

COVID-19 Discontinuing Isolation- Inpatient Definitions

Created: April 2020
Modified: February 24, 2022
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Owner: Clinical and Operations
Workgroup: IPC, Clinical Care

UNIVERSAL: This guide should be used for all COVID patients regardless of Ministry COVID Levels

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Definitions

The definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines*](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining severity of illness.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates $>50\%$.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Immunocompromised: For the purposes of this guidance, the following definition was created by the CDC to more generally address colleague occupational exposures.

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200 , combined primary immunodeficiency disorder, and receipt of prednisone $>20\text{mg/day}$ for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of colleague work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.

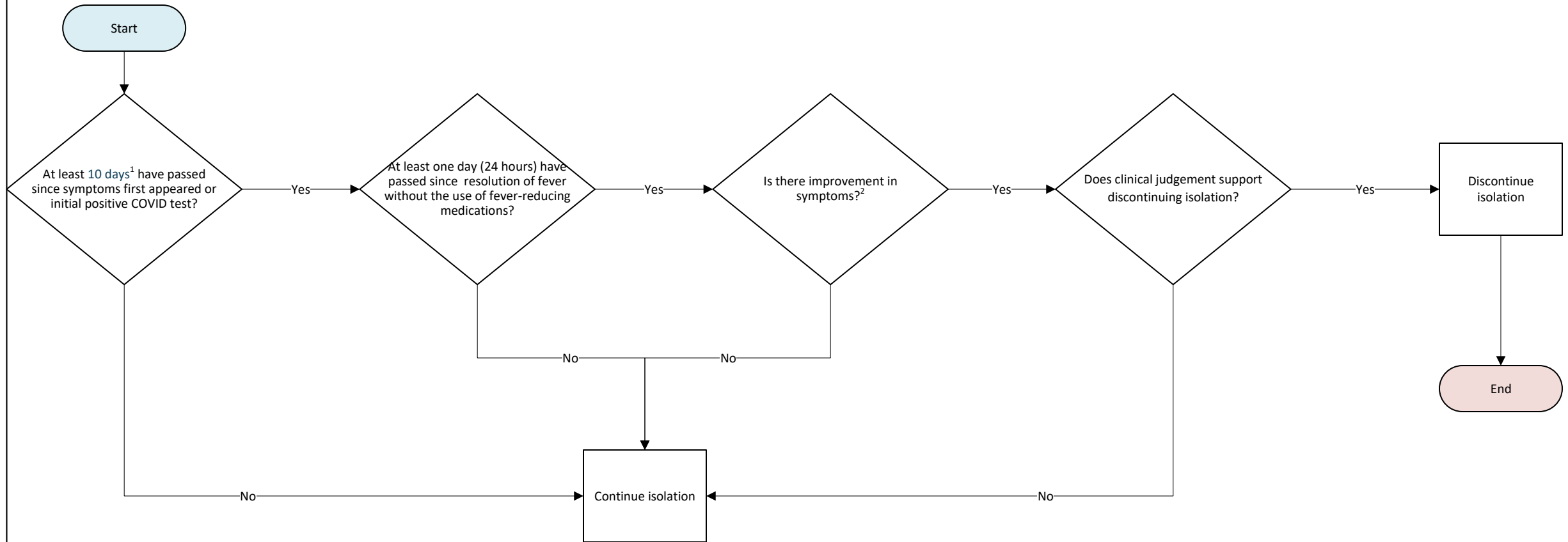
*Retrievable at: <https://www.covid19treatmentguidelines.nih.gov/whats-new/>

COVID-19 Discontinuing Isolation Inpatient **Symptom/Time-Based Strategies**

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¹ A limited number of persons with **severe or critical illness, or those who are immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.** Follow Local/State Specific guidance if it exceeds the minimum of 10 days. **For severely immunocompromised patients (e.g., patients with chronic lymphocytic leukemia and acquired hypogammaglobulinemia, lymphoma and immunochemotherapy, hematopoietic stem-cell transplant, chimeric antigen receptor T-cell therapy, or AIDS) beyond 20 days, a consultation with an infection control expert or infectious disease specialist is recommended prior to discontinuing isolation.**

² Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>, Retrieved October 6, 2021

