

COVID-19 IPC Step Down & Discharge Guidance - Immuno-Competent Patients

(for clinical areas **without** aerosol-generating procedures)

Immuno-Competent Patient with COVID-19 (no critical care admission)
(if immuno-compromised or critical care patient, see guidance below)

Clinical assessment: Patient is stable or improving respiratory function & afebrile for >48hrs?

YES

Calculate Day 1 of COVID-19 (D1)

This is 1st day of positive test, or day of admission (or isolation if inpatient) for COVID-19

What are the inpatient IPC step-down criteria?

All 3 criteria must be met:

1. Patient is after **D14**
2. Absence of fever (>37.8) for >48 hours without anti-pyretics
3. Improving respiratory symptoms (*post viral cough may last for weeks*)

Re-testing is not routinely recommended but please check the current Public Health England (PHE) criteria for repeat COVID-19 PCR testing

What if IPC step-down criteria are not fulfilled prior to discharge?

1. Household members should self-isolate for 14 days from the day when the first person in the house became ill
2. Patients must self isolate & professional carers should use PPE:
 - up to and including **D7** (or **D14** if professional carers)**AND**
 - absence of fever (>37.8) for >48 hours without anti-pyretics
3. If returning to an environment where there are vulnerable ****** or extremely vulnerable ******* individuals:
 - Patient should go to a different residence until after **D14**
 - If this is not possible, patient should have a negative COVID-19 PCR (taken after **D7**) prior to being discharged

Can I transfer my patient to a non-COVID-19 ward? **YES** if IPC step-down criteria met for your patient

***/**/** See PHE criteria or summary below**

COVID-19 IPC Step down & Discharge Guidance for Critical Care Patients

(for clinical areas **without** aerosol-generating procedures)

Immuno-Competent Patient with COVID-19 AND Critical Care Admission

(if immuno-compromised, see guidance below)

Clinical assessment: Patient is stable or improving respiratory function & afebrile for >48hrs?

YES

Calculate Day 1 of COVID-19 (D1)

This is 1st day of positive test, or day of admission (or isolation if inpatient) for COVID-19

What are the inpatient IPC step-down criteria?

All 3 criteria must be met:

1. Patient is after **D14**
2. Absence of fever (>37.8) for >48 hours without anti-pyretics
3. Improving respiratory symptoms (*post viral cough may last for weeks*)

Re-testing is not routinely recommended but please check the current Public Health England (PHE) criteria for repeat COVID-19 PCR testing

What if IPC step-down criteria are not fulfilled prior to discharge?

1. Household members should self-isolate for 14 days from the day when the first person in the house became ill
2. Patients must self isolate & professional carers should use PPE:
 - up to and including **D14****AND**
 - absence of fever (>37.8) for >48 hours without anti-pyretics
3. If returning to an environment where there are vulnerable ****** or extremely vulnerable ******* individuals:
 - Patient should go to a different residence until after **D14**
 - If this is not possible, patient should have a negative COVID-19 PCR (taken after **D7**) prior to being discharged

Can I transfer my patient to a non-COVID-19 ward? **YES** if IPC step-down criteria met for your patient

***/**/** See PHE criteria or summary below**

IPC Step down & Discharge Guidance - Immuno-compromised Patients

(for clinical areas **without** aerosol-generating procedures)

Immuno-Compromised Patient with COVID-19

Clinical assessment: Patient is stable or improving respiratory function & afebrile for >48hrs?

YES

Calculate Day 1 of COVID-19 (D1)

This is 1st day of positive test, or day of admission (or isolation if inpatient) for COVID-19

What are the inpatient IPC step-down criteria?

All 3 criteria must be met:

1. After **D14**
2. Complete resolution of **ALL** symptoms
3. A negative COVID-19 PCR **no less than 14 days after the first positive test**. If repeat test is positive, please do not send a second repeat until after a further 7 days

What if IPC step-down criteria are not fulfilled prior to discharge?

1. Household members should self-isolate for 14 days from the day when the first person in the house became ill
2. Patients must self isolate & professional carers should use PPE:
 - up to and including **D14****AND**
 - until resolution of ALL symptoms
3. If returning to an environment where there are vulnerable ****** or extremely vulnerable ******* individuals:
 - Patient should go to a different residence until after **D14**
 - If this is not possible, patient should have a negative COVID-19 PCR (taken after **D7**) prior to being discharged

Can I transfer my patient to a non-COVID-19 ward? **YES** if IPC step-down criteria met for your patient

***/**/** See PHE criteria or summary below**

Who is immuno-compromised ?

