

Guidance on Clearance of Suspected and Confirmed COVID Patients

CONFIRMED COVID PATIENTS:

CDC: The decision to discontinue isolation precautions should be made using a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). Meeting criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge.

Test-based strategy:

- Resolution of fever (a minimum of 24 hours) without the use of fever-reducing medications **and**
- Improvement (but not resolution) in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of PCR for SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

Non-test-based strategy:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
- Improvement (but not resolution) in respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 7 days have passed since symptoms first appeared

To remove hospitalized COVID+ patients from isolation precautions:

- If patient will remain hospitalized, use the **test-based** strategy.

To removed confirmed COVID+ patients from home isolation:

- For most patients, the **non-test-based** strategy can be used.
- Exceptions where a **test-based** strategy could be considered include those patients with severe immunosuppression (e.g., transplant, pts on chemotherapy, neutropenia)

Transfer of COVID+ patients to long-term care facility/nursing home:

- Use the **test-based** strategy (unless specific facility requirements differ).

COVID+ healthcare workers return to work:

- The **non-test-based** strategy can be used.
- After returning to work, HCP should:
 - Wear a facemask at all times while at VUMC until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
 - Be restricted from contact with severely immunocompromised patients (e.g., transplant, pts on chemotherapy, neutropenia) until 14 days after illness onset
 - Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen

SUSPECTED COVID PATIENTS:

The decision to discontinue empiric isolation precautions for a suspected COVID-19 patient can be made based upon **having negative results from at least one SARS-CoV-2 PCR**. If a higher level of clinical suspicion for COVID-19 exists, consider maintaining isolation precautions and performing a second test for SARS-CoV-2.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric isolation precautions.