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.

### Instituting Isolation Precautions

**Patient has viral respiratory symptoms but has not yet been tested for COVID-19.**

#### Emergency Department Procedures:
- 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)

#### Inpatient Procedures:
- 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)

#### Ambulatory Procedures:
- 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)

### Personal Protective Equipment (PPE):
- All HCWs must wear a surgical or procedural mask at all times (universal masking policy) (3,5)
- N95 or PAPR and eye protection 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 (3,5)
- Gowns, gloves, and eye protection are additionally worn by HCWs who have direct contact with patient or patient room (3,5)

### Rooming Guidance:
- Place patient in private room with door closed, preferably in an Airborne Infection Isolation Room (AIIR) (3,5)
- In Ambulatory and ED Setting: If patient cannot be immediately roomed, sit 6 feet apart from others, preferably with physical barrier (3)
- In ED and Inpatient setting: May cohort COVID-19 positive patients together as long as there are no infection status mismatches (i.e. MRSA or C diff) (3)
Removing Isolation Precautions

Patients who were COVID-19 test positive (asymptomatic vs. symptomatic at time of testing or developed symptoms after first positive test)

TIME-BASED STRATEGY

<table>
<thead>
<tr>
<th>Continued Hospitalization¹</th>
<th>Discharge to Home</th>
<th>Return to Ambulatory Clinic</th>
<th>All sites Complicated²</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 10 days have passed since date of first positive COVID-19 test AND ▪ Patient remains asymptomatic (1,2,4) *Repeat testing not recommended (1,2)</td>
<td>▪ At least 10 days have passed since first positive test AND ▪ No subsequent symptoms have developed since first positive test (1,2)</td>
<td>▪ 10 days have passed since date of first positive COVID-19 test AND ▪ Patient remains asymptomatic (1,2,4) *Repeat testing not recommended (1,2)</td>
<td>▪ At least 20 days have passed since 1st positive COVID-19 test (1,2), *Repeat testing not recommended (1,2)</td>
</tr>
<tr>
<td><strong>ASYMPTOMATIC</strong></td>
<td>▪ Remove COVID-19 precautions when inpatient meets all 3 criteria: (4) ▪ Resolution of fever without antipyretic ▪ Resolution of respiratory symptoms ▪ 30 days have passed since first positive test</td>
<td>▪ At least 10 days have passed since first positive test AND ▪ Afebrile for at least 3 days ▪ Symptoms improved</td>
<td>▪ Remove COVID-19 precautions when patient meets all 3 criteria: (4) ▪ Resolution of fever without antipyretic ▪ Improvement in respiratory status, as marked by weaning of ventilator settings to minimal support settings with ambient oxygen ▪ 30 days have passed since the first positive test</td>
</tr>
<tr>
<td><strong>SYMPTOMATIC</strong></td>
<td>▪ Remove COVID-19 precautions when inpatient meets all three criteria and was never in the ICU (1,2) ▪ At least 10 days have passed since first positive test ▪ Afebrile for at least 3 days ▪ Symptoms improved</td>
<td>▪ At least 10-14 days have passed since first positive test AND ▪ Resolved fever without antipyretic for at least 3 days AND ▪ Symptoms improved (1,2,4,5) *Repeat testing not recommended (1,2)</td>
<td></td>
</tr>
</tbody>
</table>

¹ Infection control must approve removal of isolation precautions (1,4)

² Complicated patients:
- Patients who are in group care, required ICU care during their hospitalization, pregnant or less than 2 weeks post-partum, are receiving dialysis, OR are severely immunocompromised (definition of severely immunocompromised is ultimately determined by 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) (1,2)
- Current intubated or post tracheostomy inpatient, unable to be liberated from ventilator due to non-respiratory issues (4)
TEST-BASED STRATEGY
Remove COVID-19 precautions when patient meets all criteria:

<table>
<thead>
<tr>
<th>Continued Hospitalization¹</th>
<th>Discharge Home to private residence²</th>
<th>Ambulatory *Conduct telehealth/video/phone visits with patients for any visit that does not require an in-person visit (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Resolution of fever without antipyretic (4) 72 hours (5) AND ▪ Improvement of respiratory symptoms (4,5) o OR if intubated, weaning to minimal ventilator support settings (4) ▪ Negative results from two consecutive COVID-19 nasopharyngeal tests at least 24 hours apart (4,5) o AND if intubated, ≥ 1 negative lower respiratory tract sample ▪ 10-14 days since symptoms first appeared (4,5)</td>
<td>▪ ≥ 10 days since positive COVID-19 test AND ▪ Resolved fever without antipyretic AND ▪ Improvement in respiratory systems AND ▪ Two negative nasopharyngeal swabs by NAAT taken ≥ 24 hours apart (4)</td>
<td>▪ ≥ 10 days since positive COVID-19 test AND ▪ Resolved fever without antipyretic AND ▪ Improvement in respiratory systems AND ▪ Two negative nasopharyngeal swabs by NAAT taken ≥ 24 hours apart (4)</td>
</tr>
</tbody>
</table>

¹Infection control must approve removal of isolation precautions (4,5)
²See Discharge Guidance Alignment Summary

Additional notes on repeat testing:
- Re-testing after 90 days may be considered for patients with NEW symptoms (1,2)
- Do not re-test known COVID-19 positive patients on admission to the hospital if they have met COVID-19 isolation precaution discontinuation criteria and do not have new symptoms concerning for COVID-19 (1)
- Do not re-test known COVID-19 negative patients on admission if they have had COVID-19 test in the past 7 days if they are asymptomatic (1)
- Pre-procedure testing:
  - Do not re-test known COVID-19 positive patients as part of pre-procedure testing (1,2)
  - Elective Procedures: Do not perform elective procedures within 20 days of first positive test
  - Emergency Procedures: If emergency surgery or procedure is required within 20 days of first positive test for an uncomplicated case treat as a PUI; place patient in negative pressure room using airborne and contact PPE with eye protection and perform procedure with airborne and contact PPE with eye protection in negative pressure operating room

GUIDELINE DOCUMENTS
3. Massachusetts General Hospital Guidance for Patients with Suspected Viral Respiratory Illness. Updated 4/10/2020
5. UCSF Inpatient, ED and OB Guidelines for Symptomatic and Asymptomatic Patients. Updated 8/4/2020

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