



# Discharging patients to a community care setting: COVID-19 testing

COVID-19 update 30 April 2020

## IMPORTANT

This guidance forms part of the COVID-19 testing blitz the Victorian government has commenced and will run until 11 May 2020. As part of this blitz, **asymptomatic** testing of patients in hospitals can now be undertaken. This is not a mandatory program.

**It is critical to record on the test request the patient is ASYMPTOMATIC at the time of the test.**

## Who should read this?

All Victorian healthcare workers involved in discharging patients (either through admission or emergency department presentations) and community care providers involved in receiving patients from hospital to the patient's place of residence in a community care setting.

Community care settings include:

- residential aged care homes
- group homes
- mental health facilities
- stepdown community facilities.

## Information about protecting yourself against COVID-19

During the COVID-19 pandemic, the Victorian Department of Health and Human Services will regularly update its guidance as new evidence becomes available. To find out general information about COVID-19, visit [dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19](https://dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19)

## What is this document about?

It provides guidance on the discharge of patients who have been admitted to hospital for at least 72 hours for reasons other than COVID-19, to their place of residence.

This document also applies to patients whose care needs have changed during the admission, resulting in discharge to a community care setting.

## Will all patients be tested for COVID-19 before returning to their place of residence?

Where possible, it is recommended that - for the duration of the testing blitz (until 11 May, 2020) - all patients returning to their place of residence in a community care setting be tested for COVID-19, even if they are asymptomatic.

Where hospital testing resources are limited, testing should be prioritised to patients returning to residential aged care homes.

## When will testing be conducted?

Despite the change in testing requirements, health services should ensure patient discharge is not delayed. Where possible, testing should be conducted on the day of, or one day prior to, planned discharge. Where health services are unable to process testing samples within the 1-2 day suggested timeframes, testing should be conducted as close to the planned transfer as possible. Patients and families should be consulted prior to performing the test, with consent obtained, and results shared with them.

All test requests should be clearly be labelled that the patient is **ASYMPTOMATIC** at the time of test.

## Do patients need to wait for a test result before being discharged?

This is assessed on a case-by-case basis in consultation with the patient, family, carer(s), facility staff and treating team. Asymptomatic patients do not need to remain in hospital while awaiting test results. In the unlikely event that the patient tests positive, it should be documented in the discharge summary that although the patient is asymptomatic, a COVID-19 test has been conducted and that discussions were held between the treating team and facility.

Residential aged care homes should ensure they have hygiene and infection control processes in place.

## What if the patient receives a *negative COVID-19 test result*?

If a person without symptoms is tested and the result is negative, it does not mean that they have not been infected, as they might still be incubating the virus. In other words, a negative test in an asymptomatic person does not rule out the COVID-19 infection. Patients should still monitor for symptoms and seek assessment if they develop symptoms consistent with COVID-19. For more information, refer to the [Coronavirus disease 2019 \(COVID-19\) Case and contact management guidelines for health services and general practitioners](#).

## What if the patient receives a *positive COVID-19 test result*?

If the patient receives a *positive test result*, the treating team, in consultation with the patient, family, carer(s) and facility staff, should make a decision to keep the patient in the hospital based on clinical need (for example, active management / requirement for respiratory support and infection control need) or transfer the patient to their place of residence in a community care setting to undertake self-isolation. They must maintain self-isolation until the criteria for release from isolation is met as detailed in [Coronavirus disease 2019 \(COVID-19\) Case and contact management guidelines for health services and general practitioners](#).

The department must be notified about all COVID-19 positive cases.

As per the [Coronavirus disease 2019 \(COVID-19\) Case and contact management guidelines for health services and general practitioners](#) 'Exclusion of COVID-19', repeat testing in clinically compatible cases should be performed if initial results are negative and there remains a high index of suspicion of infection.

## What happens when a patient is ready for discharge back to their place of residence in a community care setting?

Patients will be assessed as clinically ready for discharge by the treating team in the discharging facility.

Where a patient is returning to a residential aged care home, the treating clinician may consult with an infectious disease physician, according to clinical need, or the Department prior to discharge.

**The outcome of COVID-19 tests and discussions with facilities should be documented in the discharge summary and a copy to go with the patient at the time of discharge back to their place of residence.**

## How should patients be transported to their place of residence in a community care setting?

Standard infection control procedures should be undertaken as part of transferring the patient back to their community place of residence. This includes wiping down of aid equipment and vehicle prior to and after use in accordance with patient transport protocols.

## What happens when the patient returns to their place of residence in a community care setting?

Once the patient has arrived back to their community care setting, if not suspected or confirmed COVID-19 case or not classified as a close contact, standard infection prevention and control precautions apply. This includes maintaining physical distancing and adhering to appropriate hand hygiene practices at the community care setting. Community care facilities may have additional rules which should be observed.

## What happens if the patient develops COVID-19 symptoms when back at their place of residence?

If a patient develops symptoms such as a fever or chills, or acute respiratory illness characterised by a cough, sneeze, sore throat, or shortness of breath, when they return home, contact the 24-hour hotline 1800 675 398, or call their GP. Inform them that the patient had recently been discharged from hospital. They will determine if the patient needs to be re-tested for COVID-19.

## Where can I find out more information?

For Victorian updates: [coronavirus.vic.gov.au](https://coronavirus.vic.gov.au)

For national updates: [health.gov.au/news/latest-information-about-novel-coronavirus](https://health.gov.au/news/latest-information-about-novel-coronavirus)

For international updates: [who.int/westernpacific/emergencies/novel-coronavirus](https://who.int/westernpacific/emergencies/novel-coronavirus)

WHO resources: [who.int/health-topics/coronavirus](https://who.int/health-topics/coronavirus)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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