

Medical Officer of Health Guidelines for Transfers, Discharges and Admissions During COVID-19 Pandemic

Principles/Approach:

- Creating capacity in the health care system requires, among other measures, that hospitalized patients positive for COVID-19 and still infectious, and asymptomatic patients not known to be positive, be discharged or transferred safely from acute care once they are medically stable.
- Acute Care sites typically obtain the necessary approvals/consents from attending physicians, patients/families/guardians and communicate with the receiving site regarding readiness to receive the patient. The receiving site must have adequate preparation time to review their isolation/PPE procedures, including staff training before accepting a COVID+ve patient.
 - In addition, AHS Zone Medical Officers of Health (MOH) or delegate should be consulted as part of the decision-making for discharge, transfer or admission, as determined by existing Zone/MOHs processes, and provincial transfer and discharge guidelines during COVID-19.
 - The MOH will not waive the need for consent if a patient/family does not consent.
 - MOHs have significant experience in carrying out an individualized risk assessment for patient discharge home or transfer to a continuing care facility, especially in the event of outbreaks at either the sending or receiving facility; they take into account numerous factors such as patient factors (including infectiousness), receiving site factors (including ability to isolate an infectious patient adequately to prevent further spread), outbreak status at the sending or receiving facility, capacity to provide care at the receiving facility, capacity concerns at the sending facility, and any other factor that has a bearing on the decision.
- Generally speaking, MOHs are concerned about transfer of a COVID-19 positive patient from acute care to a continuing care facility because of the risk of introducing COVID-19 to such a facility; the Zone MOH or delegate will assess the risk and advise whether the transfer should proceed or be deferred.
- Zones may have algorithms in place outlining the steps to be taken in discharging or transferring patients from acute care facilities, or for new admissions to community sites. These include consultation with Zone MOHs. Zone MOHs should work with the responsible groups to promote appropriate collaboration and coordination of the discharge/transfer/admission process.

Considerations:

1. Orders from the Chief Medical Officer of Health ([CMOH Order 10-2020](#), and [12-2020](#)) are applicable to LTC, and licensed supportive living (SL) (including group homes and lodges):

Admissions to LTC and licensed SL ([CMOH Order 12-2020](#)):

- All new admissions to a facility must be placed on contact/droplet isolation for 14 days from arrival to facility.
- The operator of a facility should consult the AHS Zone MOH or delegate before accepting new admissions into the site if the site is under investigation for a COVID-19 outbreak.
- The operator of a facility must stop admissions into the site if there is a confirmed COVID-19 outbreak, except as explicitly directed by the AHS Zone MOH.

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Transfers to LTC and licensed SL ([CMOH Order 10-2020](#) and [CMOH Order 12-2020](#)):

- Current residents that return to the facility from other settings may be placed on contact/droplet precautions for 14 days at the discretion of the operator. Further guidance about this is being developed by Seniors Health.
- The operator of a facility should consult with the AHS Zone MOH or delegate before accepting a transfer into the site once the site is under investigation for a COVID-19 outbreak.
- The operator must stop transfers into the site once there is a confirmed outbreak, unless at the explicit direction of the AHS Zone MOH.

[CMOH Order 13-2020](#) is applicable to licensed residential treatment facilities:

Admissions and transfers to licensed residential treatment facilities ([CMOH Order 13-2020](#)):

- All new residents are required to wear a mask (surgical or procedural) for 14 days from the time they are admitted to the treatment facility.
- Current residents that return to the treatment facility from other settings may be required to wear a surgical/procedure mask for 14 days, at the discretion of the operator.
- The operator of a treatment facility should consult the AHS Zone MOH or delegate before accepting admissions and/or transfers into the site if the site is under investigation for a COVID-19 outbreak.
- The operator of a treatment facility must stop admissions and/or transfers into the site if there is a confirmed COVID-19 outbreak, unless at the explicit direction of the AHS Zone MOH.

AHS Zone Medical Officers of Health should use consistent decision-making methods in determining whether to permit an admission and/or transfer to a facility during any level of outbreak (under investigation or confirmed COVID-19) based on:

- number of residents/staff affected by outbreak, onset dates relative to reporting date, and distribution of cases throughout the site. If receiving facility has site-wide outbreak or wide-spread disease activity, and new cases are occurring, either in residents or staff, do not transfer.
 - ability of site to cohort staff to affected unit; number of staff shared among units. If staffing level is not adequate, or staff cannot be cohorted to provide care only for isolated residents, do not transfer.
 - Acute Care capacity – if transfer is necessary to create capacity, MOH should refer to appropriate zone decision-making body for resolution.
 - (not included within CMOH Orders – AHS Zone MOH should document any concerns identified and decisions made regarding admissions/transfers/discharges)
2. Considerations for admission/transfer to a continuing care site (including hospice):
- Does the patient have gastrointestinal symptoms not related to COVID-19 (e.g. norovirus)? If yes, consider deferring transfer until 48 hours after symptoms have resolved or 96 hours after the onset of symptoms, whichever occurs first.
 - Is the receiving site already on outbreak (any level of COVID-19 (under investigation or confirmed) or respiratory organism)? The MOH may support transfer of a COVID

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positive patient back to a facility if that facility/unit is already on outbreak, only if the facility can isolate appropriately and provide care.

