

Scenario A: Grandma lives in nursing facility. She falls and requires stitches.

The local hospital triage center is called, and grandma is routed to the non-COVID-19 part of the local hospital's emergency department. Grandma receives stitches and returns to her room at the nursing facility. No isolation is needed. Nursing facility personnel continue diligent handwashing and facemask extended use/re-use.

Hospitals are well-equipped to adhere to strict PPE/infection control practices and have set up separate spaces to care for individual with COVID-19. For example, hospitals have established separate doors and waiting areas for COVID-19 and non-COVID-19 patients, and they directly room patients upon arrival after triaging. Additionally, people with suspected COVID-19 infections are given a mask to prevent inadvertent exposure in hospital halls and rooms.

With these factors in mind, we presume grandma was not exposed to COVID-19 while at the hospital to get stitches. The same would be true if grandma had needed another type of intervention unrelated to COVID-19 (gallbladder surgery, radiology procedure, etc.). In any of these cases, grandma should return to her room at the nursing facility upon local hospital discharge.

Scenario B: Grandpa lives in a nursing facility. He was moved to the COVID-19 unit at his nursing facility 3 days ago upon onset of COVID-19 symptoms. Despite receiving good care, his condition is worsening.

The local hospital triage center is called, grandpa's COVID-19 status is clearly communicated, and ambulance transport is arranged.

Grandpa receives care at the local hospital and begins to recover. Upon discharge from the hospital, depending on his clinical needs, he will either receive step-down care at the isolation center (lower level of care than the hospital, but a higher level of care than his nursing facility care can provide), or will return to the COVID-19 unit at his nursing facility. He will be released from isolation status (at either facility) after he meets clinical criteria, which includes all three of the following: 14 days from the onset of his COVID-19 symptoms, 3 days with no fever without fever reducing medication, and 3 days of stable and improved respiratory status.

Scenario C: Grandpa from Scenario B is at the local hospital receiving care for COVID-19 symptoms and he begins to have respiratory support needs that exceed the capacity of the local health system.

The local hospital contacts their ZONE triage and transport is arranged to a regional hospital that can offer more intensive care. Grandpa may be moved to one of the regional hospital's overflow beds. Just as in the scenario above, when grandpa becomes well enough to be discharge, he will be sent to an isolation center or his home nursing facility's COVID-19 unit. Once grandpa meets clinical criteria to be release from isolation (all three of the following: 14 days from the onset of his COVID-19 symptoms, 3 days with no fever without fever reducing medication, and 3 days of stable and improved respiratory status,) he can be removed from that status, regardless of where he is located on that day.

Scenario D: Aunt Ruth has a non-COVID-related condition, and under normal circumstances, she would stay at a hospital for about a week to recover. Since the hospitals are working to allocate bed space to COVID-related needs, Aunt Ruth will be sent to recover at a local skilled nursing facility. The local skilled nursing facility recently enhanced its ability to provide hospital-like care for individuals who have needs unrelated to COVID-19.