

Universal COVID testing for admitted and transferred patients (Updated 06/25/2020)



Given the increasing prevalence of COVID-19, Nebraska Medicine will begin testing all admitted and transferred patients for the presence of SARS CoV-2. All admitted patients should be evaluated for possible symptoms of COVID even if their presenting complaint is not respiratory in nature. Those patients with symptoms suggestive of COVID-19 infection should be tested and managed using the processes already in place (i.e. placement in a negative pressure room on a COVID unit and N-95, gown, gloves, and face shield for PPE). Those without symptoms will be screened for asymptomatic infection.

The below guidance outlines the process of caring for a patient requiring admission for surgical and/or medical reasons without symptoms suggestive of COVID-19 infection. Planned surgical admissions should continue to use the pre-procedural workflows already defined.

- All asymptomatic admitted and transferred patients should have baseline COVID testing at admission unless they have had a negative pre-procedural screen within 72 hours of admission.
 - The exception is those who have previously tested positive for COVID-19. Patients who have tested positive within the last 3 months using an approved laboratory (NM or elsewhere) should not be tested. An approved laboratory list can be found [here](#).
 - If test results cannot be confirmed, admission screening is required.
- Testing should be collected at the earliest opportunity after the decision to admit is made
 - If a patient is admitted through the emergency department specimen collection and testing should be initiated in the ED. If specimen collection is not completed in the ED, it should occur upon arrival to the inpatient unit.
 - If the patient is transferred from an outside facility, the testing should occur on arrival to the inpatient unit.
 - For patients directly admitted through an ambulatory clinic, specimen collection and testing should be initiated in the clinic if possible. If specimen collection cannot be completed in the clinic, it should occur upon arrival to the inpatient unit.
- The order for COVID testing should be entered by the admitting service. In the instances of a direct admission from the ED or clinic, the requesting clinician should place the order for collection in the ED or clinic.
- The appropriate level of PPE for asymptomatic patients at various points during their admission are outlined below
 - During collection of the COVID nasopharyngeal swab PPE should be as previously outlined for this procedure: N-95, gown, gloves and face shield or goggles
 - Aerosol generating procedures (AGPs) should generally be deferred while the test is pending, but if they must be performed should be done using COVID level PPE: N-95, gown, gloves, and face shield or goggles.
 - For patients requiring any of the following therapies (i.e. CPAP, BiPAP, High Flow oxygen when a procedure mask cannot be worn, nebulized medications) during the period when COVID testing is pending standard NM universal precautions should be worn: HCW procedural mask and eye protection; patient mask.
 - For asymptomatic patients with pending COVID test results PPE should consist of standard NM universal precautions: HCW procedural mask and eye protection; patient mask
 - For patients with a negative COVID test result all cares should be performed using standard NM universal precautions: HCW procedural mask and eye protection; patient mask

- Patients without signs or symptoms of COVID will be admitted to a non-COVID unit while COVID testing is pending
- In the rare instance a patient's asymptomatic screen comes back positive, they will be transferred to a COVID unit.
 - Asymptomatic positive: Those patients who continue to lack symptoms of infection will have the admitting team maintain care of the patient upon transfer to the COVID unit. If symptoms develop one of the COVID teams will be contacted to discuss co-management or whether assumption of care should occur.
 - Symptomatic positive: If a patient has begun to develop symptoms suggestive of COVID their care should be transferred from the admitting team to a COVID team.
 - Both asymptomatic and symptomatic positive patients will remain on a COVID unit for 21 days from the date of the positive test or until 2 negative COVID test results have occurred (whichever is earlier) or the patient is discharged from the hospital.
 - Asymptomatic positives: If a patient remains asymptomatic testing to exit isolation can begin on day 7
 - Symptomatic positives: Those patients that develop more classic symptoms of infection will have repeat testing started once symptoms have improved and fevers have subsided
- Asymptomatic patients on non-COVID units should only have repeat COVID testing occur in the following circumstances
 - Pre-procedure screening test should be repeated prior to a procedure if greater than 72 hours from last test. Patients hospitalized greater than 14 days only need 1 test on or after the 14th day to demonstrate persistent negative status after that further testing is not needed.

