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

Please see box below if using alternate diagnosis to discontinue Modified Respiratory Precautions for COVID-19.

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 $O_2$ requirement, persistent cough, etc])
   - ☐ NO
   - ☑ YES, go to Question 2
     - □ Maintain Modified Respiratory Precautions
     - □ Reassess symptoms in 24 hours. Consider re-testing if clinically indicated.

2. What is patient’s COVID-19 test result?
   - ☐ Pending
     - □ Maintain Modified Respiratory Precautions until result available; restart at question 1
   - ☐ Indeterminate
     - □ Maintain Modified Respiratory Precautions; repeat swab; restart at question 1
   - ☑ POSITIVE, go to Page 2
   - ☐ NEGATIVE, go to Page 3
     - ✷ NOTE: A negative COVID-19 ID NOW ™ or Rapid Antigen Test (RAT) is not sufficient.

An ALTERNATE DIAGNOSIS can be used if:
   - ☐ No Respiratory/Core symptoms are present (exception: fever)
     AND
   - ☐ Negative COVID-19 test Date (dd-Mon-yyyy) ____________________________
     AND
   - ☐ No COVID-19 Risk Factors present
     AND
   - ☐ Strongly supported, clinically plausible alternative diagnosis Specify diagnosis __________________
   - ☐ Notify/consult IPC (as per site process)
     Date (dd-Mon-yyyy) __________________ Time (hh:mm) ____________

MRHP Name (Last, First Name) Signature Date (dd-Mon-yyyy)

Regulated Healthcare Professional Name (Last, First Name) Signature Date (dd-Mon-yyyy)
Discontinuation of Modified Respiratory Precautions for COVID-POSITIVE Patients

NOTE:

- The default length of isolation for COVID-positive patients in hospital is 14 days since symptom onset date. This means Modified Respiratory Precautions can be discontinued on Day 15.
- For patients who have been or are currently in Critical Care, DO NOT use this form. (see Discontinuation of Precautions for Suspected and Confirmed COVID-19 Patient in Critical Care)
- Duration of COVID-19 isolation in hospital does not depend on immunization status.
- If patient is discharged, default to community guidelines (see Alberta Health COVID-19 Isolation Requirements)

Proceed only if patient's symptoms have improved to a new/pre-existing baseline for at least 48 hours.

1. Does patient meet mild/moderate illness criteria AND there have been at least 10 days since onset of symptoms/initial test positive date AND patient is NOT immunocompromised?
   Mild/moderate illness: 1. COVID-19 is not the primary reason for admission or prolonged stay AND
   2. Asymptomatic or minimal symptoms AND
   3. No medical intervention such as supplemental oxygen above baseline or anti-COVID therapy.

   □ NO, go to Question 2
   □ YES, consult IPC

2. Have there been 14 days since symptom onset date? Use initial test positive date ONLY if patient does not develop symptoms or symptom onset date is not available.

   □ NO
   □ YES, go to Question 3
   □ Maintain Modified Respiratory Precautions until 14 days after patient's symptom onset date
   Symptom Onset Date (dd-Mon-yyyy) ________________

3. Is patient severely immunocompromised?

   □ NO, go to Question 4
   □ YES

   □ Maintain Modified Respiratory Precautions
   □ Contact IPC as per site process

4. Is patient on Additional Precautions for any other indication? (e.g. MRSA, CDI, norovirus, etc.)

   □ NO
   □ YES

   □ Maintain Additional Precautions
   □ Contact IPC as per site process

   □ Notify/consult IPC (as per site process)
   □ Follow Routine Practices (including continuous masking/eye protection)

NOTE:

- The default length of isolation for COVID-positive patients in hospital is 14 days since symptom onset date. This means Modified Respiratory Precautions can be discontinued on Day 15.
- For patients who have been or are currently in Critical Care, DO NOT use this form. (see Discontinuation of Precautions for Suspected and Confirmed COVID-19 Patient in Critical Care)
- Duration of COVID-19 isolation in hospital does not depend on immunization status.
- If patient is discharged, default to community guidelines (see Alberta Health COVID-19 Isolation Requirements)
Discontinuation of Modified Respiratory Precautions for Patients Who Tested NEGATIVE for COVID-19

Proceed only if patient’s symptoms have improved to a new/pre-existing baseline for at least 48 hours.

1. Does patient have ANY COVID-19 Risk Factors below? *(If unable to assess, answer YES)*

- [ ] COVID-19 test: positive COVID-19 within the last 14 days or currently pending check Netcare
- [ ] Household close contact of a COVID-19 case 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
- [ ] Direction has been given for the patient to remain on Modified Respiratory Precautions, quarantine or self isolation

- [ ] NO, go to Question 4
- [ ] YES, go to Question 2 Exposure Date __________________

2. Is patient immunocompromised?

- [ ] NO, go to Question 3
- [ ] YES

- [ ] Maintain Modified Respiratory Precautions for **14 days** after the last Risk Factor exposure date regardless of immunization status
- [ ] Upon completion of COVID related precautions, go to Question 4

3. Is patient fully immunized?

   Fully immunized = More than 14 days after receiving the second dose of a two dose vaccine series OR more than 14 days after receiving one dose of a one dose vaccine series

- [ ] NO
- [ ] YES

- [ ] Maintain Modified Respiratory Precautions for **14 days** after the last Risk Factor exposure date
- [ ] Upon completion of COVID-related precautions for any immunization status, go to Question 4

- [ ] Maintain Modified Respiratory Precautions for **10 days** after the last Risk Factor exposure date
- [ ] Upon completion of COVID-related precautions for any immunization status, go to Question 4

4. Is patient on Additional Precautions for any other indication? *(e.g. MRSA, CDI, norovirus, etc.)*

- [ ] NO
- [ ] YES

- [ ] Maintain Additional Precautions
- [ ] Notify/consult IPC *(as per site process)* Date __________ Time ________

- [ ] Follow Routine Practices *(including continuous masking/eye protection)*