De-escalation for Isolation and Personal Protective Equipment Requirements of CHQ patients post positive SARS-CoV-2 infection (COVID-19) - Inpatient and Outpatient

**Purpose**

To provide clinicians clear understanding of de-escalation of isolation and transmission based precautions of patients to reduce risk of COVID-19 spread within high risk facilities.

**Scope**

This guideline is applicable to all Children’s Health Queensland (CHQ) staff working with;

- Patients who are COVID-19 positive within CHQ inpatient facilities.
- Patients transferred to QCH with a recent or current COVID-19 infection.
- Patients admitted to CHQ inpatient facilities with a recent or current COVID-19 infection.
- Patients accessing QCH outpatient / day procedure services with immunocompromised cohorts.

**Related Documents**

**Policy and standard(s)**

- CDNA National Guidelines for Public Health Units – Coronavirus Disease 2019
- Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No.3)
Procedures, Guidelines, Protocols

- CHQ-GDL-30565 Rapid Antigen Testing (RAT) in Specific Clinical Settings
- CHQ-GDL-63327 The management and treatment of children with acute SARS-COV-2 infection (COVID-19)

Guideline

This document has been developed to provide guidance for “clearance” of COVID-19 status for patients within or accessing CHQ in-patient and QCH vulnerable cohort outpatient and day procedure services.

General Population

Release from isolation INTO high-risk settings

COVID-19 positive patients can return to the general population of patients without additional PPE requirements on day 8 based on the clinical criteria when:

(1) at least 7 days have passed since first respiratory specimen positive if asymptomatic.

and

(2) there has been resolution of fever and respiratory symptoms of the acute illness for the previous 48 hours.

and

(3) RAT is negative at day 7 from specimen collection date.

OR

(1) At least 10 days have passed since first positive COVID-19 respiratory specimen.

and

(2) There has been resolution of fever and respiratory symptoms of the acute illness for the previous 48 hours.

and

(3) No RAT test is required for this criteria.

Parents/ Guardians:

Note: Accompanying Parents who are COVID positive do not require a RAT test for clearance, but cannot be released prior to day 8 and must be asymptomatic in the preceding 48 hours. Parents must continue to wear a mask at all times when the patient moves back to the general population.
(1) If the parent has not developed COVID they will remain a close contact of the COVID positive child and the parent and child cannot be released from isolation until the parent reaches day 10 AND has a negative RAT test on day 10. The parent must continue to wear a mask during their inpatient stay.

(2) Hospitalised patients who are being transferred to another ward or hospital should remain in isolation with transmission-based precautions and appropriate PPE until release from isolation criteria are met.

(3) If a person has met the appropriate criteria above, it is not necessary for them to: - undergo isolation or quarantine in another ward, the facility they are returning to, or any other location.

(4) People who have recovered from COVID-19 and have been released from isolation based on the criteria above do not require COVID-19 testing if they are hospitalised for a non COVID-19 related condition. They are presumed immune for 4 weeks from initial positive result.

(5) Children within PICU would not be considered for de-isolation until 14 days following positive COVID result and following consultation with the Infectious Diseases Physician.

Outpatients
Where possible it is recommended that appointments are delayed until the COVID positive child is day 11 and asymptomatic for preceding 48 hours. No RAT test is necessary. Parents are required to meet the Government requirements for the public regarding COVID positive release from quarantine, and should wear a mask at all times when on site.

Day procedures
Patients attending for day procedures will be required to meet the clearance and timeframes as listed for inpatient populations (general population and immunocompromised patients).

Admissions from Emergency Department
Patients who are to be admitted from the emergency department will need to meet the criteria as listed for inpatients e.g. if they are 8 days post positive COVID result, they will also need a negative RAT and be asymptomatic for the previous 48 hours to be de-isolated and follow the general population pathway.

If the patient is less than 8 days post COVID positive result, they continue to follow the COVID patient flow process.

If they are >10 days and have been asymptomatic for the previous 48 hours they can follow the general pathway.

(Note immunocompromised patients will need to go through clearance process as listed previously).

Discharging in-patients:
- Children may be discharged home while still COVID-19 positive when clinically appropriate and hospital supportive care is no longer required.
  - If the patient completes isolation outside of the hospital setting, current QH Public health guidelines apply [Home isolation if you have COVID-19 | Health and wellbeing | Queensland Government (www.qld.gov.au)]
  - Follow up should include the patient being reviewed seven days after discharge to ensure full symptom resolution. Either through COVID Virtual Clinic or Treating Team.
Immunocompromised Patients

ALERT

Children who are significantly immunocompromised must meet a higher standard to be released from isolation.

The following criteria must be met prior to ceasing isolation and transmission-based precautions for immunocompromised patients requiring in-hospital treatments:

1. Symptoms of the COVID-19 illness have resolved for >48 hours
2. The patient has been afebrile for >48 hours
3. The patient is at least 10 days from the positive RAT/PCR test
4. Rapid Antigen testing (RAT) is negative on two samples taken at least one day apart after minimum of 10 days post positive PCR/RAT result and the resolution of symptoms.
5. Note parents will need to meet same criteria as listed above.

Refer to Appendix 1 for algorithm.

Further consultation with ID Consultant:

- In children with symptoms such as chronic cough the treating team and Infectious Diseases (ID) to make an assessment as to whether the signs and symptoms of COVID-19 have resolved.
- A small proportion of children may have illness that has completely resolved but their respiratory specimens remain persistently PCR/RAT positive. A decision on release from isolation for these people should be made on a case-by-case basis.

Additional Information

- Rapid Antigen Tests can be performed at home for patients if the above criteria have been met. These results must be sent to the patients treating Clinical Nurse Consultant for confirmation (preferably photograph of result) and recorded in the patients’ medical notes. For those who return negative results, a RAT test will be performed by hospital staff to confirm negative result on admission.
- Hospitals that are unable to access a RAT test are to provide PCR test to confirm negative result.
- Patients presenting to hospital who have tested positive for COVID-19 and have not required hospitalisation for a prolonged period of time will require an initial RAT test on presentation to clinical area and then be individually assessed by treating team to determine isolation requirements.
Consultation

Key stakeholders who reviewed this version:

- Director Infectious Diseases
- Director Oncology Services Group
- Co-Chair QPPHON
- Oncology Consultant
- Co-Chair QPPHON
- CHQ IMPS CNC

Definition of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Significantly Immunocompromised</td>
<td>“Significantly immunocompromised persons may include, but are not limited to, those who have had an organ transplant and are on immune suppressive therapy; have had a haematopoietic stem cell transplant in the past 2 years; are on immune suppressive therapy for graft versus host disease; have had an active haematological malignancy; HIV infection with CD4 T-lymphocyte count below 200 cells/per mm3; or other conditions specifically noted by the treating medical practitioner.”</td>
<td>CDNA National Guidelines for Public Health Units Version 6.3 COVID-19-SoNG v6.3.pdf (health.gov.au)</td>
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Guideline revision and approval history

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<thead>
<tr>
<th>Version No.</th>
<th>Modified by</th>
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<tr>
<td>1.0 27/01/2022</td>
<td>Clinical Nurse Consultant Infection Management and Prevention Service (IMPS)</td>
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Keywords

COVID-19, Coronavirus, SARS CoV 2, Pandemic, HITH, immunocompromised, isolation, precautions, 63111, COVID, de-escalation, PPE, Positive,

Accreditation references

NSQHS Standards (1-8): 3 Preventing and controlling to healthcare associated infections ISO 9001:2015 Quality Management Systems: (4-10)
Appendix 1: De-escalation of isolation and transmission-based precautions for inpatient immunocompromised patients

Patient is COVID +ve on PCR/Rapid Antigen Test

Minimum 10 days since 1st positive result
And asymptomatic of symptoms including fever (>38.0) for 48 hours

Rapid Antigen Test

Negative result

Second Rapid Antigen Test - minimum one day apart

Negative result

Patient can be de-escalated from COVID restrictions.
Avoid admission to beds 1-12 of 11B if possible for >14 days from +ve result

Positive result

Positive result

Notify treating team, Remain on Covid isolation precautions and recheck Rapid Antigen Test in 3 days

Positive result