DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION

(COVID-19)

DOC ID HHCMPA212020v3	Effective Date:	Page 1 of 10
	January 27, 2022	

Purpose	The guidelines in this document are intended to:					
	Standardize the practice for discontinuing isolation in the inpatient and ambulatory settings, including procedural, diagnostic, treatment and other clinical areas.					
	Apply the most recent evidence for discontinuing Transmission-Based Precautions.					
	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).					
	Please note, all guidance available.	is subject to change as add	litional information becomes			
Key Points	-	ntinuation of Transmission- from a healthcare facility.	Based Precautions is not a			
	The symptom-based strat	egy depends on:				
	 the time period since symptoms first appeared and whether symptoms are improving; whether the patient is immunocompromised; the severity of their illness. 					
		ot recommended (except a	as noted below).			
Scope	NYC Health + Hospitals He	ealth System				
Requirements	CDC and NYSDOH					
Inpatient	Inpatient	Time Based Criteria	Test Based Criteria			
Discontinuati on of Transmission- Based Precautions	Mild and Moderate, Symptomatic (for non- moderately or severely immunocompromised)	Discontinue Isolation 10 days after symptom onset and after fever ends for 24 hours (without the use of fever-reducing	In general population, Not Recommended For moderately or			
for COVID-19	medication) and <u>severely</u>					
Inpatients	symptoms are <u>Immunocompromised</u> improving. <u>patients</u> : Consult with local					
Consult with Day 0 is the first day of Infectious Dis symptoms. Physician or H Epidemiolo						

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION

(COVID-19)

	DOC ID HHCMPA212020v3	Effective Date:	Page 2 of 10
Concernance of the local division of the loc		January 27, 2022	

	Severely III (require	Isolate for at least 10	Not recommended
	hospitalization,	days and up to 20 days	
	intensive care or	after symptom onset,	For moderately or
	ventilation support)	and after fever ends	severely
		(without fever-reducing	Immunocompromised
		medication) and	patients:
		symptoms are	Consult with local
	<u>i</u>	improving.	Infectious Disease
			Physician or Hospital
			Epidemiologist
	Asymptomatic	Discontinue Isolation 10	In general population
		days after the first	Not recommended
		positive test (with day 0	
		being the date their	For moderately or
		specimen was collected	severely
		for the positive test).	immunocompromised
			patients:
		If symptoms develop	
		after a positive test,	
		their isolation period	Consult with local
		should start over.	Infectious Disease
			Physician or Hospital
		Day 0 changes to the	Epidemiologist
		first day of symptoms.	
Outpatient (Ambulatory)	Time based criteria is <i>stroi</i>	ngly recommended for ou	tpatient situations. Test-based
	criteria may be considered	for unusual cases. If test-k	based criteria are used, call
Discontinuatio		n to assist with discontinu	ing isolation if you have any
n of	questions.	-	
Transmission-	Outpatient	Time Based Criteria	Test Based Criteria
Based	Symptomatic	At least 24 hours	In general population
Precautions		without fever (without	Not Recommended
for COVID-19		use of fever-reducing	
Outpatients		medication)	
		AND	
		Improvement in	
	х.	respiratory symptoms of	r
		return to baseline	
		AND	

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION

(COVID-19)

and a second second	DOC ID HHCMPA212020v3	Effective Date:	Page 3 of 10
10000 CONCINCTION		January 27, 2022	

	At least 10 days have elapsed since initial positive test For moderately or severely immunocompromised patients: At least 20 days have passed since symptoms first appeared (day 0 is the first day of symptoms or a positive viral test) AND Resolution of fever without the use of fever-reducing medications AND Symptoms (e.g., cough, shortness of breath) have improved Consult with Infectious Disease Physician	For moderately or severely immunocompromised patients: Consult with Infectious Disease Physician if concerns exist for patient being infectious for longer than 20 days.
Asymptomatic	At least 10 days have elapsed since initial positive test	In general population Not recommended For moderately or severely immunocompromised patients: . Consult with local Infectious Disease Physician or Hospital Epidemiologist

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION

(COVID-19)

DOC ID HHCMPA212020v3	Effective Date:	Page 4 of 10
	January 27, 2022	

Alternate Care Sites or Home Based Discontinuatio n of Transmission-	not in healthcare settings. in a group isolation facility Time based criteria is stro patients. *Test based crite	ngly recommended for symp eria only for very specific circu e (if discharge to home) or 2)	ed to, at home, in a hotel or otomatic and asymptomatic umstances where there is 1) a
Based	Patient	Time Based Criteria	*Test Based Criteria
Precautions			
for COVID-19 patients at Alternate Care Sites or Home Based	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	In general population Not Recommended Consult with local Infectious Disease Physician or Hospital Epidemiologist
	Asymptomatic	first appeared. 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

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION

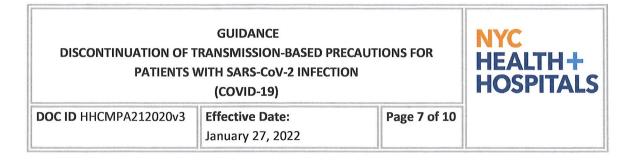
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10000000000000		January 27, 2022	

	Infectious Disease Bhygician					
	Physician. For all scenarios outlined above, the decision to discontinue isolation should be					
	made in the context of local circumstances.					
	Please see below for documenting Infection and Isolation status in EPIC.					
	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.					
	*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.					
Definitions	• 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: 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/mm ³ , history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)					

GUIDANCE DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION (COVID-19) DOC ID HHCMPA212020v3 Effective Date: January 27, 2022

	 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	CDC - <u>https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/</u> accessed on 1.19.2022.
	<u>CDC - https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html revised 2.16.2021</u>
	<u>CDC- https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html_revised 2.18.2021</u>
	CDC – <u>https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-</u> <u>discontinue-isolation.html revised 2.13.2021</u>
	NYC - <u>https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-</u> <u>19-update-05142020.pdf</u>
	NYS - https://coronavirus.health.ny.gov/system/files/documents/2021/07/notification_10 6676.pdf
	NYS -https://www.gnyha.org/news/new-executive-order-on-hospital-discharges-of- covid-19-patients-to-nursing-homes/



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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DOC ID HHCMPA212020v3	Effective Date: January 27, 2022	Page 8 of 10	

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.

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 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.

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

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DOC ID HHCMPA212020v3	Effective Date: January 27, 2022	Page 9 of 10	

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Reviewed and Revised

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Removed from Service				
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GUIDANCE DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR PATIENTS WITH SARS-CoV-2 INFECTION (COVID-19)			NYC HEALTH+ HOSPITALS
DOC ID HHCMPA212020v3	Effective Date: January 27, 2022	Page 10 of 10	

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.