- **If the patient being admitted was recently discharged and tested on their previous admission, do they need to be tested again?**
 - If a patient who has previously tested negative is readmitted and the original test was >72 hrs. in the past, the test should be repeated.
 - For patients who previously tested positive retesting is not required on admission. Those who tested positive within 21 days should be placed in COVID precautions. Those who are more than 21 days from their positive test do not need to be placed in COVID precautions. Further information on management of persons who have tested positive can be found in the following documents.
 - <https://www.nebraskamed.com/sites/default/files/documents/covid-19/inpatient-and-outpatient-isolation-duration-guidance.pdf?date=06172020>
 - <https://www.nebraskamed.com/sites/default/files/documents/covid-19/intermittent-viral-shedding.pdf>

- **Should I wait for a test result to determine whether a patient goes to a COVID or Non-COVID floor?**
 - No, patients should be dispositioned based on their symptomatology. Asymptomatic patients should be transferred to a non-COVID unit. Patients should not be held in the emergency room awaiting results prior to disposition to their inpatient unit.

- **What if a patient refuses the test?**
 - Refusal should be documented in One Chart and the ordering team should be notified of the patient's refusal.
 - The ordering team should communicate with the patient the intent of testing all admitted patients to attempt to have them comply with this current standard for admission.
 - Patients who refuse to be tested and do not have symptoms or other suspicious findings will receive care on a non-COVID unit. Universal masking and eye protection should be worn.
 - Patients with clinical suspicion for COVID₁₉ should be admitted to the COVID unit for care. Personnel will work the patient to obtain appropriate testing.
 - In instances where it's unclear whether symptoms are related to COVID, the on call COVID infectious diseases team should be consulted to assist in determining the appropriate level of care (i.e. COVID unit vs non-COVID unit).
 - Performance of elective aerosol generating procedures may be postponed at the discretion of the proceduralist team in the instances patients continue to refuse testing.

- **Does the universal testing protocol apply to pediatric patients?**
 - All pediatric and neonatal patients should be tested unless they are new deliveries within our institution. Testing of those patients is dictated by current OB/NICU guidelines.

- **If a patient has had a recent COVID test at an outside institution, does it need to be repeated?**
 - Patients who have recent (<72 hours) testing at an accepted lab do not need repeat testing performed at Nebraska Medicine. A list of accepted labs can be found [here](#).

- If patients have had recent testing but not from one of the accepted labs, it should be repeated by a Nebraska Medicine lab.
- Patients with positive tests should be managed as previously outlined.
- **Should patients with visitors have repeat testing?**
 - Patients with visitors should follow the same testing protocol as other inpatients
- **Should rapid testing be used for admission screening?**
 - Due to limited supply, rapid testing should be reserved for emergent needs as outlined in the policy and the order. Screening of asymptomatic admissions should occur utilizing the standard COVID test.
- **Who should order the screening test?**
 - The admission screening test should be ordered by the admitting provider. If in the ER, the order should be released, and specimen obtained as soon as possible
- **What happens if the screening test isn't ordered in the ER?**
 - If specimen collection is not completed in the ED, it should occur as soon as possible upon patient arrival to the inpatient unit.
- **What is the process for testing direct admissions from the clinic?**
 - The admission screening test should be ordered, and sample obtained at the earliest possible time. If feasible, this should occur in the ambulatory environment prior to arrival in the inpatient setting. If this is not possible, the order should be placed by the admitting team and collected as soon as possible upon patient arrival to the inpatient unit.
- **How do I know if the test has been ordered?**
 - A column called "COVID 19 admission screening" can be added into a system list in One Chart that shows the status of the test as:
 - Ordered, Resulted, Missing Screen, Signed & Held, or In Process

| | |
|----------------|-----|
| Value | lco |
| Resulted | ✓ |
| Missing Screen | ✗ |
| Ordered | ⌚ |
| Sign&Held | 🕒 |
| InProcess | 🕒 |
- **Can patients with unknown COVID 19 status share a semi-private room?**
 - Patients with unknown COVID 19 status including those with pending results should not be placed into a semi-private room until their COVID status is known.
- **What precautions should be taken while test results are pending?**
 - Patients should be cared for with universal masking (mask for clinician and patient) and clinician eye protection.