- Is the receiving site on outbreak with another organism than COVID-19 causing severe clinical outcomes (e.g. iGAS, verotoxigenic *E coli*)? Consider deferring transfer to that site until that outbreak is declared over.
 - Transferring a COVID positive patient to a facility that is not on outbreak does not mean that facility is now on outbreak.
 - Transfer or admission of an asymptomatic patient not known to have COVID-19 to a receiving facility with no outbreak should proceed, with droplet/contact isolation for 14 days from arrival at the facility as a precaution (CMOH Order 12-2020).
 - Transfer of an asymptomatic patient not known to have COVID-19 to a unit of a facility that is not on outbreak (but other units are on any level of outbreak) may be considered if residents of the unit have had no exposure to the unit under outbreak and staff on the unit have not been exposed and are cohorted only to that unit.
 - Testing of patients/residents who are not known to have COVID-19 is recommended prior to admission/transfer. Guidance is under development for this.
3. Considerations for discharge of COVID-19 positive patient to home:
- Is patient likely to be compliant with isolation at home? Consider discharging to secure facility until isolation is lifted by public health if compliance is a concern; consult with ZEOC regarding access to such facilities, if they exist, in the zone.
 - Is there an appropriate healthy person at home to provide care to the patient? Is that person an essential services worker (e.g. health care worker)?
 - Close contacts of confirmed and probable cases of COVID-19 shall by CMOH Order be in quarantine for 14 days from the last date of exposure to the case. [see [Public health disease management guidelines - COVID-19](#)]. Explore other options for care provision at home; the essential worker could seek an alternate living arrangement.
 - Is home environment suitable for isolation? Separate bedroom and separate bathroom are preferred but other arrangements are possible with adequate separation and frequent cleaning and disinfection. Review [How to Care for a COVID-19 Patient at Home](#) with patient.
 - Are there household members present at increased risk of severe COVID-19 infection (e.g. people over 65 years of age, and those with chronic medical conditions such as high blood pressure, heart disease, lung disease, cancer or diabetes)? Explore options to keep these individuals from having close contact with the patient.

Process:

If a discharge or transfer of a COVID-19 positive or COVID-19 exposed patient is to proceed, ensure the following are in place:

- Isolation
 - Patients who are COVID-19 positive and on isolation in hospital must continue their mandatory isolation in the home/receiving site in the community until isolation has been lifted by public health as applicable.
 - For discharge home:
 - Isolate for 10 days from onset of symptoms or until symptoms resolve, whichever is longer, after arrival at home. No testing of clearance is required. [see [Alberta Public Health Disease Management Guideline – COVID-19](#)]

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- If patient is a health care worker, isolate for 10 days from onset of symptoms or until symptoms resolve, whichever is longer; the health care worker should not go back to work in a health care setting for 14 days from the onset of symptoms, or until symptoms resolve, whichever is longer. [see [Alberta Public Health Disease Management Guideline – COVID-19](#)]
- Public Health will follow up with discharged positive patients at home on day 10 or when symptoms resolve, whichever is longer, to lift isolation as appropriate.
- For transfer to continuing care facility:
 - Isolate (droplet and contact precautions) for 14 days from onset of symptoms, or until symptoms resolve, whichever is longer. No testing of clearance is required. The longer period of isolation is required because of the severity of disease in the patient and the vulnerability of the residents in the facility, [see [Alberta Public Health Disease Management Guideline – COVID-19](#)]
 - Consider private room for isolation, if possible.
 - Public Health will follow up with discharged positive patients at day 14 or when symptoms resolve, whichever is longer, to lift isolation as appropriate.
- Asymptomatic patients being discharged or transferred from an acute care unit with a COVID-19 outbreak (not a COVID unit) should be quarantined at home for 10 days or in the continuing care facility for 14 days respectively as noted above.
- Influenza precautions
 - If influenza is present in the patient or receiving facility, all influenza-specific precautions must be in place in addition to COVID-19 precautions:
 - Patient completes antiviral treatment or has received first dose of antiviral prophylaxis prior to transfer which must continue for the requisite time.
 - Patient has received influenza vaccine (subject to vaccine availability)
 - Consider private room if patient is influenza positive and still infectious
- Instructions for discharge home/follow-up in community
 - Provide instructions on [How to Care for a COVID-19 Patient at Home and general self-isolation instructions](#).
 - Ensure medical management in the community is in place (e.g. Home Care, PCN, Primary Care Provider, etc.)
- Transportation
 - Transportation must be arranged before discharge/transfer is finalized and be done safely, limiting exposure to others:
 - To home - Private vehicle with mask on patient – no public transportation, taxi, ride-sharing if possible.
 - If no private vehicle available, consider a referral to ZEOC or use other supports within the zone. They must travel directly home with no stops in between.
 - If shared transportation is absolutely necessary, the person must travel directly home with no stops and engage in social distancing of no less than 2 metres from another person using the same shared transportation; they shall also wear a mask that covers the mouth and nose when using shared transportation.
 - To facility – existing patient transport, with appropriate PPE on transport staff, mask on patient. Maintain isolation and droplet-contact precautions during transfer. Vehicle must be cleaned adequately before further use.