# Return-to-Facility Discharge Rules for Patients in the Emergency Department

**Note to Institutions of Origin:**

**PATIENTS SHOULD NOT BE SENT TO THE ED SIMPLY FOR SARS CoV-2 TESTING**

<table>
<thead>
<tr>
<th>Institution of Origin</th>
<th>Emergency Department Patient That Does NOT Require Hospital Admission</th>
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</table>
| **LTCF** *(Long-Term Care Facility)* | - Non-Infectious Explanation for Illness--No testing for SARS CoV-2 required  
- Alternative Infectious Diagnosis—Consider obtaining a single test for SARS-CoV-2, at the discretion of the ER physician  
  - **Return patient to original facility**  
  Febrile respiratory illness without alternative diagnosis, patient from a healthcare facility outbreak, contact to a case --Obtain a single test for SARS-CoV-2,  
  - **Return patient to original facility**  
  - **Continue Transmission-Based Precautions at original facility** **  |
| **Group Setting** | - Non-Infectious Explanation for Illness--No testing for SARS CoV-2 required  
- Alternative Infectious Diagnosis--Consider obtaining a single test for SARS-CoV-2, at the discretion of the ER physician  
- Febrile respiratory illness without alternative diagnosis, patient from a group living outbreak, contact to a case --Obtain a single test for SARS-CoV-2  
  - **Return patient to original facility with isolation instructions**.  
  - Contact Public Health if patient is part of a cluster or outbreak or if isolation is not feasible.  |

* No current requirement to initiate Transmission-Based Precautions for COVID-19 after emergency room discharge. The receiving facility may consider empiric Transmission Based Precautions and testing via a commercial lab after arrival of the patient at their discretion.  
**Transmission based precautions can be discontinued in the receiving facility only with two serial negative tests for SARS-CoV-2, drawn at least 24 hours apart

In cases of hospital overload, this discharge guidance may be adjusted by the department of public health to fit individual patient needs.


Zou et al. NEJM March 18, 2020