

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

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

With few exceptions, patients with a previous positive COVID-19 test who remain asymptomatic after recovery should **NOT** be tested within 90 days of the positive test. Ample evidence now exists that a patient may continue to test positive for SARS-CoV-2 (the virus that causes COVID-19) for up to 90 days after a positive test even though the patient is likely no longer infectious. Per the CDC, there are no confirmed reports to date of a person being re-infected with COVID-19 within 90 days of the initial infection, and unnecessary repeat testing can have negative consequences for patients. For persons who have clinically recovered from COVID-19 but later develop symptoms consistent with COVID-19 within 90 days of their initial illness, retesting may be considered.

- For patients with [mild to moderate](#) symptoms who are **not** [severely immunocompromised](#), 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 [severe to critical illness](#) or who are [severely immunocompromised](#), the criteria are:
  - 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-reducing medication AND
  - There has been improvement in other symptoms.
- For patients without symptoms who have laboratory-confirmed COVID-19 and are **not** [severely immunocompromised](#), the criteria are:
  - Ten days have passed since the positive test. However, if symptoms develop within this 10 day-period, they should follow precautions for people with symptoms (above).
- For patients without symptoms who have laboratory-confirmed COVID-19 and are [severely](#)

immunocompromised, the criteria are:

- Twenty days have passed since the positive test. However, if symptoms develop within this 20 day-period, they should follow precautions for people with symptoms (above).
- For a patient with a positive COVID-19 test in the last 90 days, repeat COVID-19 testing should **NOT** be ordered, even if the patient is being admitted to the hospital or having a planned surgery/procedure, unless they meet one the exceptions noted below:
  - Immunocompromised patient: Repeat testing in an immunocompromised patient can be considered on a case-by-case basis as determined by the patient's provider in the setting of treating the patient with an additional immunosuppressive drug regimen (e.g., chemotherapy).
  - Patient developing new COVID-19 symptoms: If the patient develops new symptoms consistent with COVID-19 during the 90-day period, you may retest the patient. This would apply especially to patients who would be at high risk for severe disease or who may live with someone/have routine close contact with someone at high risk for severe disease.
- For patients discharged from a hospital:
  - If the patient returns home before discontinuation of precautions, isolation should be maintained at home.
  - If a patient returns to a facility, 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.
- 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. Initial viral testing of each resident (who is not known to have been previously diagnosed with COVID-19) is recommended. 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 Healthcare Personnel During the COVID-19 Pandemic](#), including information regarding recommended PPE.<sup>1</sup>

*Updated Nov. 2, 2020.*

For additional information, visit [coronavirus.ohio.gov](https://coronavirus.ohio.gov).

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

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<sup>1</sup> 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>

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.

# CORONAVIRUS DISEASE 2019



Protect yourself and others from COVID-19 by taking these precautions.

## PREVENTION

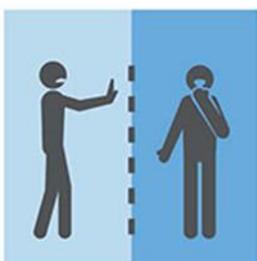
For additional information call 1-833-4-ASK-ODH or visit [coronavirus.ohio.gov](https://coronavirus.ohio.gov).



STAY HOME EXCEPT FOR WORK AND OTHER NEEDS



WEAR A FACE COVERING WHEN GOING OUT



PRACTICE SOCIAL DISTANCING OF AT LEAST 6 FEET FROM OTHERS



SHOP AT NON-PEAK HOURS



WASH HANDS OFTEN WITH WATER AND SOAP (20 SECONDS OR LONGER)



AVOID TOUCHING YOUR EYES, NOSE, OR MOUTH WITH UNWASHED HANDS OR AFTER TOUCHING SURFACES



COVER YOUR MOUTH WITH A TISSUE OR SLEEVE WHEN COUGHING OR SNEEZING



CLEAN AND DISINFECT "HIGH-TOUCH" SURFACES OFTEN



DON'T WORK WHEN SICK



CALL BEFORE VISITING YOUR DOCTOR

For more information, visit: [coronavirus.ohio.gov](https://coronavirus.ohio.gov)