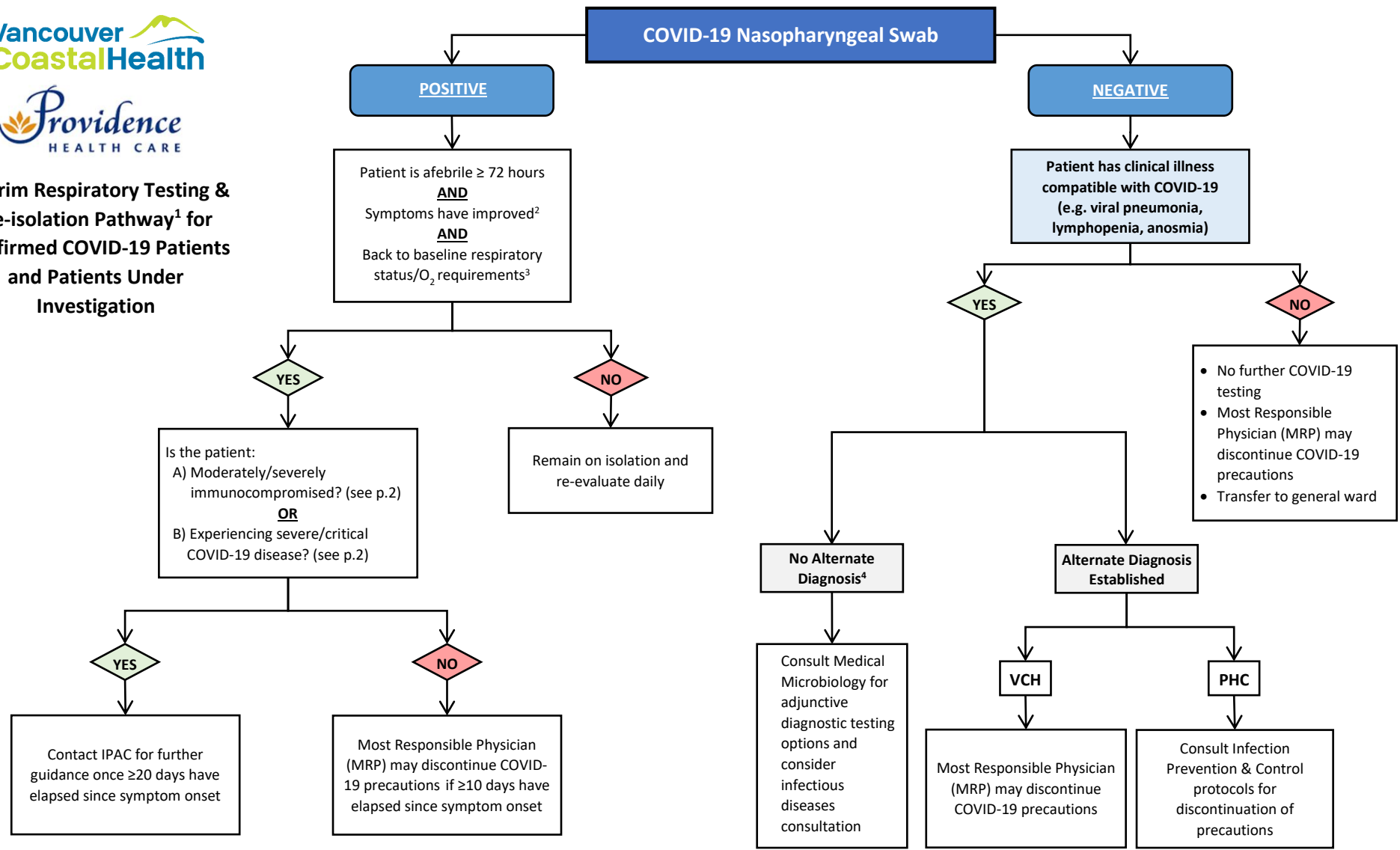


Interim Respiratory Testing & De-isolation Pathway¹ for Confirmed COVID-19 Patients and Patients Under Investigation



Footnotes:

1. These policies apply to COVID-19 only. Please follow established IPAC procedures for all other conditions.
2. Cough may persist for several weeks.
3. Some patients may establish a new baseline due to underlying lung damage resulting from infection (e.g. patients on ECMO). Consult IPAC to review the appropriateness of de-isolation in these situations.
4. If a patient is being managed as a presumed COVID-19 case despite repeatedly negative tests, Public Health should be advised in order to facilitate possible contact tracing.

Definitions:

The following definitions are based on the provincial document, “Interim Guidance: Discontinuing Additional Precautions Related to COVID-19 for Admitted Patients in Acute Care and in High-Risk Outpatient Areas”

- 1. Moderately/severely immune compromised** – patients with one or more of the following:
 - Hematologic malignancy
 - Hematopoietic stem cell transplant
 - Persons on systemic chemotherapy for solid organ cancer
 - Persons receiving chimeric antigen receptor T-cell therapy
 - Human Immunodeficiency Virus (HIV) with a CD4 count of ≤ 200 cells/mm³
 - Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥ 14 days, tacrolimus, sirolimus, mycophenolate, methotrexate, or azathioprine

- 2. Severe to critical COVID-19 illness** – defined as a patient for whom COVID-19 causes any one of the following:
 - Oxygen saturation below 94% on room air
 - Pneumonia
 - Hypoxemic respiratory failure
 - Multi organ dysfunction
 - Septic shock
 - Hospitalization due to the severity of their COVID-19 illness

Note:

Based on their clinical judgement, MRPs may determine that there are other diagnoses and/or medications not listed above that support considering patients as moderately or severely immune compromised. Consult an infectious disease specialist as needed.