Clarification on CDC Guidelines for Patient Isolation Precautions

Given the CDC’s recent updates to its recommended isolation and quarantine periods, we wanted to highlight what has and has not changed with regard to current DUHS guidelines for the management of patients with concern for COVID-19:

**Inpatient**

Duration of isolation precautions for inpatients infected with COVID-19:
- No changes; continue current protocol of 10- or 20-day symptom-based strategy for discontinuation of special airborne contact isolation as appropriate.

Management of patients exposed to COVID-19 in the hospital:
- Continue to notify the infection prevention team of any patient who has been exposed to COVID by visitors
- Continue to place patients on droplet and contact precautions: “exposed to COVID”
- Order post-exposure testing for the patient as follows:
  - Immediately upon learning about the exposure
  - Day 7 post-exposure
  - At any time before or after day 7 should concerning symptoms develop.
- If they test negative on day 7, the duration of precautions is 10 days

Management of patients found to be newly COVID-19 positive after admission:
- Continue to notify Infection Prevention team of any patient who tests positive for COVID-19 after previously negative testing.

**Outpatient**

Management of patients exposed to COVID-19 who have an outpatient appointment pending:
- Delay non-urgent appointments for 10 days from last date of exposure (reduced from 14 days)

Management of patients infected with COVID-19 who have an outpatient appointment pending:
- No changes; continue current protocol of 10- or 20-day symptom-based strategy for discontinuation of special airborne contact isolation and schedule appointments accordingly

**NOTE:** Necessary care should not be delayed for patients who have been exposed or have tested positive for COVID-19 and not completed the quarantine/isolation periods. Clinical sites should follow local protocols for managing patients under investigation (PUI).

Updated: 2/1/22