

Recommendations for Safely Discharging a COVID-19 Positive Inpatient Who Continues to Require Isolation Precautions

It is plausible that a COVID-19 positive patient will be ready for discharge while still potentially infectious and on Special Airborne Contact Precautions.

To minimize the chance of COVID-19 exposure during discharge, remember these tips:

- Use special airborne isolation PPE as appropriate when entering the patient room to assist with discharge.
- Patients are no longer required to sign after-visit summary discharge instructions; however, ensure the patient receives information about self-isolation and physical distancing if being discharged home.
- Assist the patient with collecting their belongings and disinfect items (e.g., cane, suitcase) with a disinfectant wipe, when feasible. For items that cannot be decontaminated effectively, place in a clean plastic patient belonging bag or trash bag while still inside the room.
 - Wearing clean gloves, a person outside the room can receive the bagged items and place in a second clean patient belonging bag and seal (resulting in it being double-bagged).
- Perform hand hygiene and place a clean, well-fitting earloop or surgical face mask on the patient. If the patient is capable of donning their mask independently, instruct the patient to perform hand hygiene first.
 - Remind patient to avoid touching their mask and face.
- Prior to exiting the room, instruct the patient to perform hand hygiene.
- Refer to the [Transport of Patients on Special Airborne Contact Precautions](#) document.
- Escort the patient using a direct route to the outside or to transport ambulance without stopping or lingering in areas such as waiting rooms, the cafeteria, or the gift shop.