

# Isolation Procedures and COVID-19 Testing for Asymptomatic Immunocompromised Patients in the Inpatient Setting

**Asymptomatic patients** may be managed under this protocol. **Symptomatic patients** should be tested for COVID-19 and enter the “COVID-19 pathway” (i.e., enhanced isolation precautions pending test results) and are not included in this protocol.

## Immunocompromised populations included in this guidance (See Pediatric updates below):

- Hematologic malignancy (Adult and Pediatric): inpatients or patients with upcoming admissions only
- Hematopoietic stem cell therapy (HSCT) (Adult and Pediatric units): inpatients or patients with upcoming admissions only
- Solid organ transplants (new transplant or history of transplant and being admitted)
- Patients with immunodeficiency syndromes or who are taking immunosuppressive medications

## Pre-hospital education

All patients in these high-risk categories should receive education from their providers regarding the importance of “sheltering in place” or “cocooning.” We have used these terms interchangeably to define protective practices for patients and people who live with them to reduce the risk of COVID-19 acquisition.

Patients and those living with them should avoid contact with the public to avoid being exposed to COVID-19 and should implement all of the recommended infection prevention strategies within their homes, including:

- increased hand hygiene (soap and water for 20 seconds or alcohol-based hand sanitizer with greater than 60% alcohol)
- increased cleaning of high-touch common areas
- avoiding touching their faces with unclean hands
- practicing cough/sneeze etiquette

## Pre-hospital testing

- Pre-HSCT/chimeric antigen receptor T-cell therapy (CAR-T) patients:
  - Physician providers will make all attempts to perform a COVID-19 test (using referral lab) on their patients 14 days pre-transplant in the outpatient setting and reinforce the cocooning education above. The patient will be tested again approximately 2 days pre-transplant; assuming both tests are negative, the patient will move forward with HSCT.
  - No pre-hospital/transplant testing is recommended for asymptomatic patients in any group other than the list above.
  - No testing is recommended for HSCT transplant donors.

## Admission education

- *Hand hygiene:* Patients should perform hand hygiene after using the bathroom, before eating, before touching their face, after touching items in shared spaces, and after coughing or sneezing/using tissues.
- *Masking:* Patients should wear a face mask when leaving their hospital room and be given these guidelines:

- Perform hand hygiene, place facemask over your nose and mouth, and perform hand hygiene after placing the mask on your face.
- Do not touch your mask without first cleaning your hands.
- When it's time to remove the mask, perform hand hygiene and grab the elastics or ties at the base of the ears/head. Carefully fold your facemask so that the outer surface is against itself to reduce contact with the inner surface during storage. Place face mask in paper bag, and perform hand hygiene.

#### **Admission testing**

- An in-house administrative COVID-19 test will be collected on admission for all patients on the list above (other than HSCT/CAR-T patients who will already have been tested).
  - As they are asymptomatic, patients will not be placed on any additional isolation precautions (other than patient wearing a face mask when out of their room), unless they have another infectious disease syndrome that warrants isolation.
- Serial testing of patients who remain asymptomatic is not recommended.
- Patients who develop new infectious disease symptoms that warrant testing should be tested based on physician discretion.
  - Symptomatic patients enter the “COVID-19 pathway” and should be placed on Special Airborne Contact Precautions pending testing.
  - Patients who do not require a higher level of care may remain on their current unit pending test results, with the understanding that a HEPA filter would be placed in the room for aerosol-generating procedures.
    - Current units providing “test in place” option: 6W, 7W, 7E, 3100, 3300
    - All other units will need to work with OA, command center, and nursing team to determine if “test in place” is an appropriate option for their unit.
  - If units have negative pressure rooms available to them, and movement of the patient is possible, the unit may move the patient to the negative pressure room pending test results. However, this is not required, as it may not be feasible with bed capacity, and thus is left to the discretion of the unit.

#### **UPDATED PEDIATRIC PLAN:**

- Perform COVID-19 testing for all asymptomatic oncology patients with:
  - anticipated inpatient admission >14 days OR
  - known COVID-19 exposures OR
  - planned high-risk chemotherapy which would be delayed if positive for COVID-19 OR
  - admission to 5200
- Asymptomatic patients being admitted to 5200 for chemotherapy should be preemptively placed on contact and droplet isolation until test result is available. Isolation can also be used if patient/caregiver refuses test
  - Tests should occur no more frequently than once per week
  - If patient becomes symptomatic, use inpatient testing guidelines which includes the use of Special Airborne Contact isolation