

Process for Isolation De-escalation for Suspected COVID Inpatients Who Test Negative

For inpatients with

- Suspected COVID infection and now have a negative test
- COVID infection who have clinically improved

For Adult ICUs (MICU, NSI, TSI)

Scenario	Contact
Suspected COVID patients with negative test(s)	Felicia Hoffman or Beth Jones (TigerConnect)
COVID positive inpatients	UNMH Infection Control Emergency on Call (TigerConnect)

For Adult Progressive Care Units (7S, 6S, 5S, 5W, 5E, 4S, 4W, 4E, 3S, 3E, 3N)

Scenario	Contact
Suspected COVID patients with negative test(s)	For Zinc service: Zinc Team Hospitalist (TigerConnect) For all other services: Dr. Meghan Brett (TigerConnect)
COVID positive inpatients	UNMH Infection Control Emergency on Call (TigerConnect)

For Inpatient Pediatric Units (CTI, PICU, GPU, PSUP, NBICU/ICN)

Scenario	Contact
Suspected COVID patients with negative test(s)	Dr. Martha Muller (TigerConnect)
COVID positive inpatients	Dr. Martha Muller (TigerConnect)

For Inpatient Women's Areas (e.g., L&D, MBU)

Scenario	Contact
Suspected COVID patients with negative test(s)	COVID-19 Ob Attending (TigerConnect)
COVID positive inpatients	UNMH Infection Control Emergency on Call (TigerConnect)

If any questions or differences of opinion, please do not hesitate to reach out to the Hospital Epidemiologist Dr. Meghan Brett (for adult patients) or the Children's Hospital Epidemiologist Dr. Martha Muller (for pediatric patients).

Process for Isolation De-escalation for Suspected COVID Inpatients Who Test Negative

Purpose: Guidance about how to change or discontinue isolation precautions for an inpatient with suspected COVID infection with testing that returns negative.

- 1) Go to “Text Rendition Documents” to review “COVID-19 Risk Assessment” (may be used to assess thinking at time of ordering COVID test).
- 2) Determine lower vs. higher risk for COVID infection:

Lower Risk for COVID Infection	Higher Risk for COVID Infection
<ul style="list-style-type: none"> • Test ordered based on signs/symptoms • No high exposure risks <p>For congregate settings, click HERE for NM Dept of Health info about outbreaks in those settings.</p>	<ul style="list-style-type: none"> • Test ordered based on signs/symptoms <ul style="list-style-type: none"> ○ Cough, shortness of breath, fever (subjective or actual temp of >100F), acute loss of smell (anosmia) • Higher risk exposures <ul style="list-style-type: none"> ○ Travel to areas with ongoing community spread ○ Click HERE for a map showing NM data by county ○ Click HERE for CDC information for other state ○ Click HERE for World map ○ Contact of a patient with known COVID infection ○ Healthcare worker with exposure to patient with COVID infection • Other <u>potential</u> exposures: communal setting such as skilled nursing facility, jail/prison, etc.

COVID test result	Risk of COVID	Recommended action	Discuss with Provider before Changing Isolation Orders?
Negative	Higher	<ul style="list-style-type: none"> • Repeat testing for COVID if no alternative diagnosis is probable/likely (to explain symptoms) • NOTE: alternative diagnosis does not always preclude COVID infection 	Yes
Negative	Lower	<ul style="list-style-type: none"> • Deescalate to appropriate isolation by assessing for other indications for isolation <ul style="list-style-type: none"> ○ Review ICHx in EMR banner for other active indications ○ Determine if RESPAN result pending (droplet/contact required until result returns) ○ Evaluate other ongoing infections (e.g., <i>C. difficile</i>) 	No

- 3) Write brief note (see “Example Note” below); Note can be written by RN Supervisor, Provider, or Unit Director.
 - a. Use “Consult Note - Infection Prevention”
 - b. Include COVID Risk, COVID result, Alt dx if negative, planned type of isolation

Example Note:

“IPCD Note

COVID risk: +symptoms, no high-risk exposures

COVID PCR: negative

Other relevant test results: XXXX

Alternative diagnosis:

Plan:

- 1) discontinue airborne/contact or droplet/contact isolation
- 2) other isolation:

For further questions, please reach out to Infection Prevention and Control via TigerConnect (“UNMH Infection Control Emergency on Call”) or per amion.com.”

Process for Isolation De-escalation for COVID Inpatients When No Longer Considered Infectious

Purpose: When and how to discontinue isolation precautions for an inpatient with confirmed COVID infection. An AdHoc form with the guidance below will help guide decision-making.

Key Information:

- Hospitalized patients may have longer periods of COVID detection compared to patients with mild or moderate disease.
- Severely immunocompromised patients (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) may also have longer periods of COVID detection.
- Detection of COVID with Tricore's COVID test is one way to gauge if COVID genetic material is still present for inpatients. It does not determine whether the virus can be transmitted or not.

For patients on progressive care units or non-intubated in the ICU:

- 1) Send a nasopharyngeal swab (NP) for a COVID test for whichever criteria is longer:
 - a. Hospital day 7 or
 - b. 72 hours beyond the time of symptom improvement (e.g., improving cough or shortness of breath) AND resolution of fever without the use of fever-reducing medications.
- 2) If first test is negative, send a second NP swab for a COVID test. Two negative tests at least 24 hours apart are required to discontinue precautions.
- 3) If either test is still positive, repeat the COVID test every 72 hours if the patient is still hospitalized.

For patients intubated in the ICU:

- 1) Send a NP swab for a COVID test on hospital day 10.
- 2) If first test is negative, send a second NP swab for COVID test. Two negative tests at least 24 hours apart are required to discontinue precautions.
- 3) If either of the tests are still positive, repeat testing every 72 hours if still hospitalized.

References:

- [CDC](#)
- [University of Washington](#)