subject to Transmission Based Precaution Protocol (including isolation) for COVID-19 and they will now be released from same as indicated.

1. The likelihood of transmitting the virus is significantly greater in the symptomatic person but pre-symptomatic persons may be infectious especially just prior to symptom onset.^{1,4}
2. The potential for virus transmission is greatest in the earlier part of the clinical course and declines rapidly after symptom onset.^{2,3}
3. Limited published and pre-published information provides estimates on viral shedding of up to 8 days for mild patients and up to 20 days in hospitalized patients.^{4,5}
4. There are reports that patients can remain consistently polymerase chain reaction (PCR) positive for many weeks, or even test PCR positive after days/weeks of a negative test.^{4,5}
5. Positive tests may represent viral fragments incapable of infection. This is more likely to occur later in the clinical course, after symptoms have resolved.⁵
6. Active virus may persist in persons who are critically ill or severely immunocompromised.⁶



The discontinuation of transmission based precautions for the confirmed case of COVID-19 will occur according to the category in which he/she falls.

Category 1

Asymptomatic

End isolation 14 days after the date of the retrieval of the diagnostic sample (ie 14 days after the first swab which tested positive).

Category 2

Symptomatic

End isolation after the patient has had 3 clear days of ABSOLUTELY no symptoms related to COVID. The isolation will end at the earliest, 14 days after the onset of symptoms.

Category 3

Critically Ill or Severely Immunocompromised (On chemotherapy/ Radiotherapy/Congenital or Acquired Immunodeficiency with low CD4 Count or high viral loads etc)

Release from hospital when deemed suitable for discharge by specialist managing team(s) providing the patient has had three clear days without symptoms related to COVID-19. This release from hospital will occur at earliest 14 days after the onset of symptoms.

The patient will be discharged to a step-down facility or home (if appropriate) where they will be quarantined for seven (7) days. They will be discharged from isolation after completing the 7 additional symptom free days in quarantine.

General follow-up should be dictated by the nature and status of the clinical course and the comorbidities.

Category 4

Healthcare Worker

Manage according to the clinical presentation and category as above.

(The deployment of staff to work areas on return to work instruction, is determined and provided by the Infection Prevention and Control or Occupational Health team).

Testing

The discharge protocol is non-test based for all categories of patients.

POST DISCHARGE FOR ALL CATEGORIES OF PATIENTS

Follow Up

After the period of isolation has ended, the Health Department should ensure a wellness call (at the least) on **Day 7** to:

1. Ascertain the person's clinical status
2. Establish that he/she is adhering to IPC advice
 - a. Appropriately wearing a mask.
 - b. Adhering to "Social Distancing" guidelines.
 - c. Employing hand and respiratory hygiene measures.
3. Conduct a mental health check including use of **2 point depression screening tool** (Appendix 2).
4. Advise/arrange further contact with the healthcare system if appropriate.

There should be a clinical visit on **Day 14** after the end of the isolation period to do the following:

1. Clinical checks including:
 - a. SOAP (including history, chest and CVS exam, vital signs, pulse oximetry)
*For children and adolescents, features of Multisystem Inflammatory Syndrome, must be intentionally examined for: fever, mucocutaneous inflammation, splenomegaly, cardiac involvement, myalgia, arthralgia.



- b. A 12-lead ECG where indicated.
- c. Mental health check including use of **2 point depression screening tool** (Appendix 2).
A blood sample at the Day 14 follow-up is no longer required.