- Immunosuppression due to acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
- Severe immunosuppression due to HIV/AIDS
- Cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
- Being under follow up for a chronic lymphoproliferative disorder including Haematological malignancies such as indolent lymphoma, chronic lymphoid Leukaemia, myeloma and other plasma cell dyscrasias
- Having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
- Having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- Those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- Those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist
- Those who are receiving or have received in the past 3 months immunosuppressive therapy including:
 - adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
 - adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
 - adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
 - Children on high doses of non-biological oral immune modulating drugs

COVID-19 Guidance for Villa Care pre-discharge testing

Patient currently asymptomatic, MOFD, discharge place available within next 48 hours, not severely immunocompromised AND COVID-19 swab being requested by care facility

Known COVID-19 positive (J30)

Not previously COVID-19 positive (J31)

Re-test no sooner than D14 (since 1st positive COVID-19 sample)

Re-test no sooner than 48hrs prior to discharge date

NOT DETECTED

POSITIVE

(move to J31 or WGH side room)

NOT DETECTED

Re-test:

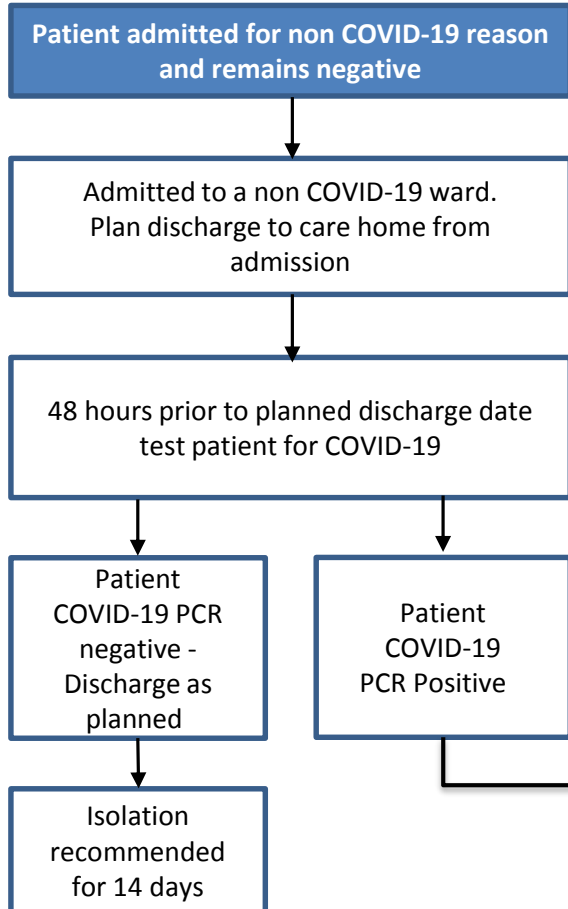
- 7 days after last test (not before)
- testing after D21 (since 1st positive COVID-19 sample) NOT indicated

Discharge to care facility if:

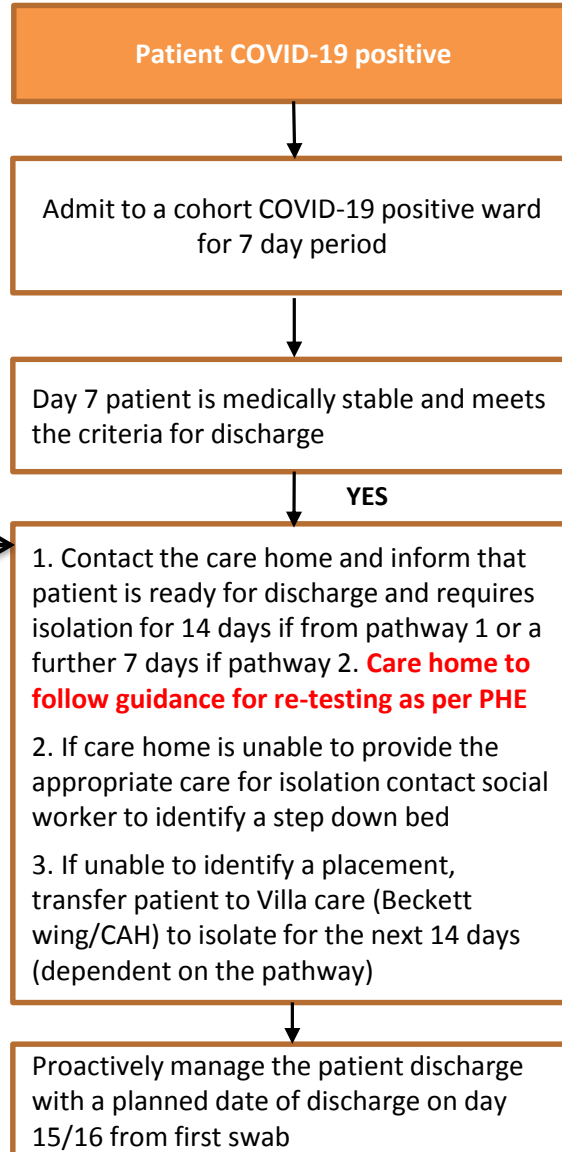
1. COVID-19 PCR not detected on recent swab
2. D28 since 1st positive COVID-19 swab (even if D21 COVID-19 swab positive)

