Rehabilitation needs are identified for adults 18 years and older during:

- Screening – identifies any new symptom, change in condition or reduction in function after recovery from COVID-19.
- Care plan review – identifies any new symptom, change in condition or reduction in function after recovery from COVID-19.

Admission to Continuing Care Programs

- Upon admission to a continuing care program, complete or review post COVID-19 screening based on a previous diagnosis of COVID-19 and the applicable client group, clinical area or program.
- Complete comprehensive admission assessment following established clinical area or program timelines.
- Discuss post COVID-19 symptoms and any recommended interventions with patient, family or decision-maker and interdisciplinary team for care and treatment plan development.
- Provide education to the patient, family or decision maker regarding risk factors and strategies for management of long-term recovery from post COVID-19 symptoms.
- Encourage self-management of rehabilitation needs (as able or with the support of family or caregiver).

Prioritization of referrals, assessment and reassessment

- Referrals, assessment and reassessment of patients with post COVID-19 symptoms should be prioritized following routine referral and treatment processes.
- Prioritization should include consideration of risk for acute care admission, risk for higher level of care needs, patient struggling to manage in current care stream, risk of social isolation, length of outbreak (longer outbreak = higher risk for functional, cognitive and overall decline).

Discharge from Continuing Care Programs

- Provide discharge instructions and education to patient and family or caregiver.
- Ensure patient and family or caregiver have required information to initiate and maintain self-management of rehabilitation needs.
- Communicate discharge and any follow-up needs to primary care provider (Primary Care Network, physician, nurse practitioner).

For more information
continuingcare@ahs.ca
<table>
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<tr>
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<td><strong>Post-Acute: Adult 18 years and older</strong></td>
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| **Sub-Acute Restorative Care**              | • Review screening completed in acute care within 24 hours of admission, (ideally within 8 hours) OR if no screening has been completed:  
  o Complete within **21 days after recovery/absence of symptoms or 30 days from positive test**¹, and/or  
  o Complete within 24 hours before discharge or  
  o Complete within 24 hours before transfer to another unit and/or facility | • Complete comprehensive assessment and treatment plan following established timeframes  
  • Identify Allied Health disciplines needing to be included in interdisciplinary team (IDT)  
  • Initiate rehabilitation intervention plan | • Evaluate and reassess treatment plan at 3, 6 and 12-month intervals and when there is a significant change in patient’s health status or functional ability  
  • Reassess before transfer to another unit and/or facility |
| **Home Care Home Living and Non-Designated Supportive Living (Adult 18 years and older)** |                   |            |              |
| **Short Term Acute Client Group (STAC)**    | • Review screening completed in acute care during established intake process and upon first visit, or  
  • Complete the appropriate screening tool with established intake process or upon first | • Complete comprehensive assessment and treatment plan following established timeframes  
  • Identify Allied Health disciplines needing to be included in IDT | • When post COVID-19 rehabilitative need is identified, reassess before discharge to establish self-management plan  
  • Evaluate effectiveness of rehabilitation intervention |

¹ Retrieved from Guideline COVID-19 rapid guideline: managing the long-term effects of COVID-19 (nice.org.uk)

- **Ongoing Symptomatic COVID-19**: Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks
- **Post COVID-19 Syndrome**: signs and symptoms develop after infection consistent with COVID-19, continue for more than 12 weeks and are not explained by alternative diagnosis. It presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body
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| **Acute, Rehab, End of Life and Wellness Client Groups** | • Review screening completed in acute care during established intake process and upon first visit  
Or  
• Complete the appropriate screening tool with established intake process or upon first visit  
Or  
• Complete within 21 days after recovery/absence of symptoms or 30 days from positive test | • Complete comprehensive assessment and treatment plan following established timelines  
• Identify Allied Health disciplines needing to be included in IDT  
• Initiate rehabilitation intervention plan | • When post COVID-19 rehabilitative need is identified, reassess at 3, 6 and 12-month intervals and/or before discharge to establish self-management plan (as appropriate)  
• Reassess when there is a significant change in health status (e.g. change in functional status after acute care admission or due to symptom exacerbation)  
• Evaluate effectiveness of rehabilitation intervention plan |

| **Long Term Supportive/Maintenance Client Groups** | • Review screening completed in acute care during established intake process and upon first visit  
Or  
• Complete the appropriate screening tool with established intake process or upon first visit  
Or  
• Complete within 21 days after recovery/absence of symptoms or 30 days from positive test | • Complete comprehensive assessment and treatment plan following established timelines  
• Identify Allied Health disciplines needing to be included in IDT  
• Initiate rehabilitation intervention plan | • When post COVID-19 rehabilitative need hasn’t previously been identified, screen for change in status at 3, 6 and 12-month intervals  
• When post COVID-19 rehabilitative need has been identified, reassess treatment and intervention plan at 3, 6 and 12-month intervals, and  
• Reassess when there is a significant change in health status |

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Title: Frequency of Screening Assessment and Reassessment
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| **Long Term Care (LTC) Facility Living (Adult 18 years and older)** | Review screening completed in acute care within 24 hours of admission, ideally within 8 hours  
Or  
Complete the appropriate screening tool with established intake process or within 24 hours of admission  
Or  
Complete within 21 days after recovery/absence of symptoms or 30 days from positive test | Complete comprehensive assessment and treatment plan following established timelines  
Identify Allied Health disciplines needing to be included in IDT  
Initiate rehabilitation intervention plan | When no prior post COVID-19 rehabilitative need is identified, screen for change in status at 3, 6 and 12-month intervals  
When post COVID-19 rehabilitative need is identified, reassess treatment and intervention plan quarterly, and  
Reassess when there is a significant change in health status (see interRAI definition of significant change in status)  
Evaluate effectiveness of rehabilitation intervention plan |
| **Hospice (Adult 18 years and older)** | Review screening completed in acute care within 24 hours of admission, ideally within 8 hours  
Or  
Complete the appropriate screening tool with established intake process or within 24 hours of admission  
Or  
Complete within 21 days after recovery/absence of symptoms or 30 days from positive test | Complete comprehensive assessment and treatment plan following established timelines  
Identify Allied Health disciplines needing to be included in IDT  
Initiate rehabilitation intervention plan | When post COVID-19 rehabilitative need is identified, reassess treatment and intervention plan following clinical need related to symptom management, and  
Reassess with significant change in health status (e.g. change in functional status)  
Evaluate effectiveness of rehabilitation intervention plan |