Clinical Alignment Summary: COVID-19 Isolation Precautions

The purpose of this summary is to display how clinical guidance from different organizations is aligned in this topic area.

A  Instituting Isolation Precautions

**EMERGENCY DEPARTMENT**

- **Patient has viral respiratory symptoms but has not yet been tested for COVID-19**
  - Patients provided surgical mask upon arrival (3)
  - Protect front desk personnel; Create barrier between patient and staff during triage or require staff to wear surgical mask and eye protection if physical barrier is not possible (3)
  - Screen patient for respiratory illness, new muscle aches, anosmia or exposure to COVID-19 positive contact in last 14 days (3)
  - If patient cannot be immediately roomed, sit 6 feet apart from others, preferably with physical barrier (3)

**ROOMING**

- Place patient in private room with door closed, preferably in an Airborne Infection Isolation Room (AIIR) (3,5)
- May cohort COVID-19 positive patients together as long as there are no infection status mismatches (i.e. MRSA or C diff) (3)

**PPE**

- All HCWs must wear a surgical or procedural mask at all times (universal masking policy) (3,5)
- N95 or PAPR should be worn by HCW who may be in enclosed space within 6 feet of patient for over 10 minutes or who is conducting aerosol-generating procedure (3) N95 or PAPR and eye protection for all ED direct care providers (5)
- Gowns, gloves, and eye protection are additionally worn by HCWs who have direct contact with patient or patient room (3,5)

**AMBULATORY CARE**

- **Patient has viral respiratory symptoms but has not yet been tested for COVID-19**
  - Screen patients telephonically, if possible. If screen +, defer in-person visit and manage remotely, if clinically appropriate. If not, direct to correct clinical setting.(3)
  - Provide patient with mask upon arrival; must be worn at all times (3)
  - Erect a barrier between patients and front desk personnel to keep 6 ft apart OR minimize interactions to <10 min.
  - Room immediately and keep door closed. Maintain 6 ft distance from others if patient can’t be roomed immediately (3)
  - PPE: See ED PPE* (3)

**INPATIENT**

- **Patient has viral respiratory symptoms but has not been tested for COVID-19**
  - Provide patient with surgical or procedural mask upon arrival which must be worn outside patient room and during in-room prolonged face-to-face provider encounters (3)
  - Screen daily for viral respiratory illness (3)
  - Rooming: See ED Rooming (3)
  - PPE: See ED PPE* (3)

B  Removing Isolation Precautions

**TRANSFER**

- **COVID-19 patient transferred from hospital to other institution**
  - Facilities include Inpatient Rehab Facility, Psychiatry Inpatient Setting, Long Term Care Facility, Group Home, Dialysis Center
  - Patient should meet criteria for removal of COVID-19 precautions unless patient is being transferred to an institution that is equipped to manage COVID-19 patients (1)
  - Must have approval from infection control (1)
  - If respiratory symptoms are improved but persistent, consider private room (1)

- **Remove COVID-19 precautions when patient meets all three criteria:**
  - Resolution of fever without antipyretic for at least 24 hours
  - Improvement of respiratory symptoms (cough, SOB, not requiring vent)
  - Negative results from two consecutive COVID-19 nasopharyngeal tests at least 24 hours apart (patients with tracheostomy require an additional negative test result from tracheal aspirate sample)
# CONTINUED HOSPITALIZATION

**COVID-19 patient remains hospitalized**

Remove COVID-19 precautions when inpatient meets all three criteria: (1)

1. Resolution of fever without antipyretic for at least 24 hours (1, 4, 5)
2. Improvement of respiratory symptoms/clinically improving (cough, SOB, not requiring vent) (1, 5)
3. Negative results from two consecutive COVID-19 nasopharyngeal tests at least 24 hours apart (1, 4, 5)

- Infection control must approve removal of isolation precautions (1, 4, 5)
- If respiratory symptoms are improved but persistent, consider private room (1)

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# AMBULATORY CARE

**COVID-19 patient needs to be seen at ambulatory facility for non-COVID reason:**

*Conduct telehealth/video/phone visits with patients for any visit that does not require an in-person visit (2)*

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## TEST-BASED STRATEGY

**Criteria for Removal of COVID-19 Isolation Precautions, EITHER**

1. At least 28 days have passed since 1st positive COVID-19 test OR
2. Fever has resolved without antipyretics for 3 days AND respiratory symptoms have improved AND two negative COVID-19 tests at least 24 hours apart (additional tracheal aspirate sample required for patients with tracheostomy)

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## NON-TEST BASED STRATEGY

**For adult, pediatric, general and specialty care clinics caring for patients who are severely immunocompromised, pregnant or < 2 weeks postpartum OR going to a clinic with shared patient care facilities (2)**

**Criteria for Removal of COVID-19 Isolation Precautions, EITHER:**

1. At least 14 days since positive COVID test AND fever resolved without antipyretics for 3 days AND improvement of respiratory symptoms OR
2. At least 7 days since positive COVID test AND fever resolved without antipyretics for 3 days AND patient is asymptomatic OR
3. At least 7 days since positive COVID test AND the patient was asymptomatic when tested AND never developed symptoms

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**PPE for patients with previous history of COVID-19:** (2)

- All staff, patients, and visitors must wear masks per universal mask policy; Staff should wear surgical mask; patients and visitors may wear cloth mask

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# GUIDELINE DOCUMENTS

3. **Massachusetts General Hospital Guidance for Patients with Suspected Viral Respiratory Illness.** Updated 4/10/2020
4. **Massachusetts General Hospital Patients with Confirmed COVID-19: Criteria for Resolution of COVID-19 Infection Status and Discontinuation of Isolation.** Updated 3/24/2020
5. **UCSF Inpatient, ED and OB Guidelines for Symptomatic and Asymptomatic Patients.** Updated 4/22/2020

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