VENTURA COUNTY
HEALTH CARE AGENCY

Origination:	*6/16/2020*
Last Approved:	*1/26/2022*
Last Revised:	*1/26/2022*
Next Review:	*1/25/2025*
Owner:	*Todd Flosi, MD: Chief Medical Officer, VCMC & SPH*
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 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 SpO_2 (oxygen saturation) greater than or equal to 94% on room air.
- Severe illness: Respiratory rate >30 breaths per minute, SpO_2 less than 94% on room air, PaO_2/FiO_2 <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 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.
    - 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.

All revision dates: 1/26/2022, 10/28/2021, 9/30/2020, 7/1/2020

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Jason Arimura: Associate Hospital Administrator-AncillaryServices	1/26/2022
Policy Owner	Todd Flosi, MD: Chief Medical Officer, VCMC & SPH	1/26/2022