



POLICY/PROCEDURE TITLE: Discontinuation of Novel Respiratory Infection Precautions (NRI), Continued Care, and Discharge	
ENTITY: <input checked="" type="checkbox"/> CMHC <input type="checkbox"/> CMMC <input type="checkbox"/> CMMG <input type="checkbox"/> BRIDGTON HOSPITAL <input type="checkbox"/> RUMFORD HOSPITAL <input type="checkbox"/> BOLSTER HEIGHTS <input type="checkbox"/> RUMFORD COMMUNITY HOME <input type="checkbox"/> ELSEMORE DIXFIELD <input type="checkbox"/> SWIFT RIVER FAMILY MEDICINE FAMILY MEDICINE	
CATEGORY: Administrative	ORIGINATION DATE: 4/6/2020
OWNER GROUP: Infection Control	PUBLICATION DATE: 3/2/2022

PURPOSE

This document provides guidance for discontinuation of **Novel Respiratory Infection Precautions (NRI)**, discharge recommendations, and ongoing care for patients after a COVID-19 positive test result.

STATEMENT OF POLICY

Discontinuation of NRI precautions for COVID-19 positive patients shall be based on CDC guidelines "Symptom-Based Strategy" and severity of illness to include mild/moderate, severe, and critical presentation of the symptomatic patient. A test-based strategy, in consultation with Infectious Disease and/or the patient's Provider, may be recommended for those patients with prolonged duration of viral shedding, such as those with moderate to severe immunocompromising conditions. Duration of precautions are correlated to align with current known information regarding transmission of viable viral particles from a COVID-19 positive patient.

DEFINITIONS

MILD ILLNESS is defined as 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: Exhibited by 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, **Patients are not receiving supplemental oxygen.**

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SEVERE ILLNESS: Exhibited by 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%. Patients may be receiving supplemental oxygen of, or below, 4 liters.

CRITICAL ILLNESS: Exhibited by individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction. These patients are receiving supplemental oxygen/HI-FLOW O₂ >4 Liters.

MODERATE to SEVERELY IMMUNOCOMPROMISED: Conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days. Ultimately, the degree of immunocompromise needs to be determined by the treating provider.

TEST-BASED STRATEGY:

Symptomatic Patient

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test

Asymptomatic Patient

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test

PROCEDURE/PROCESS

1. Patients with COVID-19 can be discharged from a healthcare facility whenever clinically indicated. Meeting criteria for discontinuation of Novel Respiratory Infection (NRI) is not a prerequisite for discharge.
2. Discontinuation of NRI with COVID-19 positive patients shall be made in conjunction between the **patient's Care Team and the Infection Prevention Department**.
3. Discontinuation of NRI precautions for symptomatic patients shall be based on CDC guidelines "Symptom-Based Strategy" and severity of illness:

A. Mild to Moderate Illness:

- At least **10 days** have passed since symptoms first appeared **AND**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (ex. cough, shortness of breath) have improved

B. Severe to Critical Illness:

- **At least 10** and up to 20 days since symptoms first appeared **AND**

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- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (ex. cough, shortness of breath) have improved.
- **The test-based strategy may be used to assist with decision to discontinue Precautions.**

C. Moderate to Severely Immunocompromised:

- **At least 20** days since symptoms first appeared **AND**
- **At least 24** hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (ex. cough, shortness of breath) have improved
- Consider consultation with Infection Prevention and Hospital Epidemiologist/ID physician for evaluation and/or use of test-based strategy to discontinue Precautions.

D. Asymptomatic COVID-19 positive:

- At least 10 days past the date of their first positive viral diagnostic test
 - Severely immunocompromised patients who were asymptomatic throughout their infection, may have precautions discontinued at least 20 days past the date of their first positive viral diagnostic test, based on discussion between provider and Infection Prevention.
4. Patients determined to meet discontinuation criteria may be transferred out of the NRI Unit and, based on residual symptoms and/or risk factors, placed in a regular patient room using Standard Precautions.
 5. Determination for discontinuation of Empiric Novel Respiratory Infection (NRI) for Precautions for Person under Investigation (**PUI**) shall be the decision of the patient's provider in conjunction with Infection Prevention and shall be based on the following criteria:
 - Negative results from an COVID-19 molecular assay for detection of SARS-CoV-2
 - If a higher level of clinical suspicion for COVID-19 exists, NRI Precautions are maintained and a second test shall be obtained.
 - If the patient was never tested, the "symptom- based strategy" may be used.
 6. Patients who have had close-contact/exposure to a person with COVID-19 may discontinue Precautions (Contact/Droplet) after Day 7 if a viral test is negative for SARS-CoV-2 at Day 5.
 7. Precautions shall continue at home if the patient is discharged while still potentially infectious for COVID-19.
 8. Infection Prevention, the patient's provider, and as needed, Maine CDC shall consult on recommendations necessary on discharge.
 - Consider the home's suitability for and patient's ability to adhere to home isolation recommendations.

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- Considerations include the ability for the patient to follow their provider's instructions for medications and care, obtain basic needs, and accurately monitor their symptoms.
 - Recommendations for Home Care include:
 - Household members stay in another room or be separated from the patient as much as possible, using a separate bedroom and bathroom, if available. Avoid sharing household items.
 - Visitors should be prohibited unless they're essential.
 - Avoid caring for pets
 - Provide good air flow in the home, as appropriate
 - Wash hands frequently – avoid touching eyes, nose, and mouth
 - Mask the patient; wear a mask around the patient if you're the caregiver
 - Clean & disinfect all high touch surfaces frequently
9. Considerations for discharge to a skilled nursing facility or assisted living facility shall include:
- Novel Respiratory Infection Precautions are still required: Discharge shall only be to a facility able to care for COVID-19 patients under acceptable Infection Prevention protocols.
 - Precautions have been discontinued: No restrictions necessary

SPECIAL CONSIDERATIONS: Recommendations in this policy are based on current data and are subject to change based on updated scientific information known on the subject of SARS-CoV-2 and current guidelines.

DISCLAIMER STATEMENTS

Extenuating circumstances may necessitate deviation from the terms of a policy. It is understood that emergent situations may occur, which require immediate resolution. Where applicable, appropriate documentation should be created to support the necessity for such deviations.

CROSS REFERENCES

REFERENCES AND SOURCES OF EVIDENCE

- *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated February 2, 2022; [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)*
- *Caring for Someone Sick at Home: Advice for caregivers in non-healthcare settings, Updated January 19, 2022. [COVID19 - Caring for someone at home | CDC](#)*

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- *Ending Isolation and Precautions for People with COVID-19: Interim Guidance, Updated Jan. 14, 2022;* [Ending Isolation and Precautions for People with COVID-19: Interim Guidance \(cdc.gov\)](#)
- *National Institute of Health: COVID-19 Treatment Guidelines: Clinical Spectrum of SARS-CoV-2 Infection, Last Updated October 19, 2021,* [Clinical Spectrum | COVID-19 Treatment Guidelines \(nih.gov\)](#)

REVIEW/APPROVAL SUMMARY

SUPERSEDES:	
REVIEW/REVISION DATES (7/9/20), 7/21/20, 9/5/20, 12/22/20, 2/19/21, 2/24/21, 2/25/22, 3/1/2022	
APPROVAL BODY(IES): Medical Branch of Incident Command, Incident Command	APPROVAL DATE: 3/1/2022

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