

**GUIDANCE
DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR
PATIENTS WITH SARS-CoV-2 INFECTION
(COVID-19)**



DOC ID HHCMPA212020v3

Effective Date:
January 27, 2022

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<p>Purpose</p>	<p>The guidelines in this document are intended to:</p> <p>Standardize the practice for discontinuing isolation in the inpatient and ambulatory settings, including procedural, diagnostic, treatment and other clinical areas.</p> <p>Apply the most recent evidence for discontinuing Transmission-Based Precautions.</p> <p>Align NYC H+H with new information released by the Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH).</p> <p>Please note, all guidance is subject to change as additional information becomes available.</p>								
<p>Key Points</p>	<p>Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.</p> <p>The symptom-based strategy depends on:</p> <ul style="list-style-type: none"> • the time period since symptoms first appeared and whether symptoms are improving; • whether the patient is immunocompromised; • the severity of their illness. <p>A test-based strategy is not recommended (except as noted below).</p>								
<p>Scope</p>	<p>NYC Health + Hospitals Health System</p>								
<p>Requirements</p>	<p>CDC and NYSDOH</p>								
<p>Inpatient Discontinuation of Transmission-Based Precautions for COVID-19 Inpatients</p>	<table border="1"> <thead> <tr> <th data-bbox="430 1310 709 1331">Inpatient</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 1337 709 1785"> <p>Mild and Moderate, Symptomatic (for non-moderately or severely immunocompromised)</p> </td> </tr> </tbody> </table>	Inpatient	<p>Mild and Moderate, Symptomatic (for non-moderately or severely immunocompromised)</p>	<table border="1"> <thead> <tr> <th data-bbox="727 1310 1006 1331">Time Based Criteria</th> </tr> </thead> <tbody> <tr> <td data-bbox="727 1337 1006 1785"> <p>Discontinue Isolation 10 days after symptom onset and after fever ends for 24 hours (without the use of fever-reducing medication) and symptoms are improving.</p> <p>Day 0 is the first day of symptoms.</p> </td> </tr> </tbody> </table>	Time Based Criteria	<p>Discontinue Isolation 10 days after symptom onset and after fever ends for 24 hours (without the use of fever-reducing medication) and symptoms are improving.</p> <p>Day 0 is the first day of symptoms.</p>	<table border="1"> <thead> <tr> <th data-bbox="1024 1310 1367 1331">Test Based Criteria</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1337 1367 1785"> <p>In general population, Not Recommended</p> <p><u>For moderately or severely Immunocompromised patients:</u></p> <p>Consult with local Infectious Disease Physician or Hospital Epidemiologist</p> </td> </tr> </tbody> </table>	Test Based Criteria	<p>In general population, Not Recommended</p> <p><u>For moderately or severely Immunocompromised patients:</u></p> <p>Consult with local Infectious Disease Physician or Hospital Epidemiologist</p>
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	<p>Severely Ill (require hospitalization, intensive care or ventilation support)</p>	<p>Isolate for at least 10 days and up to 20 days after symptom onset, and after fever ends (without fever-reducing medication) and symptoms are improving.</p>	<p>Not recommended</p> <p><u>For moderately or severely immunocompromised patients:</u> Consult with local Infectious Disease Physician or Hospital Epidemiologist</p>
	<p>Asymptomatic</p>	<p>Discontinue Isolation 10 days after the first positive test (with day 0 being the date their specimen was collected for the positive test).</p> <p>If symptoms develop after a positive test, their isolation period should start over.</p> <p>Day 0 changes to the first day of symptoms.</p>	<p>In general population Not recommended</p> <p><u>For moderately or severely immunocompromised patients:</u> Consult with local Infectious Disease Physician or Hospital Epidemiologist</p>
<p>Outpatient (Ambulatory) Discontinuation of Transmission-Based Precautions for COVID-19 Outpatients</p>	<p>Time based criteria is <i>strongly</i> recommended for outpatient situations. Test-based criteria may be considered for unusual cases. If test-based criteria are used, call Infectious Disease Physician to assist with discontinuing isolation if you have any questions.</p>		
	<p style="text-align: center;">Outpatient Symptomatic</p>	<p style="text-align: center;">Time Based Criteria</p> <p style="text-align: center;">At least 24 hours without fever (without use of fever-reducing medication) AND Improvement in respiratory symptoms or return to baseline AND</p>	<p style="text-align: center;">Test Based Criteria</p> <p style="text-align: center;">In general population Not Recommended</p>