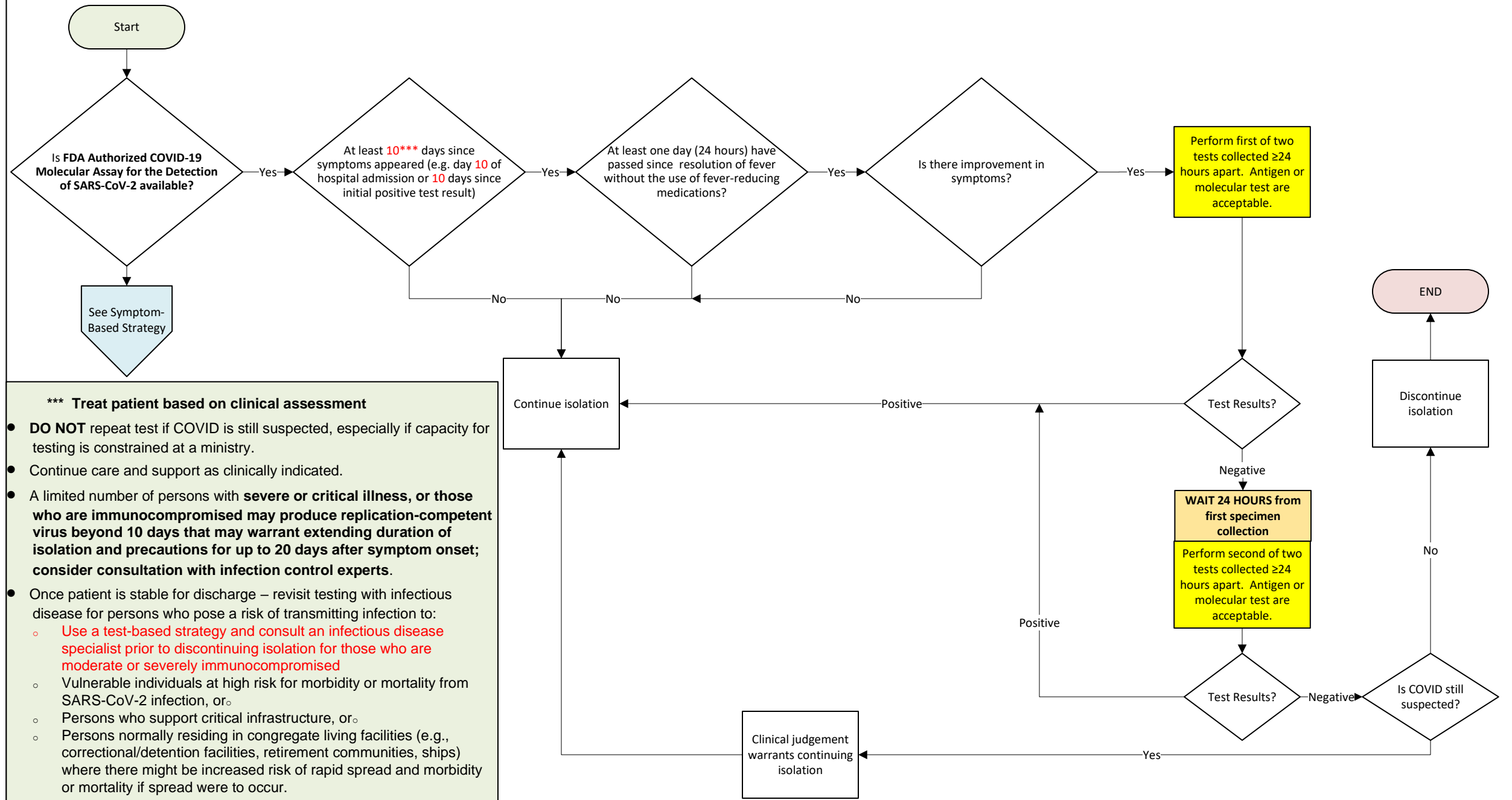
Shedding of infectious virus in hospitalized patients with coronavirus disease-2019 (COVID-19): duration and key determinants van Kempen, JJA, et.al.

COVID-19 Discontinuing Inpatient Isolation; **Test-based Method**

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*** Treat patient based on clinical assessment

- **DO NOT** repeat test if COVID is still suspected, especially if capacity for testing is constrained at a ministry.
- Continue care and support as clinically indicated.
- A limited number of persons with **severe or critical illness, or those who are immunocompromised** may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- Once patient is stable for discharge – revisit testing with infectious disease for persons who pose a risk of transmitting infection to:
 - Use a test-based strategy and consult an infectious disease specialist prior to discontinuing isolation for those who are moderate or severely immunocompromised
 - Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection, or
 - Persons who support critical infrastructure, or
 - Persons normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.