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 (i.e., 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

**Category #3 - Critically Ill / Severely immunocompromise**
Release from hospital when deemed suitable for discharge by specialist managing team(s) (3 clear asymptomatic days). Earliest release 14 days after onset of symptoms. Discharged to a step-down facility or home where they will be quarantined for seven (7) days.

**Category #4 - Healthcare**
Manage according to the clinical presentation and category as above. (The return to work instruction is determined and provided by the Infection Prevention and Control or Occupational Health team).
Appendix 2 – 2 Point Depression Screening Tool

Case Finding Instrument for Major Depressive Disorder

## Two Point Depression Screening Tool

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?
   - Yes
   - No

2. During the last month, have you often had little interest or pleasure in doing anything?
   - Yes
   - No

If “no” to both, patient is unlikely to have Major Depressive Disorder.
If “yes” to either, proceed with the follow-up clinical interview.

## Follow-up Clinical Interview

The diagnosis of major depressive disorder requires five or more of the following nine symptoms, including depressed mood or anhedonia, during the same two-week period, causing clinically significant distress or impairment in social, occupational or other important areas of functioning.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>DSM-IV Diagnostic Criteria for Major Depressive Disorder</th>
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</thead>
<tbody>
<tr>
<td>Depressed mood</td>
<td>Depressed mood most of the day</td>
</tr>
<tr>
<td>Anhedonia</td>
<td>Marked diminished interest or pleasure in almost all activities</td>
</tr>
<tr>
<td>Weight Change</td>
<td>Substantial unintentional weight loss or gain</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>Insomnia or hypersomnia nearly every day</td>
</tr>
<tr>
<td>Psychomotor Problems</td>
<td>Psychomotor agitation or retardation nearly every day (Increased activity or slowed activity)</td>
</tr>
<tr>
<td>Lack of Energy</td>
<td>Fatigue or loss of energy nearly every day (Increased activity or slowed activity)</td>
</tr>
<tr>
<td>Excessive Guilt</td>
<td>Feelings of worthlessness or excessive guilt nearly every day</td>
</tr>
<tr>
<td>Poor Concentration</td>
<td>Diminished ability to think or concentrate nearly every day</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>Recurrent thoughts of death or suicide</td>
</tr>
</tbody>
</table>

Ministry of Health
Prepared by: Mental Health Unit
September 26, 2005
References:


5. Korean Centre for Disease Control. Findings from investigation and analysis of re-positive cases. 19 May 2020