When to Discontinue Special Droplet/Contact COVID-19 Isolation for Inpatients

APPLICATION
All Samaritan Health Services (SHS) Health Care Professionals (HCP).

DEFINITIONS
- NONE

INSTRUCTION STEPS
1. **ALL DECISIONS TO DISCONTINUE COVID-19 ISOLATION PRECAUTIONS MUST BE DONE ONLY AFTER DISCUSSION WITH AND APPROVAL BY INFECTION PREVENTION AND/OR INFECTIOUS DISEASE**
   A. Persons diagnosed with definitive COVID-19 by testing can have isolation discontinued when:
      1) Two consecutive molecular COVID-19 tests performed at least 24 hours apart are negative and patient has been free of signs/symptoms (fever, cough) for at least three days.

For patients with COVID-19 who require continued hospitalization for non-COVID-19 related medical conditions, consult with infection prevention to determine when special contact/droplet precautions should be discontinued. These conversations could be initiated when the patient is both a minimum of 7 days from last positive COVID-19 test and is a minimum of 72 hours-post resolution of fever (without use of antipyretics) and respiratory signs/symptoms, including cough.
   a. Deisolation in this scenario **must only be considered after discussion with and approval by infectious disease or infection prevention**, verbally communicated to Charge Nurse or nurse supervisor and primary nurse on duty, and clearly documented in a separate progress note in the medical record.

B. Persons with suspected COVID-19 can have isolation discontinued only when:
   1) A specific COVID-19 PCR test is determined to be negative and there is low clinical concern for COVID-19.
      a. PCR may be negative in early illness. Consider re-testing before discontinuing precautions if there is a high clinical concern for infection.
   OR
   2) With a pending COVID-19 test, an alternate diagnosis has been determined by laboratory testing, COVID-19 is deemed unlikely, and the alternate diagnosis is judged highly likely to be the reason for clinical presentation by treating physicians.

If printed, this document is current for this date only: April 15, 2020
Current Work Instructions can be found on the SHS intranet.
a. Deisolation in this scenario must only be considered after discussion with and approval by infectious disease or infection prevention, verbally communicated to nurse on duty, and clearly documented in the medical record.

C. Persons with severe immunocompromising conditions (poorly controlled HIV, transplant recipients, etc.) can shed virus for prolonged periods of time. The significance of prolonged shedding as it relates to continued infectiousness is unknown. If they do not test COVID-19 negative by sequential molecular diagnostic testing (as per Section 1.A.1, above), they should remain in isolation for the duration of their hospital stay.

ATTACHMENTS
• NONE

REFERENCES
• NONE

REVIEW/REVISION HISTORY

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<tbody>
<tr>
<td>3/27/2020</td>
<td>0</td>
<td>New</td>
<td></td>
<td>SHS Coronavirus Task Force</td>
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<tr>
<td>4/15/2020</td>
<td>1</td>
<td>Revision</td>
<td>Removal of statement on limited testing availability &amp; slow turnaround times.</td>
<td>SHS Coronavirus Task Force</td>
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