For an adult or paediatric inpatient of a Queensland Public intensive care unit (ICU) to be considered cleared (no longer infectious) of COVID-19, a medical practitioner or multidisciplinary team review, working within a COVID-19 healthcare framework approved by Queensland Health, must:

1. determine the patient meets the clearance criteria for release from COVID isolation; and
2. authorise the patient’s release from a COVID-19 treatment area.

### Clearance criteria

An inpatient of a Queensland public ICU may be considered cleared of COVID-19 subject to the following recommended requirements:

1. **ICU inpatient being treated primarily for symptoms of COVID**
   If the patient is primarily admitted for treatment of severe symptoms related to COVID-19, or develops severe symptoms while admitted for another reason, they may be considered cleared subject to the conditions outlined below.

<table>
<thead>
<tr>
<th>Days since positive test</th>
<th>Absence of fever</th>
<th>Negative test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 10 or more after receiving an initial positive test (RAT or PCR) for COVID-19 (for immunocompromised or immunosuppressed patients – see below).</td>
<td>24 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.</td>
<td>Negative results from at least 2 consecutive COVID-19 tests (RAT preferred) collected ≥ 24 hours apart, commencing no earlier than Day 9 since their initial positive test with a maximum of 10 days of testing (20 days total since initial positive test) – see Notes.</td>
</tr>
</tbody>
</table>

2. **Immunocompromised ICU patients with primary or incidental COVID infection**
   If the patient is admitted to ICU for any reason, and has tested positive for COVID-19 with symptoms of any severity, and is considered a severely immunocompromised person (see Notes), the patient may be considered cleared subject to the conditions outlined below.

<table>
<thead>
<tr>
<th>Days since positive test</th>
<th>Absence of fever</th>
<th>Negative test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 14 or more after receiving an initial positive test (RAT or PCR) for COVID-19.</td>
<td>48 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.</td>
<td>Negative results from at least 2 consecutive COVID-19 tests (RAT preferred) collected ≥ 24 hours apart, commencing no earlier than Day 13 since their initial positive test with a maximum of 10 days of testing (24 days total since initial positive test) – see Notes.</td>
</tr>
</tbody>
</table>

3. **ICU inpatient with incidental COVID-19 infection**
   If the patient is admitted to ICU for another condition but has also tested positive to COVID-19 and is asymptomatic or only has no/mild/moderate symptoms, the patient may be considered cleared subject to the conditions outlined below.

<table>
<thead>
<tr>
<th>Days since positive test</th>
<th>Absence of fever</th>
<th>Negative test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 7 or more after receiving an initial positive test (RAT or PCR) for COVID-19.</td>
<td>24 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.</td>
<td>Negative results from at least one COVID-19 test (RAT preferred), collected no earlier than Day 7 since their initial positive test with a maximum of 10 days of testing (14 days total since initial positive test) – see Notes.</td>
</tr>
</tbody>
</table>
ICU inpatient clearance of COVID-19 infection - flowchart

Patient referred for admission to ICU

- Patient already tested COVID+ and/or being treated for COVID
  - No: Administer COVID Test
  - Yes: COVID+ patient admitted to ICU COVID treatment area

- COVID+ patient condition on admission to ICU
  - Yes: ICU inpatient being treated primarily for symptoms of COVID
    - Clearance criteria:
      - A minimum of 10 days since initial positive test (RAT or PCR)
      - 24 hours after the resolution of fever
      - Negative results from at least two consecutive COVID tests (RAT preferred) collected ≥ 24 hours apart, starting day 9.
  - No: ICU inpatient with incidental COVID infection
    - Clearance criteria:
      - A minimum of 7 days since initial positive test (RAT or PCR)
      - 24 hours after the resolution of fever
      - Negative results from at least one COVID test (RAT preferred) starting day 7.

- Immunocompromised ICU patients with primary or incidental COVID infection
  - Clearance criteria:
    - A minimum of 14 days since initial positive test (RAT or PCR)
    - 48 hours after the resolution of fever
    - Negative results from at least two consecutive COVID tests (RAT preferred) collected ≥ 24 hours apart, starting day 13.

