1. Confirmed COVID-19

Patients WITHOUT severely immunocompromising conditions

- 21 days from symptom onset:
  - Use date of initial positive COVID-19 test if unable to determine symptom onset date.
  - This means that Modified Respiratory Precautions can be discontinued the morning of day 22.
  - Also applies to patients who are transferred out of Critical Care to other areas in hospital.
  - For patients who are discharged home:
    - Default to community isolation guidance.
    - See Alberta Health COVID-19 Isolation Requirements.
  - Symptom assessment (i.e., symptom resolution or symptom improvement) is not required to discontinue precautions for these patients.
  - Follow-up COVID-19 testing is not indicated.

Patients WITH severely immunocompromising conditions

- See IPC Management of Severely Immunocompromised COVID-19 Patients.
- For COVID-19 IPC-related patient management, special consideration is given to a subset of immunocompromised patients who are considered to be “severely immunocompromised.”
  - “Severely immunocompromised” is defined in the above document.
- Consult local IPC team to discontinue isolation for any severely immunocompromised patient with an acute confirmed COVID-19 infection.
  - Discontinuation criteria are outlined in IPC Management of Severely Immunocompromised COVID-19 Patients.

Coincidental COVID-19

- There may be patients who are admitted to Critical Care for reasons not specifically due to COVID-19.
  - In these instances, COVID-19 positivity is a coincidental finding.
  - The patient has been tested due to an unreliable symptom/risk factor assessment, usually secondary to altered level of consciousness (e.g., trauma patient, overdose, etc.).
  - Discontinuation of precautions may be based on non-Critical Care criteria on a case-by-case basis. Consult with IPC.
- Use the usual site process for consultation with and/or notification to IPC as needed.
2. Suspected COVID-19

- Symptom improvement to new or pre-existing baseline for at least 48 hours (48h) **and** negative COVID-19 test **and** no known risk factor exposure.

- Symptom improvement
  - Respiratory signs and/or symptoms are improving or stable for at least 48h, and there is a clinically plausible and strongly supported alternative diagnosis to COVID-19 infection.
  - Improved or stable chest imaging for at least 48h.
  - Stable gas exchange (i.e., no changes in oxygen requirements or ventilator demands that cannot be attributed to another cause).
  - Improved or unchanged respiratory secretions or suctioning requirements.

- Negative COVID-19 test result
  - Intubated: negative endotracheal aspirate.
  - Tracheostomy: negative tracheal suction [i.e., collect a more sensitive lower tract specimen whenever possible (intubated or tracheostomy)].
  - Non-intubated and non-tracheostomy: negative nasopharyngeal swab.
  - A negative laboratory-based PCR test result is required.
    - A negative point-of-care PCR or rapid antigen test is not sufficient.
    - A negative ID NOW™ result is not sufficient.

- Risk factor assessment
  - If unable to assess risk factors via patient or family/friends, assume risk factor exposure is present and complete 14 days of *Modified Respiratory Precautions* from date of admission (i.e., discontinue on Day 15).

- Use the usual site processes for consultation with and/or notification to IPC as needed.
Critical Care Discontinuation of Precautions for Suspected and Confirmed COVID-19

References


5. Korea Centres for Disease Control and Prevention. Findings from investigation and analysis of re-positive cases. Available at: http://www.kdca.go.kr/board/board.es?mid=a30402000000&bid=0030&act=view&list_no=367267&nPage=1

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