



VENTURA COUNTY HEALTH CARE AGENCY

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Owner: Todd Flosi, MD: Chief Medical Officer
Policy Area: COVID-19
References:

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

The decision to discontinue transmission-based precautions for patients with laboratory-confirmed COVID-19 should be made using a symptom-based strategy as described below per the current CDC guidelines. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. A test-based strategy is no longer recommended.

Severity of illness is defined below:

- **Mild illness:** Any signs or symptoms of COVID-19 without shortness of breath or abnormal chest imaging.
- **Moderate illness:** Evidence of lower respiratory disease by clinical assessment or imaging, and an SpO₂ saturation less than or equal to 94% on room air.
- **Severe illness:** Respiratory rate >30 breaths per minute, SpO₂ less than 94% on room air, PaO₂/FiO₂ <300 mm Hg or lung infiltrates >50%. For patients with chronic hypoxia, a decrease of 3% is considered severe.
- **Critical illness:** respiratory failure, septic shock, and/or multiple organ dysfunction.

****The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission Based Precautions****

VCMC/SPH Criteria for Discontinuation of Transmission-Based Precautions for Hospitalized Patients with Laboratory-Confirmed COVID-19

Patients with mild to moderate illness who are not severely immunocompromised should remain in transmission-based precautions (enhanced droplet + contact) until the following criteria are met:

- At least 10 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms have improved

Patients with severe to critical illness or who are severely immunocompromised, the patient should remain in transmission-based precautions (airborne + contact) until the following criteria are met:

- At least 20 days have passed *since symptoms first appeared* AND
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications AND
- Symptoms have improved

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. There have been reports of prolonged detection of RNA without direct correlation to viral culture. Viral culture has not demonstrated the ability of SARS-CoV-2 to replicate beyond 15 days after symptom onset for patients with severe and critical illness, or who are severely immunocompromised.

For asymptomatic severely immunocompromised patients, transmission-based precautions may be discontinued 20 days after a positive viral diagnostic test.

Discontinuation of Empiric Transmission-Based Precautions for Patients Suspected of Having COVID-19

The decision to discontinue empiric transmission-based precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least **one** FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining transmission-based precautions and performing a second test for SARS-CoV-2 RNA, at least 24 hours after the first test was performed
- If two PCR tests have been performed >24 hours apart on upper respiratory specimens and both are negative, but suspicion remains high, consider sending a lower respiratory specimen (sputum) for PCR

Ultimately, clinical judgment and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric transmission-based precautions.

Disposition of Patients with COVID-19

Patients can be discharged from the health care facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before meeting the above criteria for discontinuation of transmission-based precautions.
 - Public Health should be called prior to discharge so that they may follow the patient and make recommendations about maintaining quarantine in the home.
 - The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments.
 - It should include considerations of the home's suitability for, and patient's ability to adhere to, home isolation recommendations.
- Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available from the CDC.

If the patient is medically ready to be discharged to a nursing home or other long-term care facility (e.g., assisted living facility), AND

- He or she has not met the VCMC/SPH criteria for discontinuation of transmission-based precautions for hospitalized patients, he or she should remain hospitalized until they meet above criteria.
- Alternatively, if a facility has the ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, the patient may be discharged to that facility on isolation precautions, only after consultation with the Communicable Disease division of Public Health Department.
- He or she has met the VCMC/SPH criteria for discontinuation of transmission-based precautions for hospitalized patients, but the patient has persistent symptoms of COVID-19 (e.g., persistent cough), they

may be discharged, but should:

- be placed in a single room
- be restricted to their room to the extent possible
- wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline
- He or she has met the VCMC/SPH criteria for discontinuation of transmission-based precautions for hospitalized patients and has no persistent symptoms, the patient does not require further isolation or restrictions, as these relate to their history of COVID-19.

Admission of Patients with a Past History of Lab-Confirmed COVID-19:

- Patients with a history of COVID-19 re-presenting to medical attention do not need to be placed under contact/droplet isolation and do not need to be re-tested for SARS-CoV-2 if they have met the criteria for discontinuing transmission-based precautions as outlined above within 3 months of their original infection.
- At this time there is no good scientific data to suggest COVID-19 reinfection (at least within 3 months), however, if the patient presents with new onset covid symptoms, place in transmission-based precautions and re-test for SARS-CoV-2. If the test is negative, then can discontinue transmission-based precautions.

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Jason Arimura: Director-Pharmacy Services	9/30/2020
Policy Owner	Todd Flosi, MD: Chief Medical Officer	9/30/2020