- Medical practitioner or multidisciplinary team review within approved COVID-19 healthcare framework determines the patient meets the requirements for release from isolation

- Patient assessed as cleared of COVID infection and release authorised from a COVID treatment area.

- Patient continues treatment in non-COVID area of ICU / hospital

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Notes

a. In all cases clinical judgment and discretion should be utilised, and these clinical guidelines considered in conjunction with local policies and procedures.

b. **All patients referred for an ICU admission** require a COVID-19 test to be completed and the results reported prior to the patients' admission, subject to the following exclusions:
   - Inpatients who have already tested positive to and/or being treated for COVID-19, and not yet cleared the infection.
   - Emergency admissions to ICU - these patients will be treated as suspected COVID-19 positive patients until a RAT test has been completed (ideally on or shortly after arrival to ICU).

c. An ICU inpatient considered cleared of infection may still exhibit ongoing symptoms of COVID-19 relating to their prior infection, and be released from a COVID-19 treatment area to receive ongoing treatment (including ventilation, ECMO, and/or dialysis) in a non-COVID-19 pod/ward/HDU at the discretion of the treating team.

d. Patients may continue to shed viral fragments for many weeks following infection detectable by PCR tests for COVID-19, but have a substantially reduced chance of passing on their infection. As such, PCR testing for patient clearance is not recommended, with RAT the preferred option.

Discretion on testing following infection – especially if using PCR tests for clearance - may be used in seeking consecutive negative results, with a suggested upper limit of an additional 10 days from when testing commences (ie: 20 days from initial test results for patients with severe symptoms, 24 days for immunocompromised patients, 17 days for incidental infections). Once this upper limit is reached, discuss with an infectious disease specialist if the patient should continue to be considered infectious. See CDC Guidelines - [https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)

e. **Severely immunocompromised patients** - for the purposes of this guidance, the Communicable Diseases Network of Australia (CDNA) Guidelines for Public Health Units definition of a severely immunocompromised person may include, but are not limited to, patients that:
   - have had an organ transplant and are on immune suppressive therapy
   - have had a haematopoietic stem cell transplant in the past 2 years
   - are on immune suppressive therapy for graft versus host disease
   - have had an active haematological malignancy
   - are being treated with biological therapies and most disease modifying anti rheumatic drugs (DMARDs), including 6 Mercaptopurine > 1.5 mg/kg/day; Methotrexate 10 mg/day; any dose of Tacrolimus, Cyclosporine, Cyclophosphamide, Mycophenolate or any dose combination of multiple DMARD
   - have human immunodeficiency virus infection with CD4 T-lymphocyte count below 200 cells/per mm
   - are receiving dialysis
   - have other immunosuppressing conditions specifically noted by the treating medical practitioner.
References:

This positions statement meets the requirements of the Chief Health Officer Direction - Isolation for Diagnosed Cases of COVID-19 and Management of Close Contacts Direction (No. 4), and is informed by the best practice standards of:

- The Communicable Diseases Network of Australia (CDNA) Guidelines for Public Health Units
- US Centre for Disease Control Ending Isolation and Precautions for People with COVID-19: Interim Guidance
- UK Health Security Agency Stepdown of infection control precautions and discharging COVID-19 patients and asymptomatic SARS-CoV-2 infected patients
- The Alfred Hospital (Vic) - Cessation of precautions for COVID positive patients in ICU as at 8/11/2021
- COVID Care Principles for Surgical Patients - Joint statement from the Queensland Clinical Senate and Statewide Clinical Networks - as at 7 January 2022

Version History

**Version 1.0**

**Clinical Guidelines - ICU inpatient clearance of COVID-19 infection**

Statewide Intensive Care Clinical Network

Clinical Excellence Queensland

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Contact: Statewide-IntensiveCare-Network@health.qld.gov.au