

Removal of Isolation Precautions for PUI and COVID-19 patients (Guidance effective 11/30/2020)

Based on CDC guidance, we recommend [symptom-based clearance for removal of COVID-19 isolation precautions](#) in all patients, EXCEPT those with [specific immunocompromising conditions](#) (see below for guidance).

The pre-test probability of infection affects what happens after the test is resulted. If a patient is logged by the attending as low probability prior to the test resulting, the COVID banner will automatically resolve.

Additional Resources

- For guidance on the COVID-19 probability assessment: please review the "[COVID-19 Probability Assessment](#)" document.
- A tip sheet for ED and IP Attending's who will help manage COVID Infection Status can be found here: [Managing COVID Infection Status](#). An overview of the COVID-19 Banner can be found here: [Epic COVID Banner Updates](#).
- Additional guidance [specific to Pediatrics](#) can be found at the end of this document!

I. Removal of Isolation Precautions by Probability

- **No concern or low probability:**
 - If one NP swab is negative AND the probability is filled out prior to the test resulting, the banner should auto-resolve
 - If it does not, can fill out the Epic banner attestation form
- **Confirmed SARS-CoV-2 Infection:**
 - Testing **not recommended** for most immunocompetent patients
 - For critically ill patients who are determined to be high-probability prior to chest imaging or RVP result, once results are received provider will determine if they should remain in high probability or could be moved to low probability
 - For all others: keep in isolation until [criteria below are met for a. mild-moderate COVID-19 illness, b. severe-critical COVID-19 illness \(including those receiving biologics\), and c. specific immunosuppressed populations](#) (see below)
 - If criteria have been met, can request infection status/banner resolution with banner attestation form
- **Critically ill patients moved to high probability prior to COVID test and imaging results**
 - If new clinical data or assessment establishes an alternative diagnosis prior to receiving a second test, de-escalate to low probability and request banner/infection status resolution with the banner attestation form (see [Probability Assessment guidelines](#)).
- **High probability with initial negative COVID test**
 - Repeat COVID test 24 hours after first negative test
 - If 2 negative tests 24 hours apart AND there is an alternative diagnosis, can de-escalate to low probability and request banner/infection status resolution with the banner attestation form

- If 2 negative tests 24 hours apart AND patient has otherwise unexplained COVID-19 symptoms (including respiratory symptoms or loss of taste/smell) AND there is no alternative diagnosis, consult ID (Pager: 8902¹)
 - For high probability patients with negative testing who cannot clear due to an alternative diagnosis, the onset of symptoms should be used instead of the first positive test
- **Quarantine: Exposed with no-suspicion**
 - Not considered PUI if their first test is negative
 - Enter quarantine end date in probability assessment screen
 - Order contact and droplet isolation precautions
 - Discontinue isolation precautions after 14 days of quarantine from last exposure if patient has not developed any signs/symptoms consistent with possible COVID-19
 - If any signs/symptoms develop within the 14 day quarantine, reassess probability and reorder COVID-19 testing

II. Criteria for Removal of Isolation Precautions

SYMPTOM-BASED APPROACH FOR THE FOLLOWING POPULATIONS	
Population	Patients are appropriate for symptom-based clearance once they meeting <u>ALL</u> of the following criteria
A. Asymptomatic/ mild/moderate COVID-19	1. 10 days since initial positive COVID-19 test 2. 24 hours since resolution of fever without antipyretics 3. Improvement of respiratory symptoms Patients who do NOT meet all three symptom criteria must remain in isolation.
B. Critical COVID-19 illness. Defined as ICU stay due to COVID-19 and/or receipt of biologics for COVID-19 (tocilizumab, anakinra, sarilumab, canakinumab).	1. 20 days since initial positive COVID+ test 2. Resolution of fever for 24 hours without use of fever-reducing medications 3. Improvement in symptoms <ul style="list-style-type: none">a. For patients in the ICU, includes improvement in respiratory status, as marked by weaning of ventilator settings to minimal support settings (e.g., FiO2 40% or lower, PEEP of 5) Patients who do NOT meet all three symptom criteria must remain in isolation.

- For most patients, repeat tests for the purposes of removal of isolation precautions should not be ordered unless the patient does not meet criteria for symptom-based clearance.
 - If a test-based strategy is needed and a repeat test is positive, wait 3 days before repeating the test, or 2 days from the resolution of fever and symptoms (whichever comes first).

¹ For Pediatrics, page 9200

- A test-based strategy for precautions removal is no longer recommended except:
 - If a patient has new symptoms of COVID-19 and an alternate etiology cannot be identified OR
 - For persons who are severely immunocompromised (see below) OR
 - The receiving institution at discharge requires testing

TEST-BASED APPROACH FOR THE FOLLOWING POPULATIONS	
Population	Patients are appropriate for <u>test-based</u> clearance when they meet the following criteria:
C. Severely Immunocompromised patients (defined below)	1. 20 days since initial positive COVID-19 test 2. 24 hours since resolution of fever without antipyretics 3. NO symptoms for ≥ 1 day

Severely Immunocompromised patients, defined as:

- Persons living with HIV with CD4 <200 (or <15% for pediatric patients)
- Individuals on chronic steroids ($\geq 20\text{mg}$ for adults or $>0.5\text{mg/kg/day}$ for children, prednisone equivalent, for at least 1 month)
- Individuals on active chemotherapy
- Individuals with severe immunodeficiency syndromes (ie hypogammaglobulinemia)
- *Any other patients who are considered severely immunocompromised but do not fall into these categories, discuss on a case-by-case basis with designated clinician leading this effort (i.e. in charge of re-testing site), but at this point CDC does not necessarily recommend re-testing anyone

These patients require 2 consecutive negative tests >24 hours apart to “clear” isolation, if a patient receives a positive result, wait 3 days from time test was collected to re-test

- For example, if 1st test is negative, but 2nd test is positive, but has to restart process again (needs at least another 2 tests) with another test taken 3 days after 2nd test was collected

ⁱ Additional guidance Specific to Pediatrics (Ward, PICU). See separate policy for isolation and visitation in NICU and Newborn Nursey here: <https://hub.bmc.org/doc/bmccovidobtestingcounselingclearance>. For questions regarding isolation precautions when there are symptomatic parents or visiting caregivers, page ID at 9200.