Guidance for the Return of Patients Confirmed to Have COVID-19 (with or without symptoms) to Ambulatory Clinics or Facilities

Last updated June 2, 2020 at 5:30 PM EST

Conduct telehealth/video/phone visits with patients for any visit that does not require an in-person visit. If a patient must be seen in-person, the patient must meet criteria for discontinuation of COVID-19 isolation precautions unless the clinic is approved to care for patients confirmed to have COVID-19.

Strategies to discontinue COVID-19 isolation precautions for patients returning to Ambulatory clinics or facilities.

<table>
<thead>
<tr>
<th>Severe Immunocompromised, pregnant or &lt; 2 weeks post-partum OR going to a clinic with shared patient care facilities.</th>
<th>Non-immunocompromised patients who are not attending a shared patient care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>For adult, pediatric, general and specialty care clinics caring for patients with a COVID-19 diagnosis from a positive COVID-19 viral test and severely immunocompromised, pregnant or &lt; 2 weeks post-partum OR going to a clinic with shared patient care facilities.2</td>
<td>For adult, pediatric, general and specialty care clinics caring for patients with a COVID-19 diagnosis from a positive COVID-19 viral test and NOT severely immunocompromised AND NOT going to a clinic with shared patient care facilities.2</td>
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Patients may have COVID-19 precautions discontinued and return to clinics/facilities with standard precautions when they meet either the time- based or test-based criteria below.

**TIME-BASED STRATEGY:**
- At least 28 days have passed since first positive COVID-19 viral test regardless of symptoms and repeat testing.
- OR -

**TEST-BASED STRATEGY:**
- Had COVID-19 Symptoms at time of positive test: Resolved fever (without the use of fever-reducing medications for 3 days) AND improvement in symptoms (e.g., cough, shortness of breath) AND negative results of COVID-19 tests from at least two consecutive respiratory specimens collected ≥ 24 hours apart.*
- Did not have COVID-19 symptoms at the time of first positive test: 10 days have passed since date of first positive COVID-19 test AND no subsequent symptoms developed AND negative COVID-19 results from at least two consecutive respiratory specimens collected ≥ 24 hours apart.*

If the patient did not have symptoms at time of first positive test and then later developed symptoms, use the criteria for “had symptoms” above.

**Information about repeat testing:**
- The specialist provider or PCP should order the repeat COVID-19 NAT tests for these outpatients. This test should only be done in a COVID-19 test-designated location.
- Wait at least 10 days after initial positive result before repeating COVID-19 viral swab. If the COVID-19 NAT test is still positive, suggest waiting more than 48 hours to repeat testing.
- If repeat COVID-19 NAT testing is positive or not yet completed, the patient should be seen in a negative-pressure room with COVID-19 precautions for medical staff (airborne + contact precautions with eye protection).

* Patients with tracheostomies should have a tracheal aspirate COVID-19 test in addition to a COVID-19 test from a respiratory specimen (NP swab, BAL or good quality sputum).
Other Information and Considerations

COVID-19 EPIC flag

- Patients who have had a positive COVID-19 viral test will have a flag in their EPIC chart for 10 days from the last positive test (the flag is reset every 18 days of hospitalization for prolonged admissions). Please call HEIC with questions.
- Determine if the patient has had outside COVID-19 viral testing performed.
  - Although COVID-19 test results available through CRISP may pull into EPIC, some patients may have COVID-19 testing obtained at other facilities. All patients should be asked if they have had COVID-19 diagnosis in the past 28 days prior to arrival. If patient says yes to having a COVID-19 diagnosis, reassess with isolation discontinuation measures above.
- Serology tests are not being used to guide isolation.

Caregivers accompanying patient

- **JHM Visitor Restriction Guidelines Grid Related to COVID-19**

Appropriate PPE for caring for patients with previous history of COVID-19

- All staff and patients older ≥ 3 years of age should wear masks throughout the clinic visit per universal masking policy.
- Cloth masks are allowed for patients and visitors.
- Staff caring for patients should wear a surgical/procedural mask with a face shield.
- Always follow standard precautions (e.g., gloves and gowns if expect contact with bodily fluids).
- Please see the HEIC website for additional PPE guidance: [https://intranet.insidehopkinsmedicine.org/heic/](https://intranet.insidehopkinsmedicine.org/heic/)

Definitions

1. Severely immunocompromised patients: Includes those with solid organ transplant, active chemotherapy, bone marrow transplant, hematologic malignancy, inherited immunodeficiency, HIV with CD4 below 200. Severely immunocompromised patients and pregnant women may shed COVID-19 for longer periods of time.

2. Shared patient care facilities: Those in which patients may be in close proximity for prolonged periods of time. Includes settings such as dialysis clinic, infusion center, or group therapy sessions.