Guidance for Discontinuing Transmission-Based Precautions in COVID-19 Patients

The Centers for Disease Control and Prevention (CDC) has endorsed both test-based and symptom/time-based strategies for release from transmission-based precautions for individuals treated for COVID-19, including both those who have tested positive and those suspected of having COVID-19 who have not been tested.

While in certain situations a test-based approach is ideal, due to the limited availability of testing and need to preserve testing capacity to identify newly infected patients who are at highest risk, hospitals, other healthcare facilities, and clinicians should refer to ODH testing priorities before using this strategy.

After consultation with Ohio infectious disease physicians and the CDC, the Ohio Department of Health (ODH) recommends the following, as of July 17, 2020:

- For patients with symptoms who have not been tested, use the CDC symptom-based criteria to establish the release from transmission-based precautions (isolation). These criteria are:
  - At least 10 days have passed since onset of symptoms AND
  - At least 24 hours have passed since there has been no fever without use of fever-reducing medication AND
  - There has been improvement in other symptoms.

- For patients with symptoms who have laboratory-confirmed COVID-19 use one of the below criteria.
  - Symptom-based criteria for patients with mild to moderate illness who are not severely immunocompromised:
    - At least 10 days have passed since onset of symptoms AND
    - At least 24 hours have passed since there has been no fever without use of fever-reducing medication AND
    - There has been improvement in other symptoms.
  - Symptom-based criteria for patients with severe to critical illness or who are severely immunocompromised:
    - At least 20 days have passed since onset of symptoms AND
    - At least 24 hours have passed since there has been no fever without use of fever-
There has been improvement in other symptoms.

- For patients without symptoms who have laboratory-confirmed COVID-19 use one of the below criteria.
  
  o Time-based criteria for patients who are not severely immunocompromised:
    ▪ Ten days have passed since their first positive test. However, if symptoms develop within this 10 day-period, they should follow precautions for people with symptoms (above).

  o Time-based criteria for patients who are severely immunocompromised:
    ▪ Twenty days have passed since their first positive test. However, if symptoms develop within this 20 day-period, they should follow precautions for people with symptoms (above).

- Test-based strategy: In some instances, a test-based strategy could be considered for discontinuing transmission-based precautions earlier than if the symptom-based strategy were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious disease experts if concerns exist for the patient being infectious for more than 20 days.

  o Test-based criteria for patients who are symptomatic:
    ▪ There is no fever without the use of fever-reducing medication AND
    ▪ Other symptoms have improved AND
    ▪ There are negative results on at least two consecutive lab tests of respiratory specimens collected at least 24 hours apart.

  o Test-based criteria for patients without symptoms:
    ▪ There are negative results on at least two consecutive lab tests of respiratory specimens collected at least 24 hours apart.

- For patients discharged from a hospital:
  
  o If the patient returns home before discontinuation of precautions, isolation should be maintained at home.
  
  o Discharge planning and discharge documentation should include date of onset of symptoms, isolation status, and need for continued transmission-based precautions, clearly establishing that the receiving facility has the ability to meet infection-control requirements.

For more information, visit: coronavirus.ohio.gov
• Ultimately, clinician judgment is required to determine release from transmission-based precautions. Treating clinicians may determine that a test-based strategy is necessary in very specific clinical situations.

For patients transferred to nursing facilities and congregate care settings:

• If transmission-based precautions are still required, they should go to a facility with the ability to adhere to infection prevention and control recommendations for COVID-19 patients. Preferably, they should be placed in a location designated for COVID-19 patients.

• If precautions have been discontinued, but symptoms persist, they should be placed in a single room, restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until symptoms resolve.

• If precautions have been discontinued and symptoms have resolved, no restrictions are required.

• Facilities should consider a targeted approach to prepare and respond to COVID-19, where designated wings/units, floors, or entire facilities are created for patients with suspected or confirmed COVID-19. Facilities should consider designating healthcare personnel (HCP) who are assigned ONLY to those units to care for known or suspected COVID-19 patients to limit HCP exposure and conserve Personal Protective Equipment (PPE). Designated units are ideal for residents returning from hospital care who still need to complete the isolation period before being released into the general population of nursing facility residents.

• Nursing homes should admit any individuals that they would normally admit to their facility, including individuals without symptoms of COVID-19 previously in the community, in hospitals, or in other facilities where a case of COVID-19 may have been present. No further testing is required for these asymptomatic and potentially exposed individuals. These residents should be quarantined and monitored for 14 days. Healthcare personnel should wear all recommended PPE (e.g., respirator or facemask if a respirator is not available, eye protection, gloves, and gown) when caring for these residents. If possible, use of single-person rooms or a dedicated unit/wing for these residents could be established.

• Facilities should notify the health department about residents and staff with known or suspected COVID-19 and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, including information regarding recommended PPE.¹

¹ Relative to PPE, see also “Strategies to Optimize the Supply of PPE and Equipment,” https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

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For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

Your mental health is just as important as your physical health. If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available 24 hours a day, seven days a week. Call the COVID-19 CareLine at 1-800-720-9616.