

This document addresses the duration of isolation and how to manage return to healthcare in patients who have been tested for COVID-19 or based on symptoms are presumed to have COVID-19. It also addresses duration of quarantine after exposure to someone with COVID-19.

Any patient requiring medical care can be seen regardless of COVID-19 status when appropriate precautions are utilized.

Outpatients

Isolation duration in outpatients should be based on symptoms and positive test date. All those with laboratory confirmed or clinically presumed COVID-19 infection should isolate at home based on the guidance below.

Improvement in symptoms is defined as: fever resolved without fever-reducing medications for 24 hours and improvement in respiratory symptoms such as cough and/or shortness of breath.

- Positive test –
 - a. Asymptomatic/Mild – Remain at home for 5 days. Isolation can end after 5 days if symptoms are improving. Those who exit isolation at 5 days should wear a well-fitting mask until day 10.
 - b. Moderate illness/Severe illness (experienced shortness of breath or difficulty breathing) – Isolate at home through day 10 AND until symptoms have improved.
 - c. Visits to healthcare settings for the 10 days after symptom onset will be managed using COVID precautions
- Negative test – self-isolate until symptoms improve unless another etiology defined (influenza, etc.). If another etiology defined follow protocol for that pathogen
- Unable to test – Treat as if had positive test unless another etiology defined.

Asymptomatic Patients: Patients who test positive for SARS-CoV-2 who do not have symptoms should be monitored for the development of symptoms. If no symptoms develop, they can leave home isolation per the above guidelines for duration of home isolation. If symptoms develop, management should be based on meeting the time after symptom onset as described above.

Health care workers: All return-to-work decisions must be made in consultation with employee health (402-552-3563).

Patient Return Visits to Health care Settings after COVID-19 Diagnosis: Health care settings (hospitals, clinics, long-term care facilities, etc.) are sites where those who have been diagnosed with COVID-19 may encounter older or immunocompromised individuals. The need for safety must be balanced by the provision of medically necessary care.

- Patients who must attend an appointment or have additional testing (lab, imaging, etc.) or procedures before completing COVID isolation, must contact the location they will be visiting and discuss beforehand. This is generally 10 days from symptom onset.
 - They will be cared for using COVID-19 precautions and PPE
 - This may require entering via a separate entrance and clinic staff will utilize N95 respirators, gowns, gloves, eye protection
 - Patient admitted to the hospital within this time period will be isolated until they meet inpatient criteria for exiting isolation
 - The exception to this rule is those who have had a negative PCR test and documentation that they are non-infectious. Those who have documented viral clearance by testing can visit healthcare settings and should follow current guidance on mask use for non-COVID-19 patients

Inpatients

Duration of isolation depends on both the severity of illness and immune status of the patient. Duration of isolation measurement will use date of positive test to measure time needed in isolation. The COVID-19 Isolation Assistant is a new clinical decision support tool within One Chart to assist with duration of isolation.

Asymptomatic/Mild/Minimal Illness and Immunocompetent (no symptoms or mild upper respiratory symptoms only)

- Patients exit isolation at 10 days
- Can test prior to day 10 (typically day six/seven) and, if negative, can exit isolation
- If the test is positive, exit isolation on day 10, no repeat testing needed.

Moderate Illness and Immunocompetent (significant fevers >38C, new or increased O2 need)

- Isolate at least 10 days
- If significantly improved symptoms (fever free for 24 hours, significant improvement in respiratory symptoms and O2 need) can exit isolation at 10 days
 - Document improvement via the COVID-19 Isolation Assistant
- If continued significant symptoms (fevers, etc.) or continued significant O2 requirement continue isolation until there is improvement
 - When symptoms improve (see above) document improvement in COVID Isolation Assistant so isolation can be appropriately discontinued

Immunocompromised or Severe/Critical illness (>10L O2 NC or greater respiratory support)

- Isolate 21 days
- If significantly improved symptoms (fever free for 24 hours, significant improvement in respiratory symptoms and O2 need) can exit isolation at 21 days
 - Document improvement via the COVID-19 Isolation Assistant
- Patients with refractory/persistently severe symptoms who reach 21 days without improvement should be evaluated on a case-by-case basis by the primary team and Infection Control & Epidemiology

Immunosuppressed: Bone marrow transplant, organ transplant, poorly controlled HIV, steroids >20mg per day for >2 weeks, other severe forms of immunosuppression

Some facilities may require negative testing before discharge (long term care facilities, homeless shelters, etc.). If a patient has exited isolation but continues to test positive, they do not need to return to isolation.

Cohorting of Inpatients with COVID-19: Generally, patients with active symptomatic COVID-19 infection can be cohorted if they meet the following criteria:

- Symptomatic infection with symptom onset in last 14 days
- Ruled out other respiratory viruses with Respiratory Pathogen Panel or combination COVID/Influenza/RSV test.
- Asymptomatic patients should generally not be cohorted. COVID rule out patients should not be cohorted with any other patients.

Patients with a High-Risk Exposure to SARS-CoV-2

Those with a high-risk exposure to SARS-CoV-2 are at increased risk of developing infection. We define high-risk exposure as the following:

- Non-health care workers spending >15 minutes within 6 feet of a person with known COVID-19 (quality of mask and fit can be considered in evaluating exposure)
- Health care workers spending >15 minutes within 6 feet of a person with known COVID-19 while not wearing a procedure or N-95 mask (or higher level of protection)

- Anyone identified by public health as having a high-risk exposure

Anyone with an exposure to SARS-CoV-2 should do the following:

- Wear a well-fitting mask when around others or in public for the next 10 days
- Monitor for symptoms and if any develop get tested immediately
- Even if no symptoms develop anyone exposed should be tested five days after their exposure

Inpatients: If an inpatient is identified as having a high-risk exposure they will be managed in the following way:

- Placed on Droplet-Contact isolation in private room for 10 days from exposure
- Close monitoring for symptom onset with testing if any symptoms develop
- Testing for SARS-CoV-2 at five days post-exposure is required
- Those who remain asymptomatic on day 10 can exit isolation

Patients with Influenza

- Immunocompetent patients can exit isolation at seven days if symptoms are improving (i.e., resolution of fever, improved cough, etc.)
- Immunocompromised patients require a test to be negative for influenza before exiting isolation. Testing should not occur until the following criteria are met:
 - Seven days after positive test
 - Resolution of fever and significant improvement in symptoms (cough, muscle pains, etc.)
- Use a respirator such as an N95 for aerosol generating procedures while isolated for influenza
- Outpatients: should remain at home until their fever has resolved for at least 24 hours without fever reducing medication and their symptoms are improving