

HUP: Discontinuation of Transmission-Based Precautions for Hospitalized COVID-19 Patients

Updated: 5/4/2020

Patient Status	When Isolation Discontinuation May First be Considered (hospital day)	Clinical Criteria to be met When Considering Discontinuation of Isolation	Testing* Strategy	Isolation Recommendations
COVID-19 POSITIVE: Floor Patient	Day 10	<ul style="list-style-type: none"> - At least 10 days since symptom onset - Afebrile for 72 hours - Respiratory symptoms improved 	Obtain 2 NP swabs at least 24 hours apart Example: . <ul style="list-style-type: none"> - Test 1 on Day 14 - Test 2 on Day 15 	<ul style="list-style-type: none"> - If both tests negative, discontinue isolation precautions after discussion with infection control - If either test positive, maintain isolation precautions - May consider repeat testing at later date (<i>no earlier than 7 days from last positive test, unless OB patient needing clearance for NICU – in that case 72 hours appropriate</i>)
COVID-19 POSITIVE: ICU Patient (NOT mechanically ventilated, no tracheostomy)	Day 21	<ul style="list-style-type: none"> - Afebrile for 72 hours - Improving respiratory status, oxygen requirements or active weaning 	Obtain 2 NP swabs at least 24 hours apart Example: <ul style="list-style-type: none"> - Test 1 on Day 21 - Test 2 on Day 22 	<ul style="list-style-type: none"> - If both tests negative, discontinue isolation precautions after discussion with infection control - If either test positive, maintain isolation precautions - Consider repeat testing at later date (<i>no earlier than 7 days from last positive test</i>)
COVID-19 POSITIVE: ICU Patient (mechanically ventilated or tracheostomy)	Day 21	<ul style="list-style-type: none"> - Afebrile for 72 hours - Improving respiratory status, oxygen requirements or active weaning 	Obtain 1 trach aspirate and then 1 NP swab at least 24 hours apart Example: <ul style="list-style-type: none"> - Test 1 on Day 21 send trach aspirate - Test 2 on Day 22 send NP swab 	<ul style="list-style-type: none"> - If both tests negative, discontinue isolation precautions after discussion with infection control - If either test positive, maintain isolation precautions - Consider repeat testing at later date (<i>no earlier than 7 days from last positive test</i>)
COVID-19 POSITIVE: Patient currently on floor, previously in ICU (NO tracheostomy)	Day 10	<ul style="list-style-type: none"> - At least 7 days since symptom onset - Afebrile for 72 hours - Respiratory symptoms improved 	Obtain 2 NP swabs at least 24 hours apart Example: <ul style="list-style-type: none"> - Test 1 on Day 14 - Test 2 on Day 15 	<ul style="list-style-type: none"> - If both tests negative, may discontinue isolation precautions - If either test positive, maintain isolation precautions - May consider repeat testing at later date (<i>no earlier than 7 days from last positive test, unless OB patient needing clearance for NICU – in that case 72 hours appropriate</i>)

COVID-19 POSITIVE: Repeat testing required for disposition	N/A Testing dictated by receiving facility	None	Obtain 1 or 2 tests (defer to facility requirements regarding # and specimen type of tests): - If 2 tests required, obtain at least 24 hours apart	- If both tests negative, discontinue isolation precautions after discussion with infection control - If either test positive, maintain isolation precautions
COVID-19 NEGATIVE: Testing required for disposition	N/A Testing dictated by receiving facility	None	Obtain 1 NP swab test	- No need to change header to PUI - No need to place patient on isolation for testing

Discontinuation of Transmission-Based Precautions for Hospitalized COVID-19 Patients

Consideration of isolation discontinuation for hospitalized patients will be made on a case-by-case basis by Infection Prevention & Control team members.

1. For COVID-19 inpatients who remained on a medical floor throughout their stay and have been an inpatient for 10 days:

- Discontinuation of isolation precautions may be considered on or after hospital day 10 if the following criteria are met:
 - At least 10 days have passed since symptom-onset
 - The patient has been afebrile, off antipyretics for at least 72 hours
 - Respiratory symptoms have improved
- For patients who meet all above criteria, recommend: obtain 2 sequential SARS CoV-2 PCR nasopharyngeal (NP) swab or NP/oropharyngeal (NP/OP) assays performed 24+ hours apart. This should be the "Routine" COVID-19 assay performed at the HUP Molecular Lab with 12-24 hour turn around time.
- If Negative x 2 -> Discontinue Isolation Precautions; consider transfer to non-COVID unit
- If Positive -> Maintain Isolation Precautions for remainder of stay
 - Can consider repeat NP swab testing in 7 days to restart two negative test clearance process
 - For OB patients needing to visit NICU, can consider repeat swabbing in 72 hours

2. For COVID-19 inpatients who remain in an ICU setting for a prolonged period:

- Consider discontinuation of isolation precautions on or after hospital day 21
- Patients in an ICU setting 21 days may be considered for testing if they meet the following criteria:
 - Afebrile for 72 hours
 - Improving respiratory status, oxygen requirements or active weaning
- For ICU patients meeting above criteria who are NOT mechanically ventilated or with a tracheostomy, obtain 2 sequential SARS CoV-2 PCR NP or NP/OP assays at least 24+ hours apart
 - If both Negative -> Discontinue isolation precautions after discussing with infection control
 - If either or both positive -> Maintain Isolation; consider repeat testing in 1 week, or upon transfer to floor
- For ICU patients meeting above criteria who ARE mechanically ventilated and/or with a tracheostomy, obtain a SARS CoV-2 tracheal aspirate and then a SARS CoV-2 NP swab 24 hours apart
 - If both Negative -> Discontinue isolation precautions after discussing with infection control
 - If either or both positive -> Maintain Isolation; consider repeat testing in 1 week, or upon transfer to floor

- If patient was enrolled in a clinical trial in which serial NP samples were obtained for repeat SARS CoV-2 testing, and results are known and negative, then no additional testing required (unless patient mechanically ventilated or with a trach – then would still need a negative tracheal aspirate sample)

3. For COVID-19 inpatients who spent some time in an ICU setting but were then transferred to the floor, follow strategy #1 above. If these patients have a tracheostomy, they will need both a tracheal aspirate and NP swab for clearance as noted in strategy #2 above.

4. For COVID-19 POSITIVE inpatients who require testing for disposition:

- Obtain single (or 2 if required by receiving facility) NP swab(s) or NP/OP swab(s) for SARS CoV-2 PCR assay – “Routine” test done in HUP lab
 - Follow recommendations of receiving facility regarding test # and specimen type for clearance
- If testing is negative, decision to remove Isolation Precautions depends on timing of discharge – may discontinue isolation at time of discharge (discuss with infection control)

5. For COVID-19 NEGATIVE inpatients who require testing for disposition:

- Do NOT enter COVID Rule out in Header
- Do NOT place patient into Isolation Precautions
- Obtain single NP swab for SARS CoV-2 PCR assay – “Routine” test done in HUP lab

NOTE:

To order clearance testing in PennChart, use the “COVID-19 (SARS-CoV-2)” test:

1. Select priority = routine
2. Select approved service = clearance for transfer/treatment
3. For NP swabs keep specimen src: NP SWAB (default option)
4. For tracheal aspirates: type “tracheal aspirate” in the comment field for trach aspirate specimens

Please DO NO send tracheal swab specimens. These are not a validated source of SARS CoV-2 testing.