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		<p>At least 10 days have elapsed since initial positive test</p> <p>For moderately or severely immunocompromised patients:</p> <p>At least 20 days have passed since symptoms first appeared (day 0 is the first day of symptoms or a positive viral test)</p> <p>AND</p> <p>Resolution of fever without the use of fever-reducing medications</p> <p>AND</p> <p>Symptoms (e.g., cough, shortness of breath) have improved</p> <p>Consult with Infectious Disease Physician</p>	<p>For moderately or severely immunocompromised patients: Consult with Infectious Disease Physician if concerns exist for patient being infectious for longer than 20 days.</p>	
	<p style="text-align: center;">Asymptomatic</p>	<p>At least 10 days have elapsed since initial positive test</p>	<p>In general population Not recommended</p> <p>For moderately or severely immunocompromised patients:</p> <ul style="list-style-type: none"> • Consult with local Infectious Disease Physician or Hospital Epidemiologist 	

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**Alternate
Care Sites or
Home Based**

Discontinuation of
Transmission-Based
Precautions
for COVID-19
patients at
Alternate Care
Sites or Home
Based

For healthcare providers managing persons with COVID-19 under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or in a group isolation facility.

Time based criteria is strongly recommended for symptomatic and asymptomatic patients. *Test based criteria only for very specific circumstances where there is 1) a vulnerable person at home (if discharge to home) or 2) for severely immunocompromised residing at a facility.

Patient	Time Based Criteria	*Test Based Criteria
Symptomatic	At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND Improvement in respiratory symptoms (e.g., cough, shortness of breath) AND At least 10 days have passed since symptoms first appeared.	In general population Not Recommended Consult with local Infectious Disease Physician or Hospital Epidemiologist
Asymptomatic	At least 10 days have passed since the date of first positive RT-PCR test assuming patient has not developed symptoms since their positive test. For moderately or severely immunocompromised patients: at least 20 days have passed since the date of their first positive viral diagnostic test. Consider consultation with an	Not recommended

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 40%; text-align: center;">Infectious Disease Physician.</td> <td style="width: 30%;"></td> </tr> </table> <p>For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.</p> <p>Please see below for documenting Infection and Isolation status in EPIC.</p> <p><u>For adults recovered from SARS-CoV-2 infection, a positive SARS-CoV-2 RT-PCR result without new symptoms during the 90 days after illness onset more likely represents persistent shedding of the viral RNA than reinfection.</u></p> <p>*All tests should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in respiratory specimens.</p>		Infectious Disease Physician.	
	Infectious Disease Physician.			
Definitions	<ul style="list-style-type: none"> • Mild Illness - Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging. • Moderate Illness - Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO₂) ≥94% on room air at sea level. • Severe Illness - Patients with COVID-19 are considered to have severe illness if they have SpO₂ <94% on room air at sea level, PaO₂/FiO₂ <300 mm Hg, a respiratory rate >30 breaths/min, or lung infiltrates >50%. • Moderately or Severely Immunocompromised –Moderate and severe immunocompromising conditions and treatments include but are not limited to: <ul style="list-style-type: none"> ○ Active treatment for solid tumor and hematologic malignancies ○ Receipt of solid-organ transplant and taking immunosuppressive therapy ○ Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy) ○ Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome) ○ Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) 			

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	<ul style="list-style-type: none"> ○ Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day when administered for ≥ 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory. ● Symptom onset – date on which symptoms first began, including non-respiratory symptoms; day 0 is the first day of symptoms.
References	<p>CDC - https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/ accessed on 1.19.2022.</p> <p>CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html revised 2.16.2021</p> <p>CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html revised 2.18.2021</p> <p>CDC – https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html revised 2.13.2021</p> <p>NYC - https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf</p> <p>NYS - https://coronavirus.health.ny.gov/system/files/documents/2021/07/notification_106676.pdf</p> <p>NYS - https://www.gnyha.org/news/new-executive-order-on-hospital-discharges-of-covid-19-patients-to-nursing-homes/</p>

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COVID-19 Infection & Isolation Order

COVID-19 (confirmed) & COVID-19 (rule out) are now available for ATTENDING and NP providers to choose as infection options to update the patient's infection status. ATTENDING and NP are also able to resolve the patient's infection status as clinically deem necessary. The new isolation order for COVID-19 is also available for providers to order.

Context: Infection is the primary Epic tool for flagging patients with dangerous communicable diseases. It communicates to all clinicians, to bed planners, transport and environmental service staff. For each type of infection, there are (rule out) and (confirmed) flags. Pre-COVID, this tool was available only to ID and Infection Prevention clinicians. Because COVID became so prevalent, we granted access to *add* infections to attending physicians in March 2020 and NPs in May 2020. Positive PCR results were set to automatically flag patients as COVID-19 (confirmed).

