

This is an official
DHEC Health Update

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**DHEC Guidance on the Discontinuation of Isolation and Quarantine
& DHEC Guidance on the Management of Healthcare Personnel
(HCPs) who are positive for COVID-19 or exposed to COVID-19
patients**

Summary

- DHEC is providing this update to assist healthcare facilities and healthcare providers in determining when to discontinue isolation and quarantine requirements for their patients and staff.
- This update also provides recommendations and considerations for healthcare facility leadership to utilize when deciding whether and when staff may return to work after testing positive for COVID-19 or being exposed to a patient who is positive for COVID-19.
- Information to assist in patient evaluation and appropriateness for testing for COVID-19 can be found in the DHEC HANs distributed on March 12, 2020 and March 13, 2020 available [here](#).
- Providers are encouraged to register if not already receiving alerts directly at <https://apps.dhec.sc.gov/Health/SCHANRegistration/>
- As a reminder, healthcare providers submitting specimens for testing at the DHEC Public Health Laboratory (PHL) will need to ensure they are enrolled in Result Point to receive negative COVID-19 testing results. Regional epidemiology staff will continue to call providers about positive results although they can also be obtained in Result Point. If your facility/practice is not registered with the PHL, please send an email to openelis_admin@dhec.sc.gov to get a Customer ID and access to Result Point. These are both required prior to sending specimens. Additional details are available in the HAN dated March 13, 2020.

Guidance for Discontinuing Isolation of COVID-19 Patients

I. Hospitalized patients who have tested positive for COVID-19

- A. For patients remaining in the hospital or being transferred to another healthcare facility:
- Transmission-based precautions should be followed. For a hospitalized patient to be removed from transmission-based precautions, the test-based strategy should be used. This means the following conditions must be met:
 - Resolution of fever, without use of antipyretic medication
 - Improvement in illness signs and symptoms
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart. See [Interim Guidelines for Collecting, Handling, and Testing Clinical](#)

[Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

B. For patients who will be discharged home:

- COVID-19 patients should be discharged when clinically indicated. If the patient is ready to be discharged to their home but they have not been cleared from transmission-based precautions, they will need to continue self-isolation after discharge. See the guidance below for more information.
 - **Before the Patient is Discharged**
 - Discuss with the patient and other household/family members the precautions that are recommended as part of home care or isolation (e.g., avoiding others, cough etiquette, and hand hygiene).
 - The patient and other household/family members should ensure they have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask).
 - **Leaving the hospital**
 - Have a car waiting at the exit to pick up the patient.
 - Place a mask on the COVID-19 patient.
 - Staff who are helping to escort the patient should wear a N95 or facemask, gloves, gown, and eye protection (same PPE that's used when providing patient care).
 - A N95 is preferred, but a facemask can be used if supplies are limited.
 - Transport the patient through a route that has as little traffic as possible.
 - Once the patient has been placed in the car, staff should:
 - Wipe down the wheelchair used by the COVID-19 patient with disinfectant wipes and discard the used disinfectant wipes in a bag that can be tied.
 - Doff PPE and place the discarded PPE in the same bag as the discarded wipes.
 - Tie the bag and perform hand hygiene.
 - Discard the bag in the appropriate location.
 - Wash hands.

II. Non-hospitalized patients (i.e., at home) who have tested positive for COVID-19

- The non-test-based strategy will be followed to discontinue home isolation. This means the patient must meet the following criteria:
 - At least 3 days (72 hours) have passed *since the resolution of fever* without the use of fever-reducing medications **and**,
 - At least 7 days have passed *since symptoms first appeared*.

Guidance for Asymptomatic persons who have tested positive for COVID-19

- Discontinue home isolation when at least 7 days have passed since the date of the patient's first positive COVID-19 diagnostic test with no subsequent illness.

Guidance for Healthcare Personnel with Potential Exposure to Patients with COVID-19 and for Healthcare Personnel who test positive for COVID-19

This is a summary of the current CDC guidance. Since guidance is continually being updated, please refer to the original references:

1. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in an Healthcare Setting to Patients with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
2. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Healthcare personnel should utilize recommended standard and transmission-based precautions when caring for patients with known or suspected COVID-19, including practicing hand hygiene and using appropriate PPE.

- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19.
- As a precaution, all HCP should perform self-monitoring, with delegated supervision as possible.

As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and identify all healthcare personnel (HCP) who are caring for known or suspected COVID-19 patients.

Any potentially exposed healthcare personnel should be assessed using CDC guidance available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- This guidance categorizes exposed HCP into high, medium, and low risk based on:
 - Type of exposure to the COVID-19 patient,
 - Whether the patient was wearing a facemask (source control),
 - Type of PPE used by HCP at the time of exposure.
- Close contact for healthcare exposures is defined as follows:
 - Being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient); or
 - Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - Until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure.
- HCP who are categorized as having a high or medium risk exposure to a COVID-19 patient are recommended to perform active monitoring and be excluded from work for 14 days after the last high or medium risk exposure to the COVID-19 patient.
 - However, CDC guidance does allow for exposed HCP to continue to work if strict symptom monitoring is done and these HCP wear a facemask, if possible, while at work.
 - Symptom monitoring for these HCP should include a supervisor or designee checking the temperature of these personnel when they arrive for work and when they leave from work. When HCP are not working, they should monitor their symptoms, including taking their temperature twice daily, and stay at home.
 - If an exposed HCP begins showing symptoms while at work, they should immediately don a facemask (if not already wearing), remove themselves from the work setting and tell their supervisor.

- If an exposed HCP begins showing symptoms while they are at home, they should not go to work and inform their supervisor.
- HCP with low risk exposures are recommended to perform self-monitoring with delegated supervision from a supervisor, occupational health or infection control staff.
 - If available, these HCP may be instructed to wear a facemask while at work.
- Other common scenarios from CDC:
 - HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions; entering the patient room immediately after the patient was discharged.
 - HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.
- DHEC can provide limited assistance in helping facilities and EMS assess their potentially exposed HCP.

Healthcare personnel (HCP) who have tested positive for COVID-19

- Facilities can choose to use the test-based strategy or non-test-based strategy to clear healthcare workers to return to work. These decisions may be based on the duties of the HCP and in the context of local circumstances.
 - *Test-based strategy* - Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours

apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

- *Non-test-based strategy* - Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications; **and**,
 - At least 7 days have passed *since symptoms first appeared*
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
- After returning to work, HCP should:
 - 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.
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (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.
- For more information, please visit the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Contact information for reportable diseases and reporting requirements

Reporting of Coronavirus Disease 2019 (COVID-19) as a Novel Infectious Agent is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
Lowcountry 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	Midlands 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	Pee Dee 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	Upstate 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Midlands Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Pee Dee Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	Upstate Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		DHEC Bureau of Communicable Disease Prevention & Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.