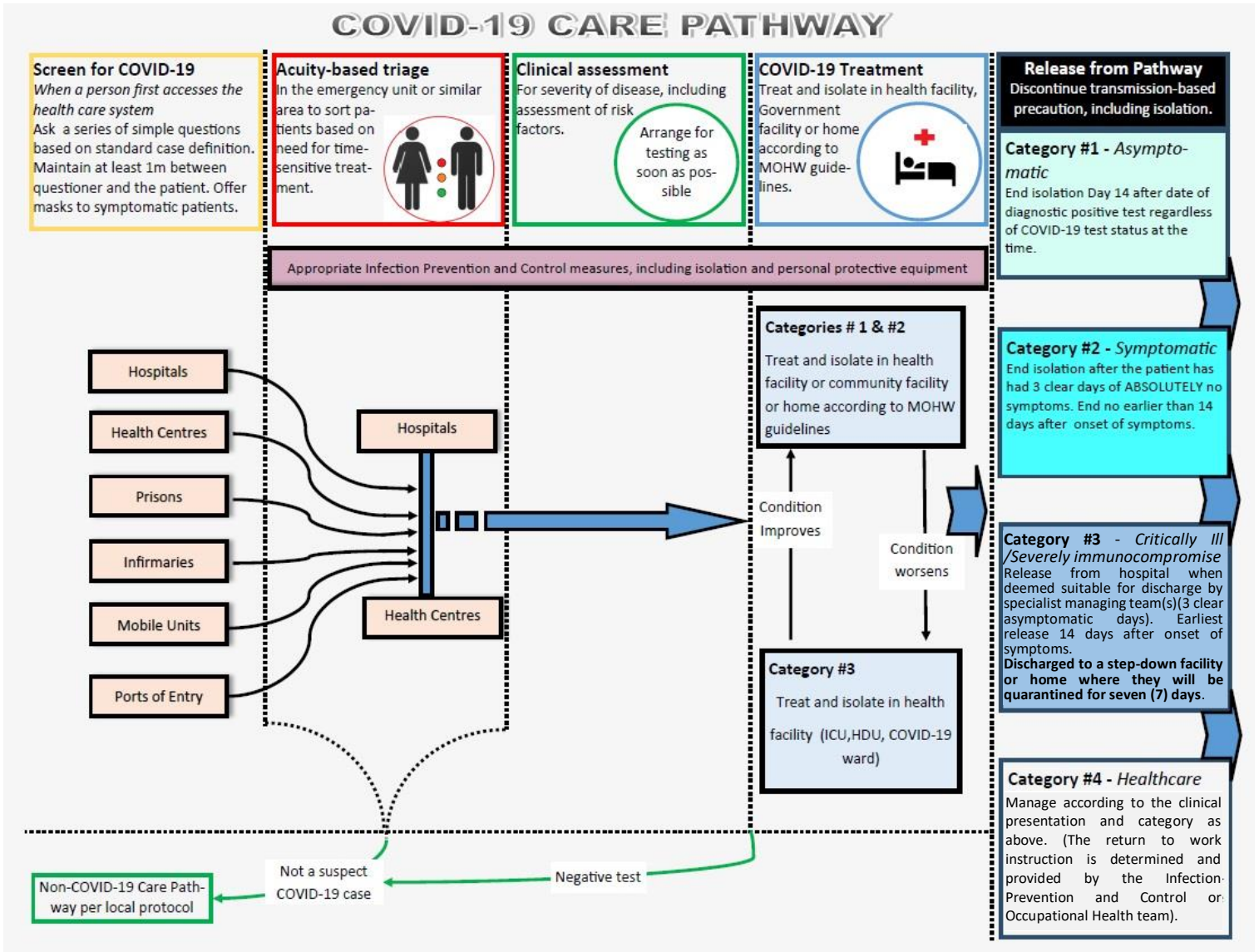
Health Alert Card

Medical Alert Cards should be issued to individuals at the time of discontinuation of direct, close monitoring by the healthcare team. The cards should:

- Contain Parish Health Department telephone number.
- Urge persons to call the Health Department (GP or visit hospital if severe) in the event that symptoms related to COVID-19, or its complications develop eg:
 - Fever
 - Cough
 - Shortness of breath
 - Chest pain
 - Wheezing
 - Palpitation
- Urge persons to contact the National Mental Health helpline (888-NEW LIFE) helpline or local Community Mental Health Services, in the event that symptoms develop eg:
 - Depression
 - Anxiety
 - Delirium
 - Persistent Headaches
 - Persistent Fatigue