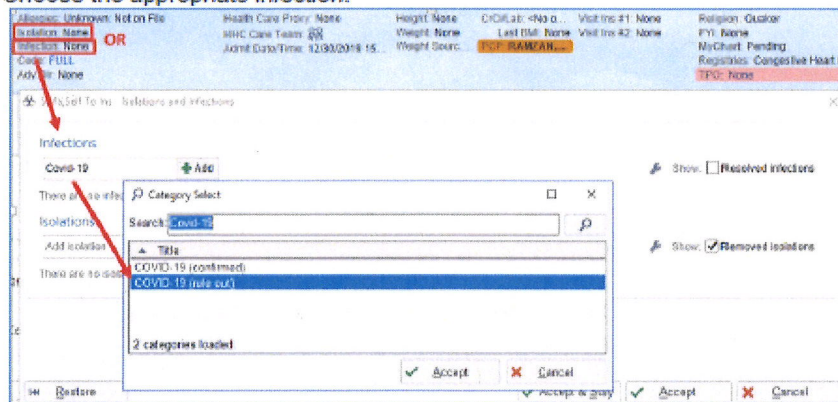
In May 2020, we are also granting access to *resolve* infections to those providers so we can identify patients that no longer pose a risk.

Try It Out:

Click the patient header to add infection COVID-19:

1. TO UPDATE THE PATIENT INFECTION STATUS:

- Click **Isolation** or **Infection** in the patient header to open up Infections and Isolation activity. Then type "covid-19" in the search bar, you will see two options as shown in the screenshot below. Choose the appropriate infection.



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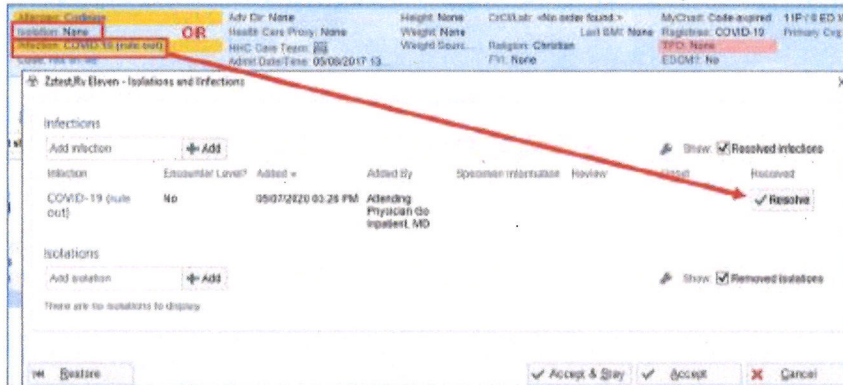
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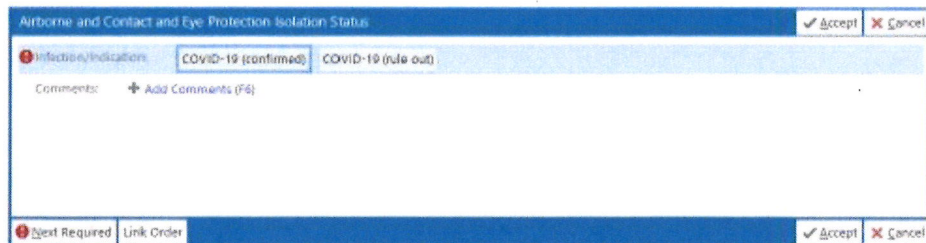
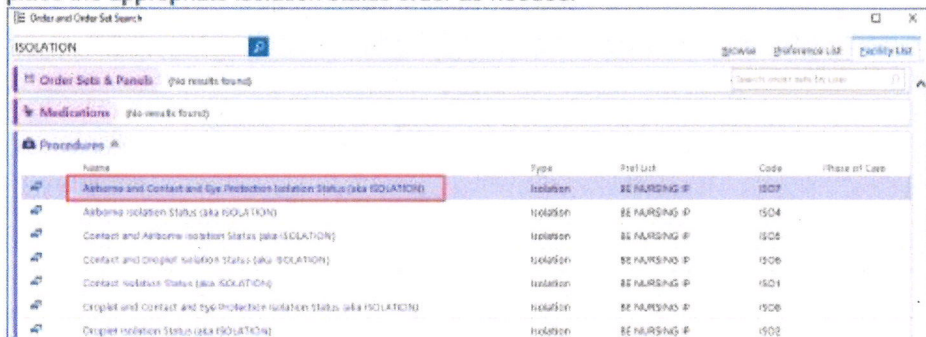
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2. TO RESOLVE AN INFECTION STATUS:


- Click **Isolation** or **Infection** in the patient header to open up Infections and Isolation activity. Then click on the **RESOLVE** button that is associated with the "covid-19" infection you would want to resolve. Remember to click on **ACCEPT** to save the modification, as shown in the screenshot below.



3. Place the appropriate isolation order. Type "Isolation" and you will find Airborne and Contact and Eye Protection Isolation Status order and choose the infection/indication. As a reminder, please place the appropriate isolation status order as needed.



Note: Adding COVID-19 (rule out) as infection will work the same way.

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Reason:		
By	By	By

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Recovered patients: Patients who have recovered from COVID-19 can continue to have detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset. However, replication-competent virus has not been reliably recovered from such patients, and they are not likely infectious.

- Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
- In certain high-risk congregate settings that have high risk of secondary transmission and where it is not feasible to cohort patients, isolate residents for 10-days.