

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

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

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.

References

1. Alberta Health. Public health disease management guidelines: coronavirus – COVID-19. Available at: <https://open.alberta.ca/publications/coronavirus-covid-19>
2. 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>
3. 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
4. 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>
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=1external%20icon
6. 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>
7. van Kampen J, van de Vijver D, Fraaij P, Haagmans B, Lamers M, Okba N, *et al.* Duration and key determinants of infectious virus shedding in hospitalized patients with coronavirus disease-2019 (COVID-19). *Nat Commun* 2021 Jan 11; 12(1): 267. doi: 10.1038/s41467-020-20568-4.



Disclaimer: This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

This work is licensed under a [Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license](https://creativecommons.org/licenses/by-nc-sa/4.0/). To view a copy of this licence, see <https://creativecommons.org/licenses/by-nc-sa/4.0/>. You are free to copy, distribute and adapt the work for non-commercial purposes, as long as you attribute the work to Alberta Health Services and abide by the other licence terms. If you alter, transform, or build upon this work, you may distribute the resulting work only under the same, similar, or compatible licence. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

For more information contact
ipcsvstadmin@ahs.ca
© 2022 Alberta Health Services, IPC

Original date: February 9, 2021
Revised date: April 14, 2022
ECC Approved: April 14, 2022