COVID-19 Guidance for Testing Care Home Patients

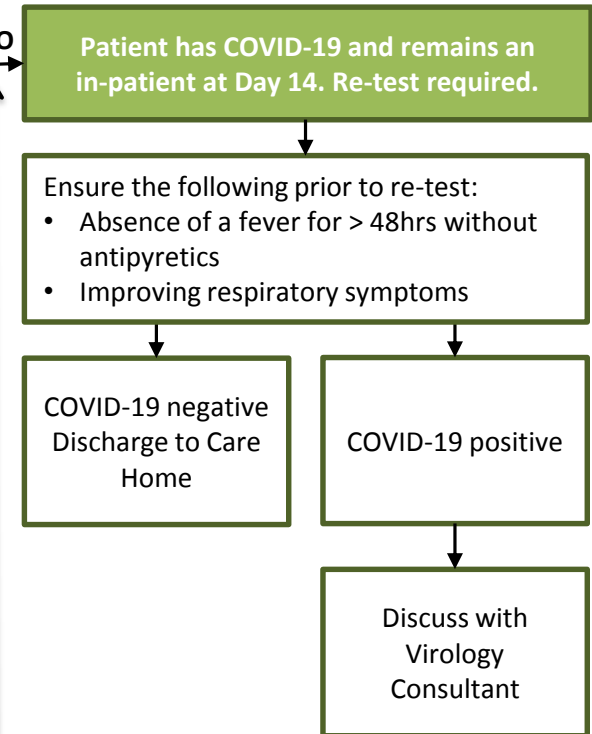
Pathway 1



Pathway 2



Pathway 3



COVID- 19: Advice to all patient's on discharge

If patient is still considered infectious at time of discharge, provide them with advice about:

- Self-isolation advice, see criteria for different patient groups above
- Protection of immuno-compromised *, 'vulnerable'** or 'extremely vulnerable'*** individuals within the household (direct patients & their carers to www.gov.uk/coronavirus for guidance)
- Household members do not need to use PPE at home
- Avoidance of public transport (e.g. to get home) if patient is within the self-isolation period. If ambulance/hospital transport required, COVID-19 status must be stated at time of referral
- <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance> for full guidance.

If patient has contact with carers:

- Carers in the community to follow PHE guidance for PPE www.gov.uk/coronavirus
- For clinical guidance speak to Infectious Diseases / Respiratory doctor on call
- For repeat COVID-19 testing guidance speak to Virologist (in hours) or ID consultant on call if not clear from flowchart above

Carers are those working in institutions / facilities, or HCW visiting the patient at home

Further information available:

- PHE step down IPC precautions
<https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings/guidance-for-stepdown-of-infection-control-precautions-and-discharging-covid-19-patients>
- Green book definition of severe immunosuppression
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655225/Greenbook_chapter_6.pdf
- PHE shielding guidance
<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
- PHE advice on social distancing for vulnerable people guidance
<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>
- PHE hospital discharge service requirements
<https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>
- PHE Admission and care of care home residents guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878099/Admission_and_Care_of_Residents_during_COVID-19_Incident_in_a_Care_Home.pdf

Definitions of 'Vulnerable' and 'Extremely Vulnerable' Groups

** Vulnerable Group - Be stringent at social distancing

We are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures.

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
 - chronic heart disease, such as [heart failure](#)
 - [chronic kidney disease](#)
 - chronic liver disease, such as [hepatitis](#)
 - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
 - [diabetes](#)
 - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
 - being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant

The COVID-19 IPC step-down and discharge guidance uses 3 categories of immuno-suppression to guide staff to the correct advice:

- * Immuno-compromised
- ** 'Vulnerable' individuals
- *** 'Extremely vulnerable' individuals (shielded patients)

Please check www.gov.co.uk for up to date information.

*** 'Extremely vulnerable' people who meet shielding criteria and have been advised to self-isolate for 12 weeks

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in the group.

- Solid organ transplant recipients.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy
 - people with lung cancer who are undergoing radical radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer
 - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

People who fall in this group should have been contacted to tell them they are clinically extremely vulnerable.