The Royal College of Pathologists
Pathology: the science behind the cure

Guidance on the de-isolation and discharge of COVID-19 patients

13 May 2020

This guidance is based on documentation produced by East Kent Hospitals University NHS Foundation Trust. It follows Public Health England guidance.[1]

COVID-19 screen positive

- Try not to move patient from isolation until discharge.

- Discharge home when medically fit, as early as it is safe to do so.

- After inpatient isolation for 14 days,[1] de-isolate once:[1]

    - clinical improvement with at least some respiratory recovery

    - absence of fever (>37.8°C) for 48 hours

    - if required for reassurance, repeat SARS-CoV-2 RNA RT-PCR at day 14 and de-isolate patient after one negative SARS-CoV-2 RNA RT-PCR screen

    - for immunocompromised patients[2], check for negative SARS-CoV-2 RNA RT-PCR after a minimum of 14 days before de-isolation

        - if SARS-CoV-2 RNA RT-PCR remains positive, repeat every 72 hours until a first negative PCR is achieved prior to de-isolation.

- For intensive therapy unit (ITU) and other critical areas that require quicker step down for bed availability needs:

    1. transfer to a COVID-19 area

    2. if no beds in COVID-19 area, then earlier de-isolation if day 8 tested SARS-CoV-2 RNA RT-PCR screen is negative[1]

    3. intubated/tracheostomy patients require a negative SARS-CoV-2 RNA RT-PCR screen from lower respiratory tract sampling.

COVID-19 screen negative

If there are clinical signs of respiratory infection at admission:

- Repeat SARS-CoV-2 RNA RT-PCR test at least 72 hours after initial negative sample.

- If repeat screen is negative, ask Microbiology to complete extended viral respiratory screen to detect alternative agents (e.g. parainfluenza, enterovirus D68).

    - If alternative infective agent found: de-isolate if asymptomatic for 48 hours.

    - If no alternative agent is found: de-isolate if thought to be presumptive bacterial or atypical pneumonia.

If new onset clinical or radiological suspicion of COVID-19 infection acquired in hospital:

- Isolate patient as this could be potential hospital acquired covid (HA-COVID).

- Arrange repeat COVID-19 sample at least 72 hours after any fever or respiratory symptoms:

    - Contact microbiology for extended viral respiratory screen.

    - De-isolate after 2 negative SARS-CoV-2 RNA RT-PCRs 72 hours apart, and 48 hours of no fever/respiratory symptoms or signs.

This document is accompanied by a graphic explaining when to de-isolate and discharge patients with COVID-19, available from: www.rcpath.org/uploads/assets/db3a3652-0d01-4420-a4176f08044be315/G219-2-When-to-de-isolate-and-discharge-COVID-19-patients.pdf

References

1. Public Health England. *Guidance for stepdown of infection control precautions and discharging COVID-19 patients*. https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings/guidance-for-stepdown-of-infection-control-precautions-and-discharging-covid-19-patients

2. Public Health England. Chapter 6: Contraindications and special considerations. *Immunisation against infectious disease: The Green Book*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655225/Greenbook_chapter_6.pdf