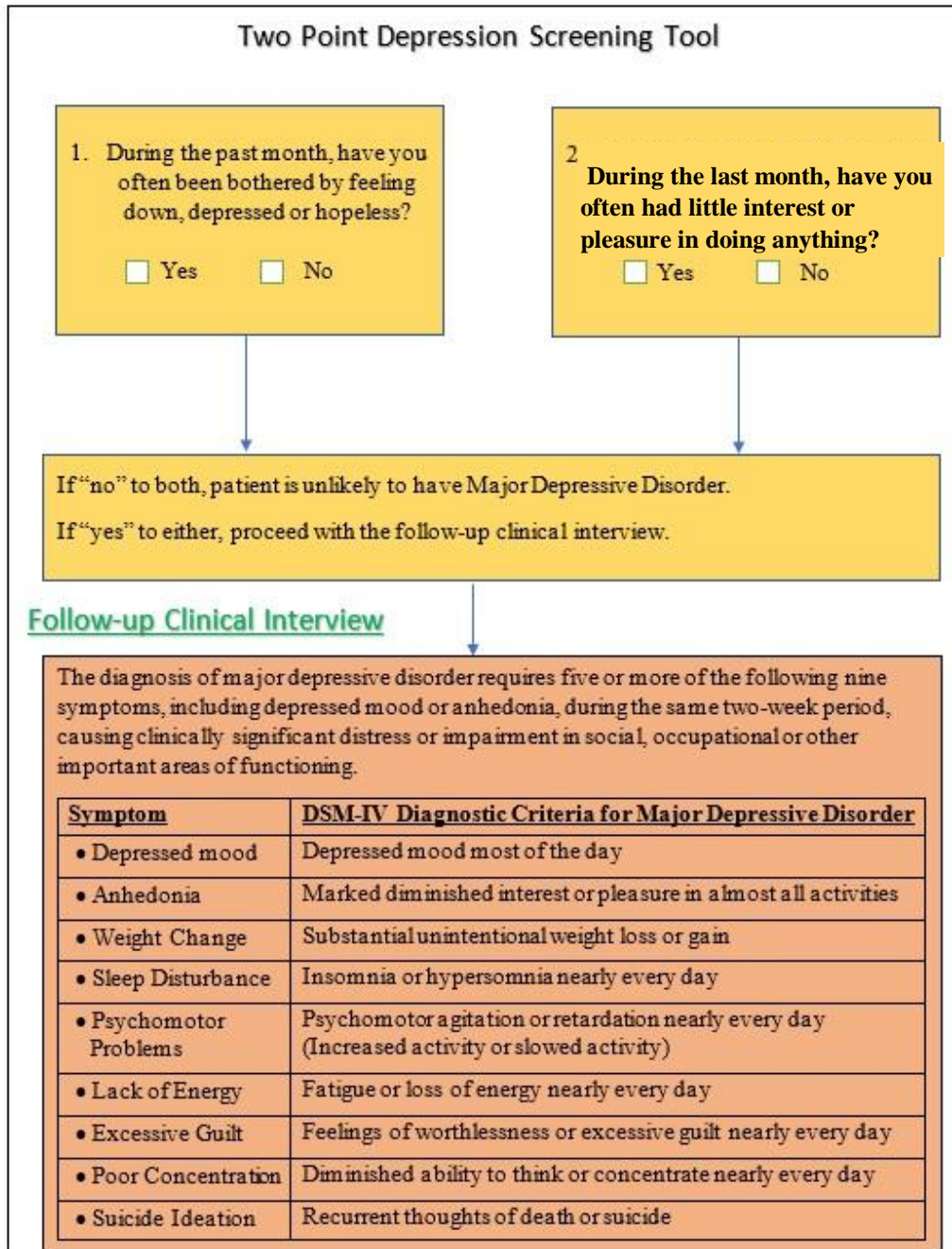
Appendix 1: The COVID-19 Care Pathway





Appendix 2 – 2 Point Depression Screening Tool

Case Finding Instrument for Major Depressive Disorder





References:

1. Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 - Singapore, January 23-March 16, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(14):411-5. Epub 2020/04/10.
2. Bullard J, Dust K, Strong J, et al. Predicting infectious SARS-CoV-2 from diagnostic samples. Clinical Infectious Disease ciaa638, <https://doi.org/10.1093/cid/ciaa638>. 22 May 2020
3. Meyerowitz E, Richterman A. Viral Shedding and COVID-19 Superspreading Events. Medscape, <https://www.statnews.com/2020/06/08/viral-shedding-covid19-pcr-montreal-baby/.June> 08 2020
4. World Health Organization. Clinical Management of COVID-19. Interim Guidance. 27 May 2020
5. Korean Centre for Disease Control. Findings from investigation and analysis of re-positive cases. 19 May 2020
6. Center for Disease Control and Prevention. Prolonged Persistence of SARS-CoV-2 RNA in Body Fluids. Dispatch Vol 26, Number 8. 2020