

Guidance for Safely Caring for Patients with Suspected or Confirmed COVID-19

COVID-19 Patient Testing

- COVID-19 testing is no longer universally required for admissions to hospitals within Emory Healthcare. Testing should be done on patients being admitted with symptoms of COVID-19.
- COVID-19 testing is no longer universally required for patients undergoing surgery or other procedures but may be ordered at the surgeon's discretion (e.g. prior to thoracic organ transplant) and should be done on patients with symptoms of COVID-19.
- Emory Healthcare currently offers only PCR-based COVID-19 testing.
 - *Note: A PCR test detects viral genetic material, and patients with confirmed COVID-19 may remain PCR positive for up to 12 weeks (occasionally even longer). By 10 days after symptom onset, infectious virus cannot be recovered from most immunocompetent patients.*

Discontinuation of Isolation Precautions for Inpatients with Confirmed COVID-19

Discontinuation of isolation precautions should proceed per hospital protocol in conjunction with Infection Prevention (IP) (typically after discussion with nursing, the primary medical team, and, if necessary, consultation with the hospital epidemiologist).

COVID positive Symptomatic Inpatient discontinuation criteria:

At least 10 days from symptom onset **AND**

- At least 24 hours from resolution of fever without fever-reducing medications and with improvement in other symptoms (e.g. cough, shortness of breath).
 - *NOTE: In patients who are critically ill or who are severely immunocompromised (such as patients with a history of solid organ or bone marrow transplant, patients on active chemotherapy or with receipt of rituximab in the last year, patients with HIV with a CD4 count <200, or patients receiving the daily equivalent of >20 mg of prednisone), isolation may be continued for 20 days after symptom onset (or longer if patients remain symptomatic). Please contact infection prevention (IP) for any questions or concerns.*

COVID positive Asymptomatic Inpatient discontinuation criteria: Please consult IP to discuss isolation discontinuation in asymptomatic individuals.

Surgeries and Other Procedures Following a Diagnosis of COVID-19

- Urgent and emergent outpatient and inpatient cases should not be delayed because of a COVID-19 diagnosis. Cases should proceed with all personnel in the room in appropriate PPE (including an N95 respirator and eye protection), and with appropriate source control of patient (mask on in shared spaces) and room turnover protocols followed.
 - If you have questions about delaying/cancelling a case due to a patient's COVID+ status, please contact perioperative leadership.
 - If you have questions about how to safely proceed with surgery for COVID+ patients, please contact your assigned IP.
- Elective outpatient cases are recommended by surgical quality leadership to be delayed for

10 days following symptom onset, given data that patients may have worse clinical outcomes if they undergo a procedure with active COVID-19 infection. However, cases can proceed earlier at the surgeon/proceduralist's discretion after assessing risks and benefits, using appropriate precautions, as outlined above.

- If you have questions about delaying/cancelling a case due to a patient's COVID+ status, please contact perioperative leadership.
- If you have questions about how to safely proceed with surgery for COVID+ patients, please contact your assigned IP.

Return to Ambulatory Clinic Visits Following a Diagnosis of COVID-19

COVID positive patients with an already-scheduled appointment*:

- If the appointment is urgent, the patient should be accommodated with patient masking, minimal time in the waiting room, and appropriate use of PPE (including an N95 respirator and eye protection) by healthcare personnel.
- If the appointment is routine/elective, reschedule for when the patient has been afebrile x 24 hours off medications and is otherwise symptomatically improved. Patients who reschedule in these circumstances should be accommodated on the clinic schedule as soon as possible, including use of overbooking as necessary. Patients who do not wish to reschedule should be accommodated with the precautions described above.

Patient with COVID-19 symptoms who needs to be seen for evaluation of those symptoms*:

- Patient should be scheduled in the next available appointment without delay with patient masking, minimal time in the waiting room, and appropriate use of PPE (including an N95 respirator and eye protection) by healthcare personnel.
 - If you have questions about how to evaluate a symptomatic patient safely in your clinical area, please contact your assigned IP.

***Any COVID positive patient who is seen in clinic must wear a mask for 10 days after symptom onset.**