



Arkansas Department of Health

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Guidelines for Discontinuation of Isolation Precautions in Patients with COVID-19 Infection Who Are Hospitalized

Interim guidance for discontinuation of Transmission-Based Precautions (or isolation precautions) of COVID-19 infected patients who have been hospitalized has been developed based on available information about COVID-19. This guidance is subject to change as additional information becomes available. The decision to discontinue isolation precautions can be made using a symptom-based strategy. **A test-based strategy is no longer recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

Symptom based strategy

Patients with ***mild to moderate illness*** who are not severely immunocompromised:

- 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 (e.g., cough, shortness of breath) have improved

Patients with ***severe to critical illness*** or who are ***severely immunocompromised***:

- At least **20 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 (e.g., cough, shortness of breath) have improved

Note: For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

Discontinuation of Empiric Isolation Precautions for Patients Suspected of COVID-19 Infection Who Are Hospitalized

The decision to discontinue empiric isolation precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at

least **one** FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2.

- **If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2.**
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric Transmission-Based Precautions.

Disposition of Patients with COVID-19

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before discontinuation of isolation precautions in the hospital (see strategy above).

If discharged to a long-term care or assisted living facility, AND

- Isolation Precautions *are still required*, they should go to a facility with an ability to adhere to infection prevention recommendations for the care of COVID-19 patients.
- Isolation Precautions *have been discontinued* and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

SARS COV2 Illness Severity Criteria

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) ≥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.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>