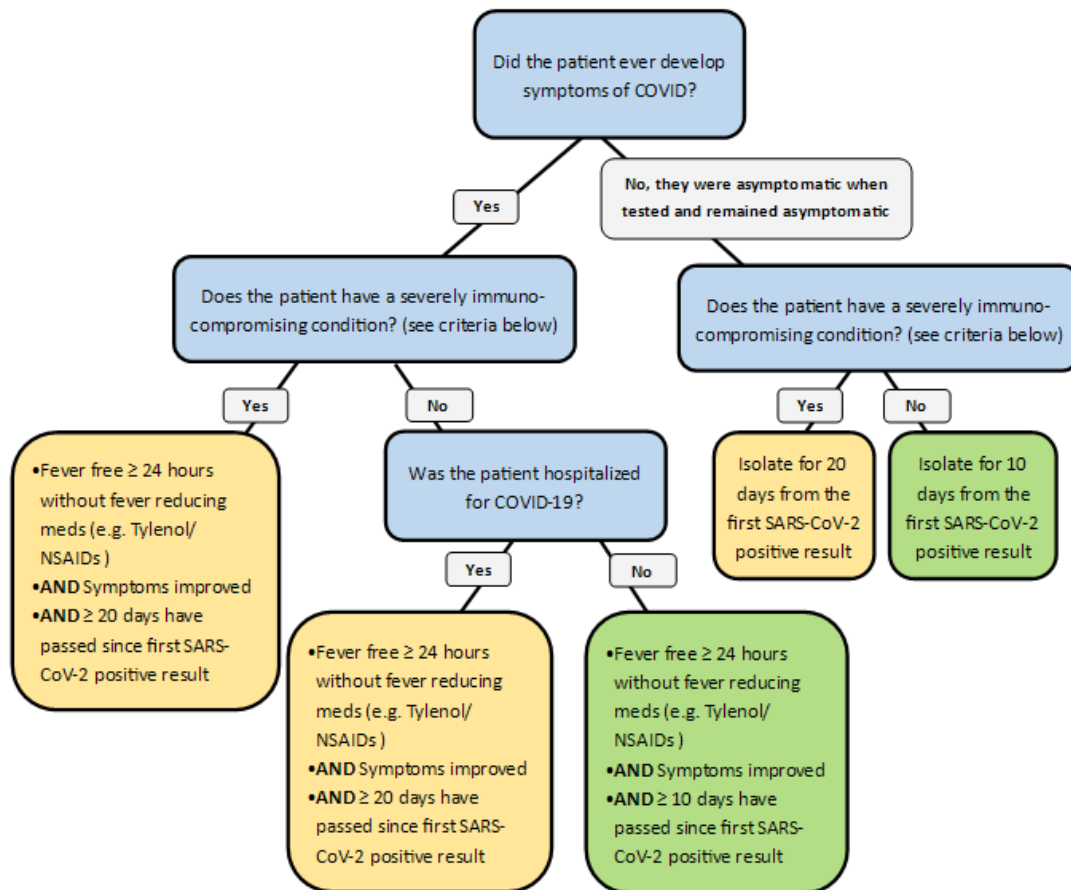


# Clearing Inpatients from Suspected and Confirmed COVID Isolation

## CONFIRMED COVID PATIENTS:

A test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions except in rare situations and with approval of Infection Prevention. Meeting criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge.



Although the CDC recommends that patients self-isolate for 10-20 days after COVID-19 symptom onset, it is sometimes difficult to pinpoint symptom onset, so counting days from the date the initial positive SARS-CoV-2 PCR was obtained provides a more definite interval.

### Criteria for “Severe Immunocompromise” (expanded from CDC criteria)

- Primary immune deficiency (e.g. Common Variable Immune Deficiency)
- HIV infection with CD4 count  $\leq 200$
- Solid organ or stem cell transplant
- Cytotoxic Chemotherapy in the past 90 days
- Significant immunosuppressant use, including  $\geq 20$  mg/day prednisone [or equivalent] for  $\geq 14$  days or other oral/injectable/intravenous immunosuppressive agents such as rituximab, mycophenolate mofetil

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## To remove confirmed COVID+ patients from home isolation:

- Follow the algorithm above

## To remove hospitalized COVID+ patients from inpatient isolation precautions:

- Follow the algorithm above. Note that if the patient was hospitalized for a reason other than COVID-19, and SARS-CoV-2 was discovered on an asymptomatic admission screening test, then they may be eligible for removal of isolation in as few as 10 days if they are not severely immunosuppressed.
- At the discretion of the provider and infection prevention, a test-based strategy can also be used for clearance. The patient would need 2 negative tests greater than 24 hours apart. Symptoms should be improving and the patient afebrile for >24 hours without fever suppressing medications.

## Previously COVID+ patients who are admitted/readmitted:

- Follow the algorithm above

## Transfer of COVID+ patients to long-term care facility/nursing home:

- Follow the algorithm above. A test-based strategy is no longer recommended by CDC, however, some facilities may continue to require clearance using a test-based strategy which requires two consecutive negative SARS-CoV-2 tests obtained  $\geq 24$  hours apart.

## \*Special Cases:

- Stem Cell Transplant—Recommend use of a test-based strategy (2 negative PCR tests >24 hours apart, symptomatic improvement, and fever-free for at least 24 hours without use of anti-pyretics). On a case-by-case basis, however, Infection Prevention may remove some patients from isolation before meeting a test-based strategy.
- Immunotherapy Use (e.g. Rituximab, CAR T-cell therapies)—these patients will need at least 20 days of isolation, however, some patients may need a longer period of isolation. Please call Infection Prevention for guidance prior to removal from isolation.

## SUSPECTED COVID PATIENTS:

The decision to discontinue empiric isolation precautions for a suspected COVID-19 patient can be made based upon **having negative results from at least one SARS-CoV-2 PCR**. If a higher level of clinical suspicion for COVID-19 exists, consider maintaining isolation precautions and performing a second test for SARS-CoV-2.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric isolation precautions.