Discontinuation of Precautions for Suspected and Confirmed COVID-19 Patients in Critical Care

1. Confirmed COVID-19

- 21 days from symptom onset:
  - Use date of initial positive COVID-19 test if unable to determine symptom onset date
  - This means that Contact & Droplet Precautions can be discontinued the morning of Day 22
  - Applies to patients who are transferred out of Critical Care to other areas in hospital or who are discharged home
- 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.
- Exception: Immunocompromised Patients
  - There may be additional criteria required to discontinue precautions, especially if patient is considered to be severely immunocompromised.
  - There is no clear single definition for “severely immunocompromised.” Currently, AHS/Covenant is using the CDC-Atlanta definition, but this is being re-assessed:
    - On chemotherapy for cancer
    - Within 1 year of receiving a hematopoietic stem cell or solid organ transplant
    - Untreated HIV infection with CD4 T lymphocyte count < 200
    - Combined primary immunodeficiency disorder
    - Receipt of prednisone >20mg/day for more than 14 days
  - This is not an all-inclusive list and ultimately preventive actions and management are tailored to each individual and situation (i.e., case-by-case).
  - Consult with IPC.
- 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, because the patient is tested due to an unreliable symptom/risk factor assessment, usually secondary to altered level of consciousness (e.g., trauma patient, overdose, etc.).
  - When this happens, 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.

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.
Critical Care Discontinuation of Precautions for Suspected and Confirmed COVID-19

- **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., lower tract specimen for lower tract disease and/or intubated or tracheostomy]
  - Non-intubated and non-tracheostomy: negative nasopharyngeal swab
  - A negative point-of-care test is insufficient. A negative laboratory-based PCR test result is required

- **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 Contact and Droplet Precautions from date of admission (i.e., discontinue on Day 15).

- Use the usual site processes for consultation with and/or notification to IPC.

3. References


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

Rhee C, Kanjilal S, Baker M, Klompas M. Duration of Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) infectivity: when is it safe to discontinue isolation? doi: https://doi.org/10.1093/cid/ciaa1249


For more information contact ipcsurvdadmin@ahs.ca
© 2021 Alberta Health Services, IPC

Original date: February 9, 2021
Revised date: