Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 to Long-Term Care or Assisted Living Facilities

Centers for Disease Control and Prevention Adapted Guidelines


Discontinuation of transmission-based precautions for patients with COVID-19:

The decision to discontinue Transmission-Based Precautions should be made using a symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

1. **Symptom-based strategy**
   - At least 7 days have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   - At least 10 days have passed since symptoms first appeared

   Facilities should consider extending the period of isolation beyond the symptom-based-strategy duration for discontinuation of Transmission-Based Precautions, on a case by case basis in consultation with the facility or private physician or state public health authorities. Given that hospitalized patients may have longer periods of SARS-CoV-2 RNA detection in a setting where they may have close contact with individuals at risk for severe disease, it is recommended that at least 7 days have passed since recovery prior to discontinuation of Transmission-Based Precautions.

2. **Test-based strategy**
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
   - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected >24 hours apart (total of two negative specimens)

In the context of community transmission, continued testing is impractical. Current available evidence suggests relying on a symptom-based strategy to establish the end of isolation. Where testing is not readily available, facilities should use the symptom-based strategy for discontinuation of Transmission-Based Precautions.
Discontinuation of empiric transmission-based precautions for patients suspected of having COVID-19:

The decision to discontinue empiric Transmission-Based 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 reverse transcription-polymerase chain reaction assay (RT-PCR) 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:

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

- Transmission-Based Precautions are still required, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.
- Transmission-Based Precautions have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room, and wear a face mask during care activities until all symptoms are completely resolved or until 10 days after illness onset, whichever is longer.
- Transmission-Based Precautions have been discontinued and the patient’s symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.