

# Discontinuation of Precautions for Critical Care Patients with Suspected or Confirmed Viral Respiratory Infection

Note: This document is specific to respiratory virus-related Contact and Droplet Precautions. It is assumed that any other indicated Additional Precautions/Isolation 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 [Contact and Droplet 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.).

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- 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.
- Risk factor assessment
  - If unable to assess risk factors via patient or family/friends, assume risk factor exposure is present and complete 10 days of [Contact and Droplet Precautions](#) from date of admission (i.e., discontinue on Day 11)
- Use the usual site processes for consultation with and/or notification to IPC as needed.

### **3.Non-COVID Respiratory Virus Infections**

- At least 10 days since symptom onset  
AND
- Afebrile for at least 48 hrs without use of fever-reducing medications  
AND
- Symptom improvement/stabilization x 48h
  - if intubated – consider clinical stability or improvement based on vent settings/FiO2/other support

In some cases it may be appropriate to discontinue isolation prior to 10 days – consult IPC/IPC physician.

### **4.Co-infection [COVID-19 + non-COVID Respiratory Virus]**

- Assess for COVID-19 discontinuation of isolation criteria first
- Then assess for non-COVID respiratory virus
- Usually if COVID-19 criteria met then the non-COVID criteria are also addressed.

### **5.Non-COVID Respiratory Viruses – Immunocompromised Patients**

- At least 10 days since symptom onset  
AND
- Afebrile for at least 48 hrs without use of fever-reducing medications  
AND
- Symptom improvement/stabilization x 48h
  - if intubated - consider clinical stability or improvement based on vent settings/FiO2/other support

Consider repeat testing on a case-by-case basis (i.e., by exception) as directed by IPC physician.

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## 6. References

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