

**Coronavirus 2019 (COVID-19):
Interim Guidance on Discontinuation of Transmission-Based Precautions for Patients
with Confirmed or Suspected COVID-19 in Healthcare Settings**

This guidance outlines DC Health recommendations and requirements for the discontinuation of COVID-19 Transmission-Based Precautions for suspected and confirmed COVID-19 cases while in healthcare settings. The guidance is based on currently available data about COVID-19 and will be updated to reflect new information as it becomes available and as the local response progresses. For guidance on discontinuation of isolation in patients in the outpatient setting, please see the "Updated Priorities for COVID-19 Testing, Guidelines for Reporting, and Discontinuation of Home Isolation" Health Notice on our website (dchealth.dc.gov/page/health-notice). For additional information, see coronavirus.dc.gov.

Transmission-Based Precautions for COVID-19

- Transmission-Based Precautions for COVID-19 includes a combination of Contact Precautions and Droplet Precautions with the use of eye protection.
- In practical terms, this involves all of the following: appropriate patient placement and staff use of personal protective equipment (PPE) including gloves, gown, facemask, and eye protection¹ (i.e., goggles or a face shield).
- Respirators must be worn during aerosol-generating procedures. Respirators should only be used by those who are medically cleared and fit-tested through their employer's respiratory protection program. In order to conserve respirator supply, the use of respirators should be prioritized for aerosol-generating procedures.

Discontinuation of Transmission-Based Precautions

- **DC Health recommends the symptom-based strategy** be used to discontinue Transmission-Based Precautions for patients with COVID-19 who had symptoms. The criteria depends on the patient's severity of illness and if the patient is severely immunocompromised².
- **DC Health recommends the time-based strategy** be used if a patient has laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic). The length of time may vary, depending on if the patient is severely immunocompromised.
- **The test based strategy is not recommended.** As an exception, a test-based strategy may be considered for some patients (e.g., those who are severely immunocompromised) if concerns exist for the patient being infectious for more than 20 days. The test-based strategy should not be used to discontinue Transmission-Based Precautions earlier than if a symptom-based strategy were used.

¹ Safety glasses are not recommended for use as eye protection for infection control purposes as they provide impact protection, but not the same level of splash or droplet protection as goggles.

² Some conditions, such as chemotherapy for cancer, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise. The degree of immunocompromise for the patient is determined by the treating provider and are tailored to each individual situation.

- If the test-based strategy is used to discontinue Transmission-Based Precautions, the specimen should be sent to a commercial laboratory (and not to the DC Department of Forensic Sciences Public Health Laboratory).
- **If a patient is on quarantine** and has a negative COVID-19 test result during their quarantine period, the patient must still complete the 14-day quarantine.
- Patients with COVID-19 may be discharged/transferred to home or a facility prior to the discontinuation of Transmission-Based Precautions. Discharging facilities must notify the receiving facility/caregiver about whether precautions are still required.

1. Discontinuation of Transmission-Based Precautions for Symptomatic Patients with Laboratory-Confirmed COVID-19

The decision to discontinue Transmission-Based Precautions for symptomatic patients with laboratory-confirmed COVID-19 should be based upon meeting the criteria outlined below. The test-based strategy is no longer recommended.

Symptom-Based Strategy

- **Patients with mild³ to moderate⁴ illness who are not severely immunocompromised:**
 - At least 10 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
 - Symptoms (e.g., cough, shortness of breath) have improved
- **Patients with severe⁵ to critical illness⁶ or who are severely immunocompromised:**
 - At least 10 days and up to 20 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
 - Symptoms (e.g., cough, shortness of breath) have improved
 - Consider consultation with infectious disease experts

Test-Based Strategy

- Resolution of fever without the use of fever-reducing medications **AND**
- Symptoms (e.g., cough, shortness of breath) have improved **AND**
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

³**Mild illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

⁴**Moderate illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) $\geq 94\%$ on room air at sea level.

⁵**Severe illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO₂ $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates $>50\%$.

⁶**Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

2. Discontinuation of Transmission-Based Precautions for Asymptomatic Patients with Laboratory-Confirmed COVID-19

The decision to discontinue Transmission-Based Precautions for patients who tested positive for COVID-19, and who never had any symptoms, should be based upon meeting the criteria outlined below. The test-based strategy is no longer recommended.

Time-Based Strategy

- **For patients who are not severely immunocompromised and were asymptomatic throughout their infection:**
 - At least 10 days have passed since the date of the specimen collection of their first positive SARS-CoV-2 RNA test.
- **For severely immunocompromised patients who were asymptomatic throughout their infection:**
 - At least 10 days and up to 20 days have passed since the date of the specimen collection of their first positive SARS-CoV-2 RNA test.

Test-Based Strategy

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

3. Discontinuation of Empiric Transmission-Based Precautions for Patients Suspected of Having COVID-19

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current COVID-19 infection for a patient with suspected COVID-19 can be made based on the following:

- Negative results from at least one respiratory specimen tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA; **OR**
- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made using the symptom-based strategy described above.
- If a patient is on quarantine and has a negative COVID-19 test result during their quarantine period, the patient must still complete the 14-day quarantine.
- Ultimately, clinical judgment and suspicion of COVID-19 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Following Discontinuation of Transmission-Based Precautions

- If the patient is discharged to a long-term care facility, and if Transmission-Based Precautions are still required, the patient must be placed in a location designated to care for residents with COVID-19.
- Patients discharged to a long-term care facility for whom Transmission-Based Precautions have been discontinued do not require further restrictions based upon their history of COVID-19 and must follow recommended precautions for the general facility population.

- All residents in long-term care settings, regardless of COVID-19 status, should wear cloth face coverings anytime an individual enters the resident's room OR if the resident leaves the room for any purpose. Exceptions include anyone who is unconscious, incapacitated or otherwise unable to remove the face covering without assistance.