



VENTURA COUNTY HEALTH CARE AGENCY

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References:

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

The decision to discontinue transmission-based precautions for patients with laboratory-confirmed SARS-CoV-2 (COVID-19) infection should be made using a symptom-based strategy as described below per the current CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).

The duration of transmission-based precautions depends on the patient's severity of illness and if they are severely immunocompromised.

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 (oxygen saturation) greater 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 moderately or severely immunocompromised*

The patient should remain in transmission-based precautions (enhanced respiratory) 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 moderately or severely immunocompromised

The patient should remain in transmission-based precautions (enhanced respiratory) until the following criteria are met:

- **At least 10 days up to 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
 - A patient with severe to critical illness may be removed from transmission-based precautions **between 10 and 20 days** since symptoms first appeared with a **negative COVID-19 antigen test**

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.

A test-based strategy could be considered for some patients (e.g., those who are [moderately to severely immunocompromised](#)) in consultation with infectious diseases physicians if concerns exist for the patient being infectious for more than 20 days.

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

The decision to discontinue empiric transmission-based precautions 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 Known SARS-CoV-2 infection who have not met CDC criteria for Discontinuation of Transmission-Based Precautions

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

Discharge to home:

- Isolation should be maintained at home if the patient returns home before meeting the above criteria for discontinuation of transmission-based precautions..
 - The home's suitability for, and patient's ability to adhere to, home isolation recommendations should be considered when discharging a patient to home who still meets criteria for isolation.
 - If the safety of a discharge is in question, please contact the public health communicable disease team.
- 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, and should be given to the patient (<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>).

Discharge to a nursing home or other congregate or long-term care facility (e.g., assisted living facility):

- If a facility has the ability to adhere to CDPH-mandated infection prevention and control recommendations for the care of COVID-19 patients, the patient may be discharged to that facility.
- Public Health Communicable Disease does not need to be contacted for routine discharges of patients still requiring transmission-based precautions to other facilities.

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

- Patients with a reliable history of COVID-19 within the past 90 days 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.
 - However, if the patient presents with new onset symptoms consistent with COVID-19, place in transmission-based precautions and test for SARS-CoV-2 with an antigen test.
 - If the antigen test is positive, continue transmission-based precautions
 - If the antigen test is negative, continue transmission-based precautions, and
 - Repeat antigen test in 24 hours
 - Consider requesting cycle threshold result from microbiology
 - Consider discussing with Infection Prevention team

Admission of Patients with Positive PCR from 0 to 10 Days Prior to Emergency Department Presentation *Without* a Reliable History of COVID-19 in the past 90 Days:

- **Asymptomatic** patients *without* a reliable history of COVID-19 within the past 90 days may be tested prior to admission with an antigen test
- However, if a PCR test is performed on an asymptomatic patient and returns a positive result, the patient should be put into enhanced respiratory precautions.
 - Patients should be asked about signs or symptoms of COVID-19 infection as well as exposures.
 - These patients should be assumed to have active SARS-CoV-2 infection and will need to meet the requirements for discontinuing transmission-based precautions as outlined above.

Isolation of Patients with Positive SARS-CoV-2 PCR within 10 Days of Presentation to Day Surgery or Obstetrics Unit

- Currently these patients are being screened with an antigen test. However, if a PCR is performed and positive within the 10 days prior to presentation, and there is no reliable recent (within 90 days) history of SARS-CoV-2 infection, assume that these patients have an active covid infection.
- For OB cases and non-elective surgery, the patient must remain in enhanced respiratory precautions until a total of at least 10 days since their positive test if asymptomatic, or 10 days from the onset of symptoms

for those with COVID-19 symptoms, in addition to the other requirements for discontinuation of transmission based precautions.

- If the surgery is elective, it should be cancelled and rescheduled as follows according to the [ASA-APSF Joint Statement on Elective Surgery and Anesthesia for Patients after COVID-19 Infection](#) :
 - Four weeks for an asymptomatic patient or recovery from only mild, non-respiratory symptoms.
 - Six weeks for a symptomatic patient (e.g., cough, dyspnea) who did not require hospitalization.
 - Eight to 10 weeks for a symptomatic patient who is diabetic, immunocompromised, or hospitalized.
 - Twelve weeks for a patient who was admitted to an intensive care unit due to COVID-19 infection

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Attachments

No Attachments

Approval Signatures

| Step Description | Approver | Date |
|--------------------------|---|-----------|
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