Discontinuation of Modified Respiratory Precautions for Suspected or Confirmed COVID-19

Designated Family/Support Person must be assessed using a separate form.

Use Form 21616 COVID-19 Symptom Identification and Monitoring to identify and monitor COVID-19 patient symptoms. For patients who have been or are currently in Critical Care, please refer to: https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid-19-discont-precau-pts-critical-care.pdf

1. Have patient’s symptoms improved to a new or pre-existing baseline for at least 48 hours? (Signs and symptoms may not completely resolve. Patients may have a new baseline [e.g. new baseline O2 requirement, persistent cough, etc])
   - ☐ NO
   - ☐ YES, go to Question 2

2. What is patient’s COVID-19 test result?
   - ☐ Pending
   - ☐ Indeterminate
   - ☐ POSITIVE, go to Question 3
   - ☐ NEGATIVE, go to Question 4 (A negative COVID-19 point-of-care test is not sufficient. Lab-based PCR test must be negative.)

3. For confirmed COVID-19 positive patients, have there been 14 days since onset of symptoms or since initial test positive date? (If symptom onset date not known)
   For patients who have been or are currently in Critical Care, see reverse.
   - ☐ NO
   - ☐ YES, go to Question 5 (next page)

4. Does patient have ANY COVID-19 Risk Factors below? (check applicable risk factors, and verify below. If unable to assess, answer YES)
   - ☐ Travelled anywhere outside of Canada within the last 14 days
   - ☐ Close contact* of a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness
   - ☐ Close contact* of a confirmed or probably case of COVID-19 within 14 days before illness onset
   - ☐ Associated with a COVID-19 outbreak at any healthcare unit/facility, congregate living, or other workplace or social gathering within the last 14 days. Refer to link: COVID-19 outbreaks
   - ☐ COVID-19 test: positive COVID-19 within the last 14 days or currently pending (check lab results)
   - ☐ Had laboratory exposure to biological material known to contain COVID-19 virus within the last 14 days
   - ☐ Direction has been given for the patient to remain on either Modified Respiratory Precautions, quarantine, or self isolation
   - ☐ NO - go to Question 6 (next page)
   - ☐ YES

   - ☐ Maintain Modified Respiratory Precautions until 14 days after the last Risk Factor exposure date.
   - ☐ Exposure Date ____________________________
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*A close contact is someone who

- Provided direct care for the case, *including HCW, family members or other caregivers*, or who had other similar close physical contact *(e.g., intimate partner, hug, kiss, handshake)* without consistent and appropriate use of personal protective equipment *(PPE)*, OR

- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more and within two metres with a case without consistent and appropriate use of PPE and not isolating, OR

- Had direct contact with infectious body fluids of a case *(e.g., shared cigarettes, glasses/bottles, eating utensils)* or was coughed or sneezed on while not wearing recommended PPE.

**Critical Care Patients with Confirmed COVID-19**

- Discontinue Modified Respiratory Precautions 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
  - **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: severely immunocompromised patients:


  There may be additional criteria required to discontinue precautions. Consult with IPC.
- There may be patients who are admitted to Critical Care for reasons not specifically due to COVID-19.
  - In these instances, discontinuation of precautions may be based on non-Critical Care criteria on a case-by-case basis. Consult with IPC.
- Use the usual site processes for consultation with and/or notification to IPC when Modified Respiratory Precautions are discontinued.
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5. Is patient **severely immunocompromised**?
   - ☐ NO, go to Question 6
   - ☐ YES →
     - ☐ Maintain Modified Respiratory Precautions
     - ☐ Contact IPC as per site process

6. Is patient on Additional Precautions for any other indication? (e.g. MRSA, CDI, norovirus, etc.)
   - ☐ NO
   - ☐ YES →
     - If no other concerns, Modified Respiratory Precautions may be discontinued *(must be written as an order)*
     - Two Regulated Healthcare Professional Signatures required:
       - Signature 1 ________________ Date ______________
       - Signature 2 ________________ Date ______________
     - ☐ Notify/consult IPC *(as per site process)*
       - Date ________________ Time ______________
     - ☐ Follow Routine Practices *(including continuous masking/eye protection)*

An **ALTERNATE DIAGNOSIS** can be used if there is a negative COVID-19 test related to the current symptoms **AND** there is a strongly supported, clinically plausible alternate diagnosis **AND** no COVID-19 Risk Factor is present.

**NOTE:** If patient has COVID-19 Core symptoms other than fever, **alternate diagnosis cannot be used.**
   - ☐ Specify alternate diagnosis ________________
   - ☐ No COVID-19 Risk Factors
   - ☐ Date of negative COVID-19 test ________________
   - ☐ Notify/consult IPC *(as per site process)*
     - Date ________________ Time ______________

MRHP Signature

Regulated Healthcare Professional Signature

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