

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

Note: This document is specific to COVID-related Contact and Droplet Precautions. It is assumed that any other indicated Additional (Isolation) Precautions will be maintained.

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.

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- 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

Alberta Health. Public health disease management guidelines: coronavirus – COVID-19. Available at: <https://open.alberta.ca/publications/coronavirus-covid-19>

Centers for Disease Control and Prevention (Atlanta, USA). Discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings (Interim Guidance). Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Centers for Disease Control and Prevention (Atlanta, USA). Duration of isolation and precautions for adults with COVID-19. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html

European Centre for Disease Control and Prevention. Guidance for discharge and ending isolation of people with COVID-19. Available at: <https://www.ecdc.europa.eu/en/publications-data/covid-19-guidance-discharge-and-ending-isolation>

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&ext_ernal%20icon

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>

van Kampen J, van de Vijver D, Fraaij P, Haagmans B, Lamers M, Okba N, *et al.* Shedding of infectious virus in hospitalized patients with coronavirus disease-2019 (COVID-19): duration and key determinants. (Preprint) doi: <https://doi.org/10.1101/2020.06.08.20125310>

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