



Health Alert Network Message 20-15: Testing Algorithm for Clinicians and Discontinuation of Isolation Guidance

Origination Date:
March 15, 2020

Revision Dates (list all revision dates):

COVID-19 Testing Algorithm for Clinicians and Discontinuation of Isolation Guidance for Healthcare Workers with Suspected or Confirmed COVID-19.

UPDATES 3/15/2020:

- Please see attached algorithm to guide clinicians on testing patients for COVID-19.
- See Louisiana guidance for healthcare personnel with suspected or confirmed COVID-19 to discontinue isolation and return to work in the body of this Health Alert.
- Although this guidance is intended to guide healthcare workers in their return to work, it can be used as guidance for the general public as to when to discontinue isolation after COVID-19.

For samples sent to the State Lab:

- Break swab at the score so that the stick does not extend too far and prevent the cap from closing. Close cap tightly so there is no leakage which would put our scientists at risk.
- In the Patient information section of Lab 96 Form (after the Parish on the same line is good) indicate the status of the patient, ie ICU, ambulatory, being D/C'd from Emergency Department, etc.
- Turn Around Time is 24-72 hours from sample pickup by courier.

UPDATES 3/13/2020:

- All providers in Louisiana should be able to receive and counsel a potential COVID-19 patient, and test provided they have testing supplies. Check with your normal supplier and your commercial lab provider to restock testing supplies.
- **All patients with a fever, respiratory symptoms, and a negative influenza test in Louisiana should receive a COVID-19 test.**
- Priority PUI specimens (criteria below) will be tested at the State laboratory.

- COVID-19 specimens for ambulatory patients should be collected by the provider and the specimen sent to a commercial lab (such as LabCorp, Quest, etc.) for test processing. Ambulatory patients should not be sent themselves to a commercial lab for specimen collection.
- All patients suspected (and undergoing testing) for COVID-19 should be given guidance to isolate at home until they receive their test results (attached). Clinicians who order a COVID-19 test are ultimately responsible for communicating results to that patient.
- There is no COVID-19 "test kit". Use the same Viral Transport Media (VTM) or Universal Transport Media (UTM) you use for seasonal influenza.
- To conserve testing supplies and reagents, **use only a single NP swab per patient.**
- Establish processes to evaluate and test patients and with respiratory symptoms (e.g., **triage outside the door**, automatic facemasking, designated room (or outside if patient not seriously ill, respecting privacy) for testing, appropriate PPE for clinician, limiting test time, environmental cleaning.
- **Guidance now permits asymptomatic exposed healthcare personnel to work while wearing a facemask** (do not furlough asymptomatic healthcare providers).
- **Guidance for clinicians and to give to persons under investigation is attached to this Health Alert.**

Discontinuation of Isolation criteria for HCP with confirmed or suspected COVID-19

- Use one of the below strategies to determine when HCP may discontinue isolation and return to work in healthcare settings
1. *Testing- and symptom-based strategy* for HCP with confirmed COVID-19, exclude HCP from work until
 - After resolution of fever **and**
 - Resolution or improvement in respiratory symptoms, **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart
 2. *Symptom-based strategy* (i.e., no SARS-CoV-2 testing to inform decision about discontinue Isolation return to work). Exclude from work until
 - ≥ 7 days after illness onset, or ≥ 3 days after resolution of fever, whichever is longer **and**
 - Resolution or improvement in respiratory symptoms
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria to discontinue isolation return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.

Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.