General FAQs for Pediatric COVID-19 Screening

How do you define **asymptomatic** patients for the purposes of testing?

- Does not have symptoms concerning for COVID-19
  - COVID-19 concerning symptoms can include:
    - Fever (objective or subjective)
    - Myalgias, chills
    - Respiratory symptoms (dyspnea, cough)
    - URI symptoms (rhinorrhea, sore throat, sinus symptoms)
    - GI symptoms (nausea, vomiting, diarrhea)
    - ENT symptoms (loss of taste or smell)
    - Eye symptoms (conjunctivitis)
    - Newborn born to mothers with COVID-19 who are still in isolation
    - Unable to provide/obtain history
    - COVID-19 exposure

- Asymptomatic COVID-19 exposed patients should be tested for COVID-19 on the schedules recommended in this guidance.

Which asymptomatic patients require testing?

- **Outpatient testing:**
  - Anyone with a planned admission or procedure/anesthesia/procedural sedation and have not had a test within 4 days
  - Specific additional outpatient procedures classified as **aerosol generating procedures** (AGP)

- **Inpatient/pending admission testing:**
  - All asymptomatic patients being admitted to UCSF Health. This includes patients undergoing procedures who had a test within the last 4 days. Except for these patients:
    - Testing can be deferred for patients needing emergent procedures. Emergent procedures should proceed even if testing is not completed/resulted.
    - Patient with active COVID-19 infection (have a ‘COVID confirmed’ banner)
    - Patient who has a ‘COVID recovered’ banner
    - Pending or resulted PCR or Abbott ID Now test at UCSF from day of admission
    - Baby <=28 weeks gestational age in the first week of life
    - BCH-SF born newborns born to an asymptomatic mother with:
      i) a negative/pending COVID test from admission
      ii) if admitted to antepartum at UCSF and has a negative/pending COVID test within the 7 days prior to birth
      iii) a positive COVID test in the last 90 days and has finished isolation (i.e. mother is ‘COVID recovered’)

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- Transfer patients must have had a test on the day of transfer. If no test was performed or the test was done prior to the day of transfer, the test should be done on arrival to UCSF Health.
  - Inpatients should have repeat COVID testing on hospital day #3
    - Exceptions:
      - Day #3 is the day of discharge
      - Patient has a current COVID-19 infection (has a ‘COVID confirmed’ banner)
      - Patient has a ‘COVID recovered’ banner
      - Patient is <=28 weeks gestational age and in the first week of life
      - For neuroblastoma patient undergoing MIBG if they are still radioactive
  - All asymptomatic inpatients should have a COVID test weekly irrespective of whether they are receiving an aerosol-generating procedure
    - Exceptions:
      - Day of discharge
      - Patient has a current COVID-19 infection (has a ‘COVID confirmed’ banner)
      - Patient has a ‘COVID recovered’ banner
      - Patient is <=28 weeks gestational age and in the first week of life
  - Patients getting anesthesia/procedural sedation if >7 days since the last COVID PCR.
    - For patients requiring procedural sedation/anesthesia, who have new symptoms concerning for COVID-19, despite an alternate etiology, or an exposure, repeat COVID-19 PCR if last test >4 days prior. Refer to this guidance for more information.
  - In select circumstances, some inpatients may also require testing before discharge to congregate living situations

**Note:**
Any inpatient who develops signs/symptoms concerning for COVID-19 should be placed into Novel Respiratory Isolation and tested as a symptomatic patient.

<table>
<thead>
<tr>
<th>Population</th>
<th>Admission #3</th>
<th>Hospital Day #3</th>
<th>Weekly</th>
<th>Subsequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic and not COVID-19 exposed</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Retest if needing anesthesia/procedural sedation and last test &gt; 7 days prior¹</td>
</tr>
<tr>
<td>With active COVID-19 infection</td>
<td>No repeat test recommended, unless for select severely immunocompromised patients to determine the end of isolation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Asymptomatic and exposed | ✔ | Refer here for testing schedule.

‘COVID recovered’ banner in place (≤90 days since infection) | If asymptomatic, no repeat test recommended

1. For patients requiring procedural sedation/anesthesia, who have new symptoms concerning for COVID-19, despite an alternate etiology, or an exposure, repeat COVID-19 PCR if last test >4 days prior. Refer to this guidance for more information.

**What type of platform is acceptable?**
The following tests from outside labs are acceptable if collected by a healthcare worker and resulted within the recommended time frame:

Within 4 days of admission/procedure:
- Reverse-transcriptase PCR (RT-PCR)
- PCR
- Nucleic acid amplification (NAA)
- Non-Abbott ID Now nucleic acid amplification test (NAAT)
- Transcription-mediated amplification (TMA)
- Loop-mediated amplification (LAMP)

Within 1 day (the day prior or the day) of a planned procedure or admission:
- Abbott ID Now NAAT test

Because of lower performance, any patient-collected test, antigen test, pooled PCR, or “presumptive” tests should not be accepted. Serology and antibody tests are not accepted for decision-making around infection control practices. If the type of test is unclear and you are unable to obtain the information, you should repeat the testing at UCSF.

**What test collection approach is recommended?**
For all asymptomatic patients including those that are COVID-19 exposed, at admission, for serial inpatient testing or for pre-procedural/anesthesia testing, anterior nares (AN) +/- oropharynx (OP) COVID-19 test collected by a healthcare worker is required.

Although a combined bilateral anterior nares (AN) plus oropharynx (OP) sample is preferred, any other sample type collected by a healthcare worker will be accepted. If the sample is not collected by a healthcare worker, it is not an acceptable test.
What type of Isolation and PPE are needed?

<table>
<thead>
<tr>
<th>COVID signs or symptoms/suspicion?</th>
<th>PPE and signage</th>
<th>COVID test collection</th>
<th>No AGP</th>
<th>AGP</th>
<th>Responsible for discontinuing isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (on admission or anytime during admission)</td>
<td>Novel Respirator y Isolation</td>
<td>N95 + face shield (or PAPR) + gown/gloves</td>
<td>N95 + face shield (or PAPR) + gown/gloves</td>
<td>N95 + face shield (or PAPR) + gown/gloves</td>
<td>Ordering provider</td>
</tr>
<tr>
<td>No; initial admission COVID test</td>
<td>Droplet isolation</td>
<td>N95 + eye protection (or PAPR) + gown/gloves</td>
<td>N95 and eye protection recommended. If N95 not worn use a medical mask.</td>
<td>N95 and eye protection recommended. If N95 not worn use a medical mask.</td>
<td>Bedside nurse</td>
</tr>
<tr>
<td>No; subsequent COVID test</td>
<td>Standard isolation (including universal surgical mask and eye protection)</td>
<td>N95 + eye protection (or PAPR) + gown/gloves</td>
<td>N95 and eye protection recommended. If N95 not worn use a medical mask.</td>
<td>N95 and eye protection recommended. If N95 not worn use a medical mask.</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*AGP = aerosol-generating procedure. For a list of AGPs refer to this guidance.

What if my asymptomatic patient had a test before admission?

<table>
<thead>
<tr>
<th>Scenario assuming patient remains asymptomatic</th>
<th>Do they need a COVID test?</th>
<th>Isolation pending COVID test result</th>
</tr>
</thead>
<tbody>
<tr>
<td>No test</td>
<td>Yes</td>
<td>Droplet precautions</td>
</tr>
<tr>
<td>Negative NAAT test within 4 days</td>
<td>Yes</td>
<td>Droplet precautions</td>
</tr>
<tr>
<td>Pending or resulted PCR or Abbott ID Now test at UