Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings

This guidance outlines best practice recommendations for the discontinuation of COVID-19 transmission-based precautions for suspected and confirmed COVID-19 cases while in any healthcare setting (including intermediate care facilities and community residence facilities). Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations to mitigate the spread of COVID-19. For guidance on discontinuation of isolation for the public, please see “Guidance for Isolation: People who Test Positive for COVID-19 and Their Household Members” at coronavirus.dc.gov/healthguidance.

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 and are not moderately to severely immunocompromised.
- **DC Health recommends the time-based strategy** be used for patients who have laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic), and who are not moderately to severely immunocompromised.
- **A test-based strategy** should be used for patients who are moderately to severely immunocompromised and may be considered for patients with severe or critical illness. The test-based strategy must be in consultation with an infectious disease expert and must not be used to discontinue transmission-based precautions earlier than if a symptom-based strategy was used.
  - If the test-based strategy is used to discontinue transmission-based precautions, the specimen should be processed in a private 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 their full quarantine period as outlined in DC Health guidance.
- 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

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1 More information on transmission-based precautions can be found in Required Personal Protective Equipment (PPE) for Healthcare Facilities at coronavirus.dc.gov/healthguidance.

2 Moderate and severe immunocompromising conditions include: active treatment for cancer, receipt of solid organ transplant and taking immunosuppressive therapy, receipt of a CAR-T cell therapy or hematopoietic cell transplant (HCT) within 2 years or taking immunosuppressive therapy, moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome), advanced or untreated HIV infection, active treatment with high-dose corticosteroids (i.e., prednisone ≥20mg/day for more than 14 days), alkylating agents, antimitabolites, transplant-related immunosuppressive drugs, cancer therapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

3 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%. Note: For pediatric patients, hypoxia should be the primary criterion that defines severe illness, especially in younger children.

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

5 More information on quarantine in healthcare settings can be found in Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing at coronavirus.dc.gov/healthguidance.
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Last updated March 4, 2022

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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.

Symptom-based strategy

- Patients with mild\(^7\) to moderate\(^8\) illness who are not moderately to severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared
  - At least 24 hours have passed since last fever without the use of fever-reducing medications
  - Symptoms (e.g., cough, shortness of breath) have improved\(^9\)

- Patients with severe to critical illness or who are not moderately to severely immunocompromised:
  - At least 10 days and up to 20 days have passed since symptoms first appeared
  - At least 24 hours have passed since last fever without the use of fever-reducing medications
  - Symptoms (e.g., cough, shortness of breath) are improved (It is not required that symptoms be fully resolved.)
  - Strongly consider consultation with infectious disease experts.

Test-based strategy for patients who are moderately to severely immunocompromised

- At least 10 days and up to 20 days have passed since symptoms first appeared
- Resolution of fever without the use of fever-reducing medications
- Symptoms (e.g., cough, shortness of breath) have improved
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using a SARS-CoV-2 antigen test or NAAT (nucleic acid amplification test)

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\(^{6}\) For isolation calculation purposes the date symptoms first started is considered Day 0. The first full day after symptom onset is Day 1.

\(^{7}\) 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.

\(^{8}\) Moderate illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO\(_2\)) ≥94% on room air at sea level.

\(^{9}\) Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep people in isolation.

\(^{10}\) Test-based strategy may also be considered for patients with severe to critical illness.
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.

**Time-based strategy**\(^{11}\)
- For patients who are not moderately to 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 viral test.

**Test-based strategy**
- Patients who are moderately to severely immunocompromised:
  - At least 10 days and up to 20 days have passed since the date of the specimen collection of their first positive test for SARS-CoV-2 RNA.
  - Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using a SARS-CoV-2 antigen test or NAAT (nucleic acid amplification test).
  - Strongly consider consultation with infectious disease experts.

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 laboratory-based NAAT 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 (≥24 hours later) for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 because of symptoms is never tested, the patient should be presumed positive and 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 their full quarantine period as outlined in DC Health guidance.
- Ultimately, clinical judgment and level of suspicion of COVID-19 infection determine whether to continue or discontinue empiric transmission-based precautions.

**After discontinuation of transmission-based precautions**
- If a patient is discharged to a long-term care facility at a time when the patient still requires transmission-based precautions, they must be placed in a location set up to care for residents with COVID-19.
- If a patient is discharged to a long-term care facility at a time when the patient no longer requires transmission-based precautions, no further restrictions based on their history of

\(^{11}\)For isolation calculation purposes the date the positive specimen was collected is Day 0. The first full day after the positive specimen was collected is Day 1.
COVID-19 are required. The receiving facility may follow standard procedure for the general facility population.

- Any resident in a long-term care setting, regardless of their COVID-19 status, should wear a mask anytime another person enters the resident’s room OR when the resident leaves their room for any purpose. Exceptions include anyone who is unconscious, incapacitated or otherwise unable to remove a mask without assistance.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.