

Temporary Workflow for Discontinuing Special Airborne Contact Isolation

During the “wash in” period of implementing the new CDC guidance for a symptom-based strategy to discontinue Special Airborne Contact Isolation, Infection Prevention will work very closely with teams to ensure treatment teams are comfortable with the new process. Below is the proposed temporary workflow for discontinuing Special Airborne Contact Isolation. After Maestro updates are complete and team members are familiar with the guidance, we will move towards automation. We acknowledge that there is an increased focus on inpatient care, given the overall greater time the patient spends in the environment in that location and increased risk based on the time and nature of care.

Inpatient process, including inpatient surgical and procedural planning:

1. COVID-infected patient who meets the symptom-based criteria for discontinuing Special Airborne Contact isolation is identified.
2. Care team pages their local infection preventionist or hospital epidemiologist between 8am-5pm to confirm patient can have Special Airborne Contact isolation discontinued.
3. Hospital epidemiologist will place a note in EPIC under a “Plan of Care” title attesting to the safety of discontinuing Special Airborne Contact isolation. We will refer to these patients as “COVID-recovered.”
4. Patients will remain on any other relevant transmission-based precautions for other infectious diseases (e.g. contact enteric for *C. difficile*, etc.)
5. The infection status for “COVID-19” will be removed and no longer appear in the chart banner.
 - a. Note: if 90 days has passed and a patient presents with signs and symptoms of COVID-19, and is being tested for COVID, a new infection status will appear such as “rule out COVID”, etc. Until then, they are considered COVID-convalescent and not contagious.
6. Note: Infection prevention will need to manually remove the infection status for inpatients who remain hospitalized after their COVID infection.

Outpatient process, including outpatient surgical and procedural planning:

1. The infection status for COVID-19 will be set to auto-discontinue after 20 days from the positive test in EPIC.
2. Due to the volume of patients in the outpatient arena, infection prevention will not be able to support documenting in every patient’s chart and we will rely on help from outpatient team members to call in cases where patients falling into the “10 day category” may need to come in for care. Infection prevention is always happy to answer questions and support team members, however.
3. Notes:
 - a. Recall that all outpatient PPE recommendations have been made under the assumption you may be caring for someone with asymptomatic COVID and therefore compliance with the PPE outlined provides appropriate protection for the type of care you are providing.
 - b. There will be situations where a patient’s test was performed at a non-DUHS location, such that EPIC will not “see” the result and no infection status will exist in the chart. Providers will need to apply the guidance to determine what PPE may be required if the patient is already in clinic or when patients may be safely scheduled.
 - c. Many outpatients will be able to be cleared from special airborne contact isolation within 10 days of their positive test based on updated guidance and clinic providers can review their individual patient to determine if they can be safely scheduled before 20 days has elapsed.