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| **Infection Control and Prevention Policy and Procedure**  | **Subject: Discontinuation of TBPS for Residents with Covid-19 in Nursing Homes** |
| **Approved by:**  |  |
| **Effective:** 4/21/2020 | **Revised:** 5/5/2021 |

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH), to include identification and isolation of any suspected and confirmed cases, as well as discontinuation of transmission-based precautions (TBPs). As recommended, the symptom-based strategy will be utilized to discontinue TBPs for those with Covid-19 infection, to the extent possible.

**DEFINITIONS**

**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 3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) 50%.

**Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Severely Immunocompromised**:

• 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, or

• Receipt of prednisone >20 mg/day for > 14 days.

**PROCEDURE**

1. Residents who tested positive for SARS-CoV-2 infection will be placed on the Covid-positive cohort area/unit and TBPs (contact and droplet) will be implemented.
2. In order to discontinue TBPs, a person-centered approach will be utilized, taking into account the residents health status
3. **Symptom-based strategy**:
4. **Asymptomatic residents** or residents with **mild-moderate illness** who are **NOT severely immunocompromised**
* At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
* Symptoms (if present) have improved; AND
* At **least 10 days have passed** since symptoms attributed to COVID-19 first appeared.
* For residents who were asymptomatic at the time of their first positive test and who remained asymptomatic throughout their infection, at least 10 days have passed since the date of collection of the first positive test.
* For residents who were asymptomatic at the time of their first positive test and subsequently developed symptoms attributed to COVID-19, at least 10 days have passed since the date of symptom onset in addition to the clinical criteria above.
1. Residents with **severe to critical illness** who are **NOT severely immunocompromised**
* At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
* Symptoms have improved; AND
* At least **10 days and up to 20 days have passed** since symptoms attributed to COVID-19 first appeared.
* Consider consultation with infection control or infectious disease experts, especially if fewer than 15 days have passed since symptom onset
1. Residents who are **severely immunocompromised**
* **Consultation with infectious disease specialists is recommended**
* Consider utilizing a test-based strategy for discontinuing TBPs
* At a minimum, when the symptom-based strategy is determined to be appropriate after specialist consultation, residents who are severely immunocompromised will remain on transmission-based precautions until:
	+ At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
	+ Symptoms (if present) have improved; AND
	+ At least **10 days and up to 20 days** have passed since symptoms attributed to COVID-19 first appeared.
		- For severely immunocompromised residents who were asymptomatic at the time of their first positive test and who remain asymptomatic, at least 10 days and up to 20 days have passed since the date of collection of their first positive test.
		- For severely immunocompromised residents who were asymptomatic at the time of their first positive test and subsequently developed symptoms attributed to COVID19, at least 10 days and up to 20 days have passed since symptom onset in addition to the clinical criteria above.
1. **Test-Based Strategy** (**not recommended, except**):
* For severely immunocompromised residents if concern exists that they might remain infectious more than 20 days.
* In other circumstances when the symptom-based strategy might lead to clinically inappropriate use of transmission-based precautions; however, due to the frequency of prolonged test positivity, the utility of this approach is limited
* **All of the following** are required to discontinue transmission-based precautions using the test-based strategy:
	+ At least 24 hours have passed since last fever, without fever-reducing medications; AND
	+ Symptoms (if present) have improved; AND
	+ Results are negative from at least two consecutive respiratory specimens collected greater than or equal to 24 hours apart and tested using an FDA-authorized **molecular viral assay** for detection of SARS-CoV-2 RNA.
1. Discontinuation of TBPs for residents with **suspected Covid-19**:
* A negative result from at least one respiratory specimen using an FDA-authorized **molecular viral assay** for detection of SARS-CoV-2 (Antigen/Rapid tests cannot be used)
* A second consecutive negative test collected ≥ 24 hours apart should be obtained when there is a higher level of suspicion for COVID-19.
* For residents suspected of having COVID-19 infection but are never tested, the decision to discontinue COVID-19 transmission-based precautions will be made using the symptom-based strategy
1. Discontinuation of TBPs for residents **exposed to Covid-19**:
* Residents who are exposed to Covid-19will be placed on TBPs x14 days from the date of last exposure, regardless of whether a negative SARS-CoV-2 test result is obtained during the quarantine period.
* If the resident is discharged to the community during the quarantine period, requirements applicable for quarantine in the community applies.
* The local health department (LHD) will be notified of the discharge.

**REFERENCES**

CDC (Updated 2/66/2021). Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Health Care Settings. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

NYSDOH (5/3/2021). Health Advisory: Discontinuation of TBPs for Patients with Covid-19 Who are Hospitalized or in Nursing Homes… Retrieved from <https://commerce.health.state.ny.us/HCSRestServices/HCSContentServices/docs?docPath=/hcs_Documents/Source/hpn/hpnSrc/C1849138447D6CA4E0530547A8C0BC81.pdf>