

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 for the discontinuation of COVID-19 Transmission-Based Precautions for suspected and confirmed COVID-19 cases in healthcare settings. The guidance provided is based on currently available data about COVID-19 and will be updated to reflect new information as it becomes available and as local response progresses.

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 the following personal protective equipment (PPE): gloves, gown, facemask, and goggles or a face shield. In order to conserve respirator supply, respirators should only be used by those who are medically cleared and fit tested through their employer's respirator protection program, and prioritized for use for aerosol-generating procedures.

Discontinuation of Transmission-Based Precautions

Patients with COVID-19 may be discharged/transferred to home or a facility prior to discontinuation of Transmission-Based Precautions. Discharging facilities should notify the receiving facility/caregiver 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 who have tested positive for COVID-19, can be made by using **either** the symptom-based strategy (generally preferred by DC Health) **OR** test-based strategy (done at the discretion of the facility).

Symptom-Based Strategy

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
- At least 10 days have passed since symptoms first appeared.

Test-Based Strategy

- Resolution of fever without the use of fever-reducing medications; **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
- Negative results of an FDA Emergency Use Authorized molecular assay for SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

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

The decision to discontinue Transmission-Based Precautions for asymptomatic patients who have tested positive for COVID-19, can be made by using **either** the time-based strategy (generally preferred by DC Health) **OR** test-based strategy (done at the discretion of the facility). Note that there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Time-Based Strategy

- 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Test-Based Strategy

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

3.) Additional considerations for persons who are severely immunocompromised

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).

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 COVID-19 for a suspected COVID-19 patient can be made based on the following:

- Negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of 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.

Ultimately, clinical judgment and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Considerations for Special Populations

DC Health recommends a symptom-based or time-based strategy for the following patient groups:

1. Persons who could pose a risk of transmitting infection to:
 - a. Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection (such as healthcare personnel, household/family members)
 - b. Individuals who support critical infrastructure
2. Persons normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.

DC Health recommends consulting with an infectious disease expert when deciding on the appropriate strategy for the following patient groups:

3. Persons who, because they are immunocompromised (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV), may have prolonged viral shedding.

Following Discontinuation of Transmission-Based Precautions

Once Transmission-Based Precautions have been discontinued for a patient who has recovered from COVID-19, facility staff should adhere to the PPE recommendations outlined in the [Guidance for Universal Masking and Healthcare Personnel Monitoring, Restriction and Return to Work](#).

Patients discharged to a long-term care facility for whom Transmission-Based Precautions have been discontinued, BUT who have persistent symptoms from COVID-19 (e.g. persistent cough), should be placed in isolation (i.e. a single room, be restricted to their room to the extent possible), and wear a face covering (if tolerated) during care activities until all symptoms are completely resolved or at baseline.

Patients discharged to a long-term care facility for whom Transmission-Based Precautions *have been discontinued* AND symptoms have resolved do not require further restrictions based upon their history of COVID-19, and should 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 essential purposes.