

<b>Date:</b>	February 25, 2021
<b>To:</b>	Prince George Staff and Medical Staff Rural Northern Interior Health Service Administrators/Chiefs of Staff/Medical Directors
<b>CC:</b>	Ciro Panessa, NW Chief Operating Officer Dr. Jaco Fourie, NW Medical Director Angela DeSmit, NE Chief Operating Officer Dr. Becky Temple, NE Medical Director Deanna Hembroff, Regional Manager Infection Prevention and Control
<b>From:</b>	Dr. Rakel Kling, NI Medical Health Officer Dr Randall Dumont, Pathologist Penny Anguish, Northern Interior Chief Operating Officer
<b>Re:</b>	Discontinuing COVID-19 Precautions for Admitted Patients in Acute Care

Determining when to discontinue COVID-19 precautions for admitted patients in acute care is important for patient and staff safety.

After a comprehensive consultation process, the attached process/algorithm was developed to support staff and physicians. In this process, discharge from acute care is not dependent on a patient meeting the criteria for discontinuing COVID-19 precautions. Rather, discharge is based on clinical assessment and patients can complete their isolation period at home if they are well enough to be discharged from acute care.

The Infection Prevention and Control team plays a key role in the decision to discontinue COVID-19 precautions. Public Health staff will continue to provide isolation dates to those discharged from the hospital. A process is in development for acute care to notify public health of COVID patients being discharged from hospital. Public health can then contact patients and advise on precautions post-discharge.

Finally, a reminder that a test-based strategy is no longer recommended for decision-making on discontinuing precautions as patients continue to have positive tests due to shedding of non-viable viral RNA that persists for weeks to months. Given that, repeat testing of previously positive patients is generally not recommended for up to 3 months post original diagnosis as it would not indicate acute infection or infectiousness. Physicians with case specific questions are encouraged to consult Infectious Disease, Laboratory Medicine or a Medical Health Officer.

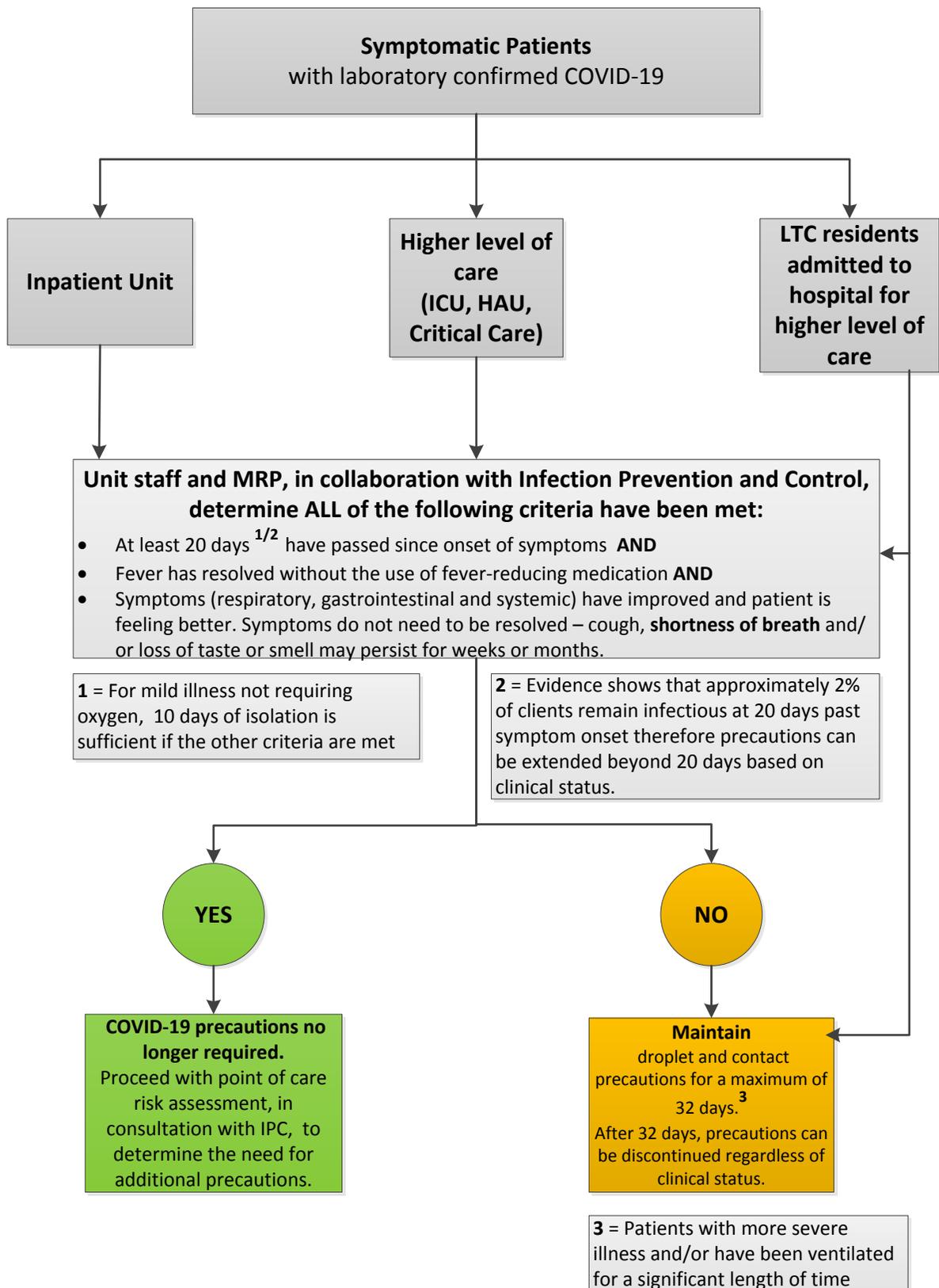
If staff have any questions on the new process, please speak to your manager who can direct your query to the appropriate individual. If medical staff have questions, please contact either Dr Kling or Dr Dumont. Thank you for taking the time to review this new process.

**Preamble:** Implementing COVID-19 precautions is from the date of symptom onset or a positive test. This process provides guidance for collaboration between unit leaders, unit staff, Most Responsible Prescribers (MRPs) and Infection Prevention and Control (IPC) to determine a date to discontinue COVID-19 precautions for admitted patients. It is important to note the role of Infection Prevention in determining when COVID-19 precautions are no longer required. IPC will determine when to include Public Health and Infectious Disease in this decision-making process. If additional support or guidance is required, please contact [infectionprevention@northernhealth.ca](mailto:infectionprevention@northernhealth.ca)

Meeting the criteria for discontinuing COVID-19 precautions is not a prerequisite for discharge from acute care. Patients may complete their isolation period at home if they are well enough to be discharged. This process is specific for patients admitted to acute care and Public Health will advise what precautions are required post-discharge.

A test-based strategy is no longer recommended as some patients may continue to have positive tests, due to shedding of non-viable viral RNA, for up to 12 weeks.

## Discontinuing COVID-19 Precautions for Admitted Patients in Acute Care



**NOTE:** In the event of an outbreak in acute or long-term care, patients may be released from isolation but the outbreak will not be declared over until 28 days (two incubation periods) from the date of the last known exposure from either staff or patient.