



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

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Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

NEW Resource for Discharge of High-Risk COVID-19 Persons Under Investigation (PUI) or Confirmed Cases ***March 22, 2020***

Summary and Action Items:

- Gives guidance to hospitals about disposition of COVID-19 PUIs and confirmed cases who are unstably housed or returning to homeless shelters and other high-risk settings.
- Describes resources available to hospital discharge planners and the process for referring to CDPH Quarantine/Isolation (Q/I) facilities **starting 8:00AM on March 23, 2020.**
- Reinforces independence of hospitals to discharge high-risk patients as long as it has been at least 7 days from symptom onset or at least 72 hours after recovery, whichever is longer.

Background: In general, COVID-19 patients can be safely discharged without precautions or Chicago Department of Public Health (CDPH) notification if it has been at least 7 days from symptom onset or at least 72 hours after recovery, whichever is longer. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough (as determined by the treating physician) should not prevent a case from being released from isolation. Disposition for certain high-risk populations may require additional resources.

When should CDPH be notified of hospital discharge?

Hospitals seeking to discharge lab-confirmed COVID-19 patients or COVID-19 PUIs prior to completion of the recommended isolation period, should consider the following factors to determine whether the patient could remain in the hospital until the end of their isolation period or if the patient qualifies for transfer to an isolation facility. Examples include:

- 1) A high-risk home setting (e.g. there are elderly or immunocompromised family members at home from whom the patient cannot remain isolated).
- 2) The individual is homeless or unstably housed.

When evaluating a PUI who is homeless, remember to use the “homelessness” ICD-10 code (Z59.0) so the information can be captured by state syndromic surveillance.

How do hospitals manage patients refusing self-isolation?

If a patient refuses to self-isolate or threatens to rejoin a congregate setting despite an order to isolate, the facility should reinforce the shelter-in-place recommendation and attempt to obtain voluntary compliance. If they do not voluntarily comply, the hospitals can tell the patient that CDPH has an [order](#) in place that anyone with COVID-19 or even PUIs with symptoms are required to remain in their place of residence, separated from others. This is enforceable with fines and other penalties. Refusal to self-isolate does not qualify the patient for a CDPH Q/I facility.

Quarantine/Isolation (Q/I) Facility Referral Process for Shelters, Emergency Departments, Hospital Discharges (March 2020)

Purpose: To communicate the CDPH quarantine/isolation (Q/I) facility triage and referral process for any lab-confirmed COVID-19 cases who are homeless, unstably housed, have high-risk home settings, or have exposure to a confirmed COVID-19 case and have symptoms consistent with COVID-19.

Intended use: Emergency Departments, hospitals, and shelters (or other congregate settings with homeless or unstably housed individuals). Shelters will receive additional communication about the referral process.

Emergency Department (ED) or Hospital Discharge Referral Responsibilities

1. Assign a case manager or discharge planner liaison (COVID Homeless Liaison) to staff each hospital unit and ED shift.
2. Attending of record identifies that a COVID-19 PUI or confirmed case is homeless or unstably housed, assigns the ICD-10 code for homelessness (Z59.0) (so it can be identified by state syndromic surveillance), and tests the patient for COVID-19. NOTE: CDPH encourages testing for those who may qualify for isolation facility placement, including symptomatic close contacts of confirmed cases.
3. If the patient meets criteria for discharge and is clinically stable (e.g. no tachypnea/tachycardia, no special nutritional needs, no need for blood glucose monitoring, stable to go to an unfamiliar setting alone without monitoring), attending provides the following to the COVID Homeless Liaison:
 - a. name/DOB/preferred language
 - b. confirmation of condition (stable for discharge)
 - c. last set of vital signs
 - d. past medical history
 - e. medication list (including frequency and dosage)
 - f. other special considerations (e.g. history of mental illness, security concerns)
 - g. known congregate setting/shelter within the past 14 days
4. COVID Homeless Liaison calls **CDPH Emergency Operations Center (EOC) Liaison at 312-746-8759 from 8:00am-8:00pm**. If outside of those hours, facility will hold patient until the following morning. CDPH will attempt to arrange same day transport for those requests received before 6:00pm. Transport requests received after 6:00pm will be arranged the following morning and the facility will be asked to hold the patient overnight.
5. COVID Homeless Liaison attempts to collect the best contact information for the individual (if any) as well as the individual's emergency contact(s) and ensures patient is discharged with a 14-day supply of any medications and other personal necessities.

CDPH Referral Responsibilities

1. CDPH EOC Liaison receives call from Hospital COVID Homeless Liaison and collects information on patient as above in order to determine whether the patient meets criteria for referral to a Q/I facility.
2. CDPH EOC Liaison calls CDPH Q/I Facility Intake Coordinator to discuss the referral and make a determination. CDPH EOC Liaison calls back Hospital COVID Homeless Liaison to communicate decision and arranges transport as necessary.
3. CDPH EOC Liaison will arrange same day transport for those requests received between 8:00am to 6:00pm. Transport requests received after 6:00pm will be arranged the following morning and the facility will be asked to hold the patient overnight.
4. CDPH reserves the right to deny referrals if any concerns arise based on the patient's history that would interfere with being able to house the individual safely at the Q/I facility.