

COVID-19 Positive Patients: Isolation Precaution Discontinuation and Re-testing Guidance

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COVID-19 isolation precaution discontinuation for known COVID-19 patients of all ages who either (1) remain hospitalized, (2) are discharged and returning to ambulatory clinics or (3) are discharged home or to another facility, or 4) are readmitted to the hospital:

Strategies to Discontinue COVID-19 Isolation Precautions for Patients with COVID-19	
Uncomplicated Patient Cases ¹	Complicated Patient Cases ¹ or Group Care Settings ²
<p>10-day Symptomatic Protocol for patients who had symptoms of COVID-19 at time of first positive test: Can be removed from COVID-19 precautions when they have been afebrile for at least 24 hours without antipyretics, symptoms have improved and 10 days have passed since the first positive test was obtained. Retesting is not recommended.</p> <p>10-day Asymptomatic Protocol for patients who did not have symptoms of COVID-19 at time of first positive test and never developed symptoms: Can be removed from COVID-19 precautions when 10 days have passed since first positive test. Retesting is not recommended.</p>	<p>20-day Symptomatic or Asymptomatic Protocol for patients with complicated cases or patients going to group care settings. Can be removed from COVID-19 precautions when 20 days have passed since the first positive test was obtained. Retesting is not recommended.</p>
<p>¹Complicated patient cases: Patients who required ICU care during their hospitalization, are severely immunocompromised³ or are pregnant or less than 2 weeks post-partum. Patients who do not meet these criteria are considered uncomplicated patient cases.</p> <p>²Group care settings: Group care settings include inpatient rehabilitation, psychiatry facilities or are receiving dialysis.</p> <p>³Severely immunocompromised patients: The degree of immunocompromise for the patient is ultimately determined by the treating provider. Conditions include but are not limited to active chemotherapy, active hematologic malignancy, solid organ or bone marrow transplant recipient, untreated HIV infection with CD4 T lymphocyte count < 200, primary or acquired severe immunodeficiency disorder, treatment with high-dose prednisone or the equivalent, or treatment with other immunocompromising agents. For a list of high-risk immunosuppression medications, click here.</p>	

Important Notes

- Isolation Flag Removal:** Please contact your [infection control representative](#) to remove precautions and COVID-19 isolation flag once criteria for isolation has been met. Note: Provider will need to remove the isolation order.
- COVID-19 Recovered Patients:** Following the discontinuation of isolation precautions for known COVID-19 recovered patients of all ages, airborne and contact PPE with eye protection can be discontinued, a negative pressure room is NOT required, a transport safety officer is NOT required, and a security escort is NOT required. Similar to a COVID-19 negative patient, a surgical/procedural mask with face shield is required for all encounters except during aerosol generating procedures ([list here](#)) during which airborne and contact PPE with eye protection is required. See below for guidance specific to patient movement. If patient remains on a bio mode unit, upon leaving, remove airborne and contact PPE with eye protection and use the following PPE guidance. There is no infection control reason to maintain PPE for recovered patients; however, Life Line may maintain PPE when transporting acute patients to and from bio mode units if patient acuity requires.
 - Transport:** Wear surgical/procedural mask with face shield, except during aerosol generating procedures.
 - Procedure/Surgery:** Wear surgical/procedural mask with face shield, except during aerosol generating procedures. A negative pressure procedure room is NOT required.
 - Discharge:** Wear surgical/procedural mask with face shield. Private transportation is NOT required.
 - Transport of Deceased:** Wear surgical/procedural mask with gloves after body bag is closed.

Re-testing may be considered for patients with NEW symptoms highly concerning for COVID-19.

- **New Symptoms:** If a complicated or uncomplicated patient¹ case met criteria for COVID-19 precaution removal and later develops new symptoms highly concerning for COVID-19 (e.g., fever with new cough, shortness of breath, compatible radiographic findings, etc.) that are not explained by the patient's ongoing COVID-19 course of illness or another cause (e.g., new bacterial pneumonia, pulmonary embolism, volume overload), treat as a PUI; place in negative pressure room using airborne and contact PPE with eye protection and re-test the patient. Consultation with Infectious Diseases recommended.
- **Repeat Testing:** Repeat COVID-19 viral testing after first positive is not indicated for either complicated or uncomplicated cases within 90 days from positive result. Retesting of patients to remove precautions is not recommended at JHM. A positive or negative result will not alter the above recommendations for discontinuation of isolation precautions. Re-testing may be considered for patients with NEW symptoms. Patients presenting with new symptoms more than 90 days after their first positive result should be placed in airborne and contact isolation with eye protection until it is determined if testing is indicated.
 - **Re-Testing on Admission:** Do not re-test known COVID-19 positive patients on admission to the hospital if they have met above criteria for COVID-19 isolation precaution discontinuation, do not have new symptoms concerning for COVID-19 and are within 90 days of the first positive COVID-19 test. Place on regular floor with standard precautions of surgical/procedure mask and face shield. Use airborne and contact PPE with eye protection for likely aerosol generating procedures. If it is more than 90 days since the first positive COVID-19 test, then test if the patient is requiring admission or if the patient has symptoms.
 - **Pre-Procedure Testing:** Do not re-test known COVID-19 positive patients as part of pre-procedure testing within 90 days of the first positive COVID-19 test. If it is more than 90 days since the first positive test, then test if the patient requires a procedure.
 - **Elective Procedures:** Do not perform elective procedures until criteria for removal of isolation is met. See criteria above. Once the criteria are met, consider timing the elective surgery according to the needs and condition of the patient and complexity of the surgery.
 - **Emergency Procedures:** If emergency surgery or procedure is required before criteria for removal of isolation is met, treat as a COVID-19 positive patient. Place patient in negative pressure room using airborne and contact PPE with eye protection and perform procedure in negative pressure operating room with airborne and contact PPE with eye protection. [JHM Coronavirus Testing Strategy for ASYMPTOMATIC Patients Needing Surgery or a Procedure in a Procedure Suite during COVID-19 Pandemic.](#)
- **Patient Discharge to Home:** For patients being discharged home who have not met criteria for COVID-19 isolation precaution removal, please include discharge education in AVS for COVID-19 patients regarding self-isolating from household contacts until removal criteria are met. If patients cannot arrange to have private transportation (i.e., not Uber or Lyft) at the East Baltimore campus, please contact Lifeline at ext. 4-7777 and ask to speak with HopComm. There are transport services (e.g., cab, taxi, etc.) that transport COVID-19 positive patients.
- **Patient Discharge to Another Facility:** Re-testing may be required by an accepting facility if the patient is being transferred from a JHHS hospital to either an inpatient rehab facility, psychiatry inpatient setting, long-term care facility, group home, dialysis center or other institutional setting.
 - At the time of transfer, if the patient does not meet JHM requirements for removal of COVID-19 precautions prior to transfer, coordinate with the discharge coordinator and ensure the setting is equipped to manage patients requiring COVID-19 isolation precautions.
 - If the accepting facility requires negative COVID-19 testing prior to transfer, engage with discharge care coordinator to clarify the testing requirements at that specific facility and work with the patient and the care team to meet those requirements.
- *The CDC describes the evidence on which these recommendations are based here: www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html*