

Deisolation COVID-19 Resource Guide

Deisolation protocols for COVID-19 exposed or positive patients Receiving care or treatment in AAH non-acute care settings

Situation

- There is confusion among leaders and Team members regarding recommendations for isolation/deisolation of COVID-19 exposed or positive **patients** receiving care/treatments at AAH non-acute and acute care settings. (i.e., pre-procedure testing, clinic appts, sleep studies, therapy sessions, hospitalizations, etc.)

Background

- On January 9, CDC updated COVID-19 Quarantine and isolation recommendations for the general population. This included shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking for an additional 5 days. These updated recommendations also facilitate individual social and well-being needs, return to work, and maintenance of critical infrastructure.
- CDC guidance does not apply to healthcare setting for the reasons outlined below.

Assessment

- Transmission of COVID-19 within healthcare facilities poses a greater risk than transmission in the community, since patients may have conditions placing them at risk for moderate to severe COVID-19 disease. It also places an extreme burden on an already critically depleted workforce.
- Subjective determination of symptom improvement may lead to some persons exiting isolation while they are still contagious.
- Always wearing a well-fitting mask outside of the home is a condition of early (< 10 days) discontinuation of isolation. This is not always practical for patients undergoing medical procedures or treatments.
- Shortening the duration of isolation after COVID-19 infection to less than ten days poses unnecessary risk to other patients and healthcare providers.

Recommendation

- At this time, AAH non-acute care settings will maintain our current deisolation protocols for COVID-19 exposed or positive patients receiving care/treatment at all our non-acute sites.

Created by System Infection Prevention Team Created 2.4.22 Revised:11.02.2023

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Non-Acute Care Settings

Severity of Illness

	Asymptomatic	<u>Mild</u> <Click for definition>	<u>Moderate</u> <Click for definition>	<u>Severe</u> <Click for definition>
Not immunocompromised	10 days*	Symptom-based after 10 days	Symptom-based after 10 days	Symptom-based after 20 days or Test-based after 20 days
<u>Moderately-Severely Immunocompromised</u> <Click for definition>	Test-based after 20 days*	Test-based after 20 days	Test-based after 20 days	Test-based after 20 days

*after first viral positive test date

Definitions:

- Asymptomatic
 - COVID-19 isolation may be discontinued following the asymptomatic criteria outlined above.
- Symptom-based after 10 days
 - COVID-19 isolation may be discontinued 10 days after symptom onset (no fever for 24 hours off antipyretics), and symptoms have improved. Repeat testing is not necessary to discontinue isolation.
- Symptom-based after 20 days
 - COVID-19 isolation may be discontinued 20 days after symptom onset (no fever for 24 hours off antipyretics), and symptoms have improved. Repeat testing is not necessary to discontinue isolation.
- Test-based after 20 days
 - Repeat testing should begin at least 20 days after symptom onset. There should be resolution of fever for at least 24 hours (without the use of antipyretics) prior to initiating repeat testing.
 - If test results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or nucleic acid amplification test, COVID-19 isolation may be discontinued.

For guidance on Personal Protective Equipment, see [Transmission –Based Isolation Reference Grid](#)

CDC Recommendations for ending isolation, January 14, 2022, [Ending Isolation and Precautions for People with COVID-19: Interim Guidance \(cdc.gov\)](#)

Feb 2, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>