COVID-19 transmission-based isolation precautions for healthcare workers

Applies to: Inpatient Departments, Emergency Department, Ambulatory Clinics, and Procedural Areas


Screening Patient: Any asymptomatic patient with a pending COVID-19 test (pre-procedure, admission screen, facility placement or study/trial.)

<table>
<thead>
<tr>
<th>Patient care for all patients not suspected of COVID-19 and screening patients.</th>
<th>Patient care for a PUI, patients suspected of, or positive for COVID-19.</th>
<th>During aerosol generating procedures(^1) (AGP) on screening patients, a PUI, or patient suspected of or positive for COVID-19.</th>
<th>During airway procedures(^*) on all patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPE Required:</strong></td>
<td><strong>PPE Required:</strong></td>
<td><strong>PPE Required:</strong></td>
<td><strong>PPE Required:</strong></td>
</tr>
<tr>
<td>• Eye protection/face shield</td>
<td>• Eye protection/face shield</td>
<td>• PAPR OR N95 Respirator + Eye Protection/Face Shield</td>
<td>• PAPR OR N95 Respirator + Eye Protection/Face Shield</td>
</tr>
<tr>
<td>• Surgical/ear loop mask</td>
<td>• Surgical/ear loop mask</td>
<td>• Gown</td>
<td>• Gown</td>
</tr>
<tr>
<td>• Gown</td>
<td>• Gown</td>
<td>• Gloves</td>
<td>• Gloves</td>
</tr>
<tr>
<td><strong>Outside of patient care settings:</strong> Surgical/ear loop or cloth masks.</td>
<td><strong>ISOLATION SIGNAGE/ORDER:</strong> Contact, Droplet with Eye Protection</td>
<td><strong>ISOLATION SIGNAGE/ORDER:</strong> Contact, Droplet with Eye Protection</td>
<td><strong>ISOLATION SIGNAGE/ORDER:</strong> Contact, Droplet with Eye Protection</td>
</tr>
<tr>
<td><strong>Patient and visitors:</strong> See universal face mask guidance in 24/7.</td>
<td></td>
<td><strong>AgP signage to be posted during/after procedure</strong></td>
<td><strong>AgP signage to be posted during/after procedure</strong></td>
</tr>
</tbody>
</table>

**Negative Airflow/Portable HEPA device not required.**
- Maintain airborne PPE precautions for 30 minutes\(^2\) after AGP is complete and minimize opening of the patient’s door. Staff/patients can enter/exit the room as needed ensuring the door is closed behind them. Anyone entering the room during the 30-minute timeframe should follow posted precautions.

\(^1\) AGPs are listed in the Novel Coronavirus (COVID-19)-Respiratory Therapy Department Lippincott Procedure: [https://procedures.lww.com/lng/view.do?pld=5690807&hits=covid&a=false&ad=false](https://procedures.lww.com/lng/view.do?pld=5690807&hits=covid&a=false&ad=false)

\(^2\) Shorter timeframes after AGP may be recommended in specific OR/Procedural areas.

PPE for Specimen Collection: Standard/Contact/Droplet + Eye Protection precautions are recommended nasopharyngeal swab collection.

Please see extended and re-use guidelines for N95 respirators.
Frequently Asked Questions

Q. What if my patient refuses an admission screening test? What PPE is required?
A. If the patient is asymptomatic, utilize PPE depicted in Green column. If the patient is symptomatic, escalate to ordering provider and utilize PPE depicted in Yellow.

Q. When can isolation be discontinued for a suspected or confirmed COVID-19 patient?
A. Discontinuation of Transmission-Based Precautions is available in the Care of a Patient with COVID-19 Policy:

Discontinuation of Transmission-Based Precautions
This guidance is based on current information about COVID-19 and subject to change as additional information becomes available. A test-based strategy is no longer recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy.

Acute Care Status:
COVID-19 patients with confirmatory laboratory testing on acute care status are considered recovered and isolation precautions can be discontinued if the following criteria are met:
- At least 24 hours have passed since recovery defined as resolution of fever equal to or greater than 38.1°C (100.5°F) without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- 10 days after first diagnostic test. Date of first diagnostic test is counted as day one.

ICU Status:
COVID-19 patients with confirmatory laboratory testing on ICU status are considered recovered and isolation precautions can be discontinued if the following criteria are met:
- At least 20 days have passed since first diagnostic test and,
- At least 24 hours have passed since recovery defined as resolution of fever 38.1°C (100.5°F) without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).

Rationale:
Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. The etiology of this persistently detectable SARS-CoV-2 RNA has yet to be determined. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others. These findings strengthen the justification for relying on a symptom-based, rather than test-based strategy for ending isolation of these patients, so that persons who are by current evidence no longer infectious are not kept unnecessarily isolated and excluded from work or other responsibilities.

We rely on the best evidence available to approximate when and for how long someone may be infectious to others. The health system’s discontinuation of isolation guideline was developed with more stringent criteria than what is currently recommended by state and national public health officials. We acknowledge that illness onset likely occurs prior to diagnostic testing. Setting recovery criteria after the first diagnostic test rather than symptom onset assures that we are isolating beyond the duration of infectivity based on available evidence.

Discontinuation of isolation precautions will be made when Attending agrees patient has met recovery criteria in coordination with the Infection Prevention and Control department (24/7 pager – 917-1909). Prior to the removal, patient should be transferred to a clean room via a clean wheelchair or cart.

1 AGPs are listed in the Novel Coronavirus (COVID-19)-Respiratory Therapy Department Lippincott Procedure: https://procedures.lww.com/lnp/view.do?pld=5690807&hits=covid&a=false&ad=false
2 Shorter timeframes after AGP may be recommended in specific OR/Procedural areas.
PPE for Specimen Collection: Standard/Contact/Droplet + Eye Protection precautions are recommended nasopharyngeal swab collection. Please see extended and re-use guidelines for N95 respirators.