

# Criteria for Discontinuation of Special Airborne Contact Isolation Within the Duke Health System

*This guidance applies to all areas of Duke Health including adult and children's inpatient, outpatient, surgical, procedural and other care areas.*

*CDC now recommends using a symptom-based strategy alone for discontinuation of special airborne contact isolation for patients infected with COVID. Enough evidence has accumulated to show that patients are not shedding live, infectious virus after a specified amount of time passes from symptom onset. As such, Duke Health will no longer use the test-based strategy (i.e. 2 negative tests) to discontinue Special Airborne Contact isolation for patients with COVID and begin using the symptom-based strategy outlined below.*

## **Definitions**

To determine when it is safe to discontinue special airborne contact isolation, three pieces of information are needed – date of onset (first positive test), illness severity, and immunocompromised status.

### **1. Date of Illness Onset:**

- The date of the **first positive test** is readily available in the chart and not subject to change, and therefore will be used to determine the duration of infectivity and timing for discontinuing isolation within Duke Health. Date of test = Day 1.
- Test results from outside sources are acceptable, if they can be scanned in the chart or are visible through Care Everywhere.
- Please note that the date of symptom onset, as opposed to the date of the first positive test, may be used for determining home isolation, return to work, etc. for the purposes of counseling individual patients who are not currently hospitalized, attending clinic visits, or undergoing procedures.

### **2. Illness Severity:** minor modifications have been made to the CDC definitions. Note: the highest level of illness severity during their clinical course should be used when determining illness severity.

- **Asymptomatic Infection**
- **Mild/Moderate Illness**
  - Individuals who have any of the signs and symptoms of COVID-19 who require less than or equal to 6L of oxygen.
- **Severe/Critical Illness**
  - Individuals who have any of the signs and symptoms of COVID-19 accompanied by significant respiratory compromise, who require greater than 6L of oxygen or ICU-level care.

### **3. Severe Immunocompromising Conditions:**

- Primary immunodeficiency
- Active solid organ cancer on chemotherapy
- Hematologic malignancy
- Hematopoietic stem cell transplant recipient

- Solid organ transplant recipient
- Poorly controlled HIV (CD4 < 200)
- Steroids >20mg per day for >2 week
- Other immunosuppressive medications (e.g. infliximab, etc.)

**Symptom-based Strategy**

Special airborne contact isolation can safely be discontinued when the following criteria are met. If the patient never had a fever or other symptoms (as is the case with asymptomatic patients), they automatically fulfill criteria A4, A5, B3 and B4. Patients should be placed into category A or B.

**A. 10-day criteria for discontinuing Special Airborne Contact isolation:** Applies to “immunocompetent” patients who are asymptomatic or have mild, or moderate illness

Criteria	Met?
1. Patient was never hospitalized, or if hospitalized, was hospitalized at DUHS, required <6L oxygen during their illness, AND did not require ICU care for COVID-19 infection	
2. Patient does not have a severe immunocompromising condition*	
3. At least <b>10 days</b> have passed since the date of the positive test	
4. At least 24 hours have passed since last fever	
5. Symptoms (e.g., cough, shortness of breath) have improved	

**If all the above criteria are met, special airborne contact isolation can be safely discontinued for this patient population.**

**B. 20-day criteria for discontinuing Special Airborne Contact isolation:** Applies to severely immunocompromised patients with any level of disease (including asymptomatic infection), or immunocompetent patients with severe/critical illness

Criteria	Met?
1. Patient was hospitalized outside of DUHS, required ≥6L oxygen during their illness, required ICU care for COVID-19 infection, OR is severely immunocompromised	
2. At least <b>20 days</b> have passed since the date of the positive test	
3. At least 24 hours have passed since last fever	
4. Symptoms (e.g., cough, shortness of breath) have improved	

**If all the above criteria are met, special airborne contact isolation can be safely discontinued for this patient population.**

**Note:** In patients with multiple diseases processes, criteria A4, A5, B3 and B4 are intended to reflect COVID-related symptoms only. Therefore, patients who have a fever or other symptoms with a clear alternative diagnosis may still meet criteria to come off Special Airborne Contact precautions.

## Additional Information

### Test-negative, “Clinical COVID-19” Patients

- The symptom-based criteria can be used to discontinue home or inpatient isolation for patients who never had a positive SARS-CoV-2 PCR test but who are given a diagnosis of COVID-19 based on clinical presentation (i.e., Clinical COVID).
- See the [flow diagram](#) for guidance for continuing or de-escalating isolation after an initial negative COVID-19 test.
- Children with MIS-C are included in this category

### Removal of infection (“COVID”) status in EPIC

- Inpatient providers: Please contact Infection Prevention (DUH On-call: 970-9721, DRH 470- 4636 pager 7171; DRAH 206-3311) to remove the COVID-19 Infection Status when your patient has met the appropriate criteria to remove COVID-19 status.
- Outpatient: EPIC will default to the 20-day criteria and auto-discontinue isolation on that day.

### Inpatient management following discontinuation of Special Airborne Contact Isolation

- The requirement for room transfers prior to removing precautions **has been removed**
- We continue to recommend cleaning high-touch surfaces in patients’ rooms in accordance with cleaning as a horizontal infection prevention strategy to mitigate all pathogens.
- Once special airborne contact isolation has been discontinued, the patient should be cared for using Standard Precautions and Transmission-Based Precautions if indicated for another Infection Status (e.g., Contact Special Enteric for *C. difficile* infection).

### Discharge to Skilled Nursing, Congregate Living, Dialysis, etc.

- Patients may still require an administrative test prior to discharge depending on their disposition.
- We expect some tests to remain positive but would not “restart the clock” on special airborne contact isolation based on the test result. Facilities may reject patients based on a positive test; however, a positive test result does not impact the decision for discontinuing special airborne contact isolation precautions if patients meet the symptom-based criteria outlined above.

### Outpatient Visits, New Admissions or Readmissions

- Patients who return to an outpatient appointment, ED, or who are admitted or readmitted to the hospital **< 20 days** of a positive COVID test should be placed on Special Airborne Contact Isolation unless they meet the appropriate criteria for discontinuation prior to 20 days as outlined above.

### Patients Requiring Potentially Aerosolizing Procedures

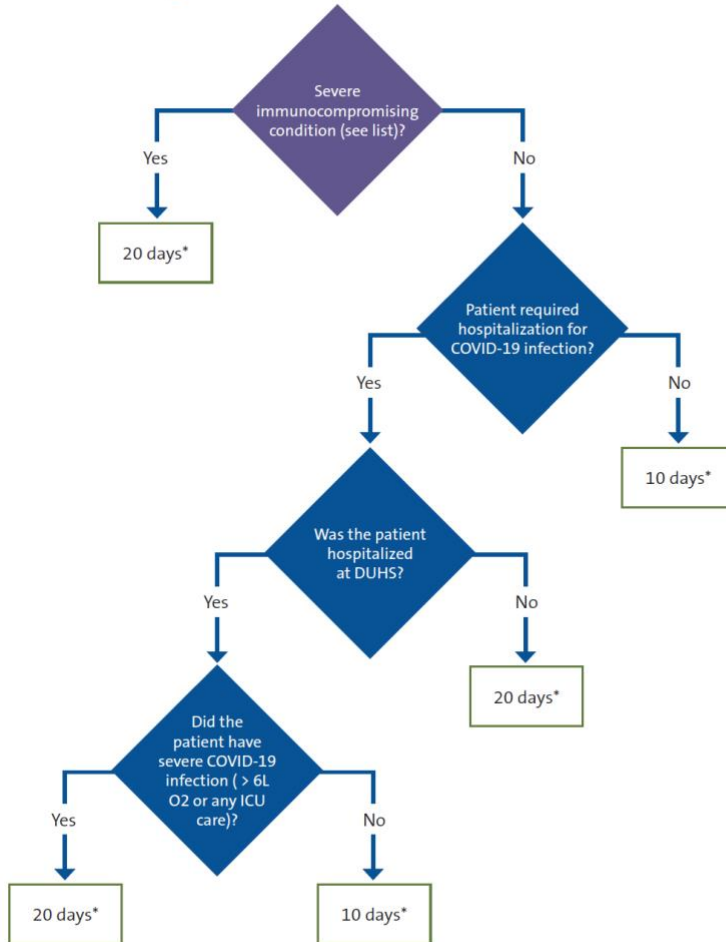
- Patients who have tested positive for COVID within the last 90 days no longer require 2 negative tests for ‘clearance’ prior to undergoing procedures.
- Patients who meet the criteria for Discontinuation of Special Airborne Contact Isolation above may undergo procedures using standard precautions.

**Reference:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

## Decision tree for Discontinuing Special Airborne Contact Isolation

The following decision tree represents the same information contained in the table form above. Please note, Infection Prevention will continue to review all inpatient cases and will continue to support all teams with questions.

### Discontinuing SAC



#### Severe Immunocompromising Conditions:

- Primary immunodeficiency
- Active solid organ cancer on chemotherapy
- Hematologic malignancy
- Hematopoietic stem cell transplant recipient
- Solid organ transplant recipient
- Poorly controlled HIV (CD4 < 200)
- Steroids >20mg per day for >2 weeks
- Other immunosuppressive medications (e.g. infliximab, etc.)

\*Earliest date of eligibility for discontinuing Special Airborne Contact isolation. Note, the date of the first positive test = Day 1. Patients must also be clinically improving and must be fever-free for at least 24 hours.

Last updated 12/11/20