

Discontinuation of Isolation Precautions and Discharge Related to COVID-19

Purpose: To provide a reference guide for healthcare providers discontinuing isolation precautions and discharging hospitalized patients with COVID-19.

Policy:

- Policy applicable to all COVID-19 or suspected patients.
- Patients suspected or confirmed with COVID-19 will be placed on Droplet and Contact Isolation.
- If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed.
- In general, airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol-generating procedures.
- Patients status post a positive COVID-19 test can be discharged from a healthcare facility whenever clinically indicated. Meeting criteria for discontinuation of isolation precautions is not a prerequisite for discharge.

<u>INITIAL POSITVE COVID TEST:</u> (Non-test-based strategy) Discontinuation of isolation precautions can occur when at least 72 hours has passed since recovery:

Recovery is defined as:

- Resolution of fever without the use of fever-reducing medications
 <u>And</u>
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), <u>And</u>
- At least 7 days have passed since symptoms first appeared.

INITIAL NEGATIVE COVID RESULT: Discontinuation of isolation precautions

- 1. No other COVID test required
- 2. D/C COVID isolation. Continue droplet precautions if needed based on patient symptoms (e.g. flu).



Discharge of Patients with COVID-19

- Physician will discharge patient from the healthcare facility whenever clinically indicated.
- If patient in isolation at time of discharge due COVID suspect or known:
 - 1. If medication needed from the MLH pharmacy, coordinate with pharmacy so that a visit to the MLH pharmacy is NOT required by the patient or family. This includes med to bed process or curbside delivery.
 - 2. Notify family of discharge and what time to arrive at hospital.
 - Instruct family not to enter the hospital unless in-person care training required (e.g. tube feeding training, other device care, or other training needed for caregiver).
 - 4. Place surgical mask on patient.
 - 5. Place clean sheet over patient for transport.
 - 6. Patient should be transported directly to car and not go to other locations in hospital (e.g. such as pharmacy, cafeteria).

If discharged to home:

- Home isolation should be maintained if the patient returns home before discontinuation of isolation precautions.
- The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments.

If discharged to a long-term care or assisted living facility:

- Communicate to the accepting facility continued need for Isolation as appropriate.
- If isolation precautions *have been discontinued*, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room until resolution of symptoms.
- If isolation precautions <u>have been discontinued</u> and the patient's symptoms have resolved, the patient does not require further restrictions, based upon history of COVID-19.

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