

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	<ol style="list-style-type: none"> 1. 10 days since initial positive COVID-19 test 2. 24 hours since resolution of fever without antipyretics 3. Improvement of respiratory symptoms <p>Patients who do NOT meet <u>all three</u> symptom criteria must remain in isolation.</p>
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).	<ol style="list-style-type: none"> 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 <ol 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) <p>Patients who do NOT meet <u>all three</u> symptom criteria must remain in isolation.</p>

- 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)	<ol style="list-style-type: none"> 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 (≥ 20 mg for adults or >0.5 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 Nurse here: <https://hub.bmc.org/doc/bmccovidobtestingcounselingclearance>. For questions regarding isolation precautions when there are symptomatic parents or visiting caregivers, page ID at 9200.