Coronavirus Disease 2019

Ohio | Department of Health

Guidance for Discontinuing Transmission-Based Precautions in COVID-19 Patients

The Centers for Disease Control and Prevention (CDC) has endorsed both test-based and non-test-based strategies for release from transmission-based precautions for individuals treated for COVID-19, including both those who have tested positive and those suspected of having COVID-19 who have not been tested.

While in certain situations a test-based approach is ideal, due to the limited availability of testing and need to preserve testing capacity to identify newly infected patients who are at highest risk, hospitals, other healthcare facilities, and clinicians should almost always use the non-test-based strategies for discontinuation of transmission-based precautions.

After consultation with Ohio infectious disease physicians and the CDC, the Ohio Department of Health (ODH) recommends the following:

- Utilize the CDC non-test-based criteria to establish the release from transmission-based precautions (isolation). These criteria include:
    - 7 days since onset of symptoms AND
    - 3 days with no fever without use of fever-reducing medication AND
    - 3 days of stable and improved respiratory status.

- In congregate living situations (such as nursing facilities) and with individuals who are hospitalized or severely immunocompromised, criteria for release from isolation criteria include:
    - 14 days since onset of symptoms AND
    - 3 days with no fever without fever-reducing medication AND
    - 3 days of stable and improved respiratory status.

- Ultimately, clinician judgment is required to determine release from transmission-based precautions. Treating clinicians may determine that a test-based strategy is necessary in very specific clinical situations.

- For patients being released from hospitals, discharge planning and discharge documentation should include date of onset of symptoms, isolation status, and need for continued transmission-based precautions, clearly establishing that the receiving facility has the ability to meet infection-control requirements.

For patients transferred to nursing facilities and congregate care settings:

- For those facilities that do not have the ability to meet full isolation requirements, the following CDC and Centers for Medicare and Medicaid Services (CMS) guidance should be used:

    - Residents with known or suspected COVID-19 do not need to be placed in an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
    - Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. Confirmed positive and presumed positive residents may share rooms. Those exposed but not symptomatic shall be quarantined in a separate room/area.

- Facilities should consider a targeted approach, where designated wings/units, floors, or entire facilities are created for COVID-19 or suspected patients. Facilities should consider designating Health Care Personnel (HCP) who are assigned ONLY to those units to care for known or suspected COVID-19 patients to limit HCP exposure and conserve Personal Protective Equipment (PPE). These units are ideal for residents returning from hospital care who still need to complete the isolation period before being released into the general population of nursing facility residents.

- Nursing homes should admit any individuals that they would normally admit to their facility, including individuals without symptoms of COVID-19 previously in the community, in hospitals, or in other facilities where a case of COVID-19 may have been present. *No further testing is required for these asymptomatic and potentially exposed individuals.* These residents should be quarantined and monitored for 14 days and standard infection control practices including diligent handwashing and staff wearing surgical masks or other face covering utilized. If possible, a dedicated unit/wing for these residents could be established.

- Facilities should notify the health department about residents and staff with known or suspected COVID-019 and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, including information regarding recommended PPE.[1]

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[1] Relative to PPE, *see also* "Strategies to Optimize the Supply of PPE and Equipment," https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.

For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available. Call the Disaster Distress Helpline at 1-800-985-5990 (1-800-846-8517 TTY); connect with a trained counselor through the Ohio Crisis Text Line by texting the keyword "4HOPE" to 741 741; or call the Ohio Department of Mental Health and Addiction Services help line at 1-877-275-6364 to find resources in your community.
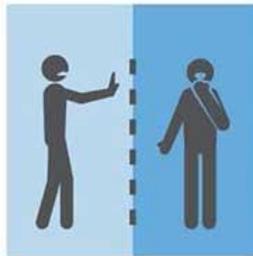

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Protect yourself and others from COVID-19 by taking these precautions.

PREVENTION

For additional information call **1-833-4-ASK-ODH** or visit **coronavirus.ohio.gov.**
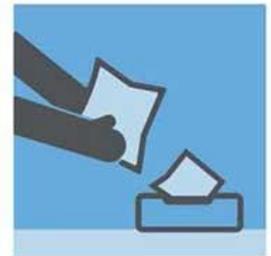
STAY HOME

PRACTICE SOCIAL DISTANCING

GET ADEQUATE SLEEP AND EAT WELL-BALANCED MEALS

WASH HANDS OFTEN WITH WATER AND SOAP (20 SECONDS OR LONGER)

DRY HANDS WITH A CLEAN TOWEL OR AIR DRY YOUR HANDS

COVER YOUR MOUTH WITH A TISSUE OR SLEEVE WHEN COUGHING OR SNEEZING

AVOID TOUCHING YOUR EYES, NOSE, OR MOUTH WITH UNWASHED HANDS OR AFTER TOUCHING SURFACES

CLEAN AND DISINFECT "HIGH-TOUCH" SURFACES OFTEN

CALL BEFORE VISITING YOUR DOCTOR

PRACTICE GOOD HYGIENE HABITS

For more information, visit: coronavirus.ohio.gov