

Pathway: Individual discharged from Hospital into Care Home

Covid 19 has had a significant impact on both health and social care settings, and it is important that we have a consistent approach to managing the spread of infection, supporting staff, respecting residents' individual needs and wishes, and ensuring people are in the setting most appropriate for their level of clinical need.

The attached discharge pathway is a collation of published guidance (below)

It is intended to be complementary to that guidance and is subject to change as guidance changes.

The flow chart is intended to be used for support at system level and at an individual resident level.

For systems:

It highlights key clinical and Infection Prevention and Control considerations (drawn from guidance) that would reasonably be expected to be included in any individual system pathway. It is understood that system capacity and ways of working will influence the most appropriate path to be taken through the flowchart; having a regional description of key components helps ensure a consistent approach is taken.

For use with individual patients:

It lays out in a straightforward flowchart format the steps that need to be taken to ensure each resident receives the most appropriate care in the most appropriate setting for their clinical need; that staff are protected, and that the resident's wishes and expectations influence decision making around their care.

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>

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

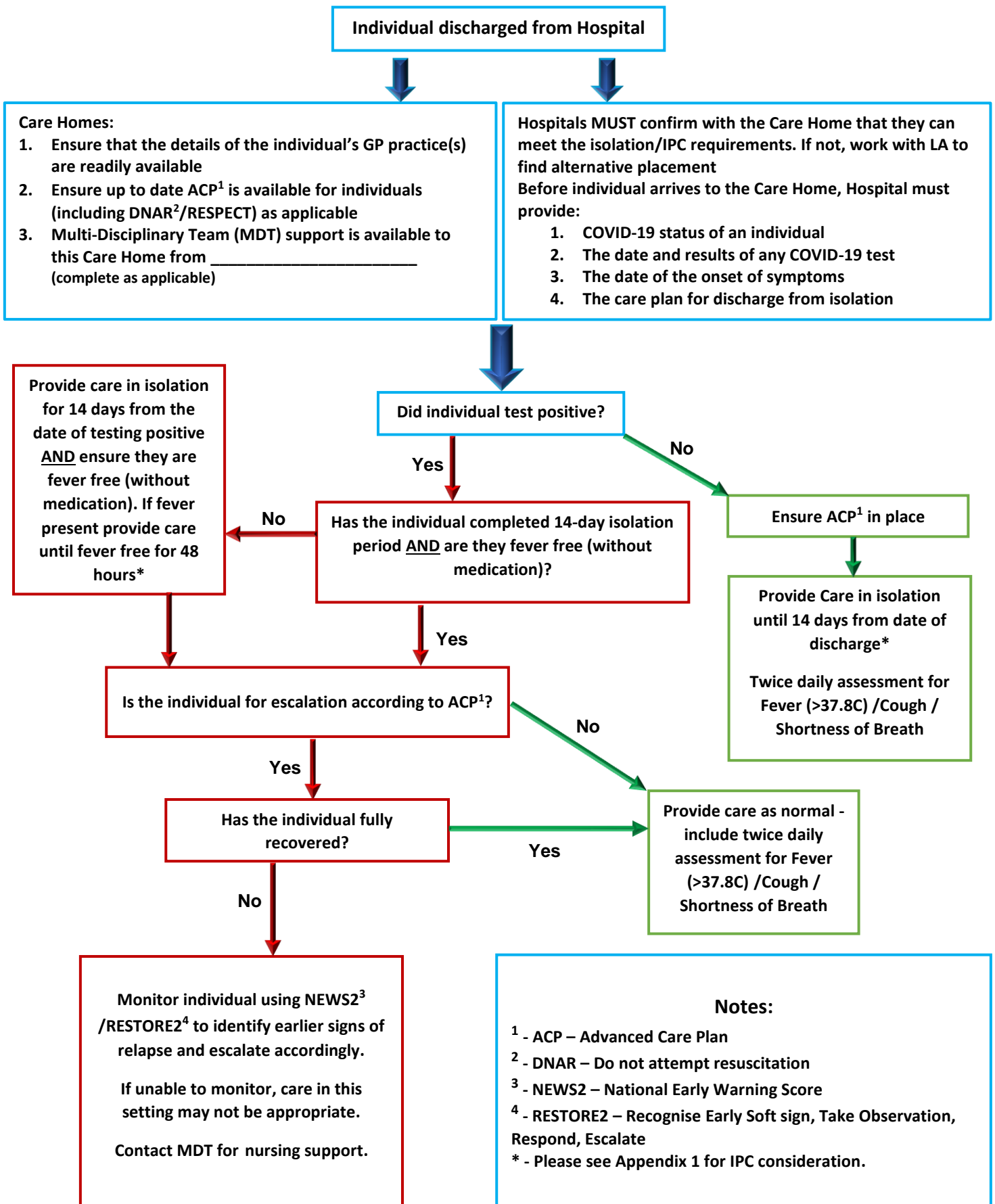
<https://www.nice.org.uk/guidance/ng163>

<https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-car>

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

<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>



Appendix 1

INFECTION PREVENTION CONTROL (IPC) REMINDER:

- When transporting the individual, you should wear a surgical face mask.
- All staff and carers to wear disposable gloves (single use), plastic apron (single use) and fluid resistant surgical mask (sessional use) for any care encounter or entering room. Eye protection should also be used if the individual is coughing or there is a risk of body fluids reaching the eyes.
- Transport to single occupancy ensuite / private facility room away from any shielding or immunocompromised individual.
- Clearly sign the room by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room
- Room door(s) should be kept closed where possible and safe to do so.
- Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door as part of a risk assessment.
- Individual does not leave room (including for meals) for 14 days.
- Staff caring for symptomatic people should also be cohorted away (please see below) from other care home residents and other staff, where possible/practical.
- Home to ensure it conducts individual risk assessment based on staff circumstances, as to who the best staff are to care for those individual. For example, staff who are – at increased risk from severe illness from COVID -19 should be carefully assessed when assigning duties.
- A 14 day period of isolation from their first positive test is recommended and, after completion of the 14 day period if still febrile, until their fever has resolved for 48 hours consecutively without medication to reduce their fever (unless otherwise instructed by their acute care provider – for example, another reason for persistent fever exists).
- A cough or a loss of, or change in, normal sense of smell or taste (anosmia) may persist in some individuals and is not an indication of ongoing infection when other symptoms have resolved.

Cohorting



Confirmed case of
COVID-19



Symptoms of
COVID-19



Close contact of
symptomatic resident



No contact with
symptomatic residents

Residents in the four groups above should be kept in separate cohorts where individual isolation is not possible, as much as practically possible. Staff should also be cohorted in this way.

Residents in the shielding group should be in a single room and should not share bathrooms or common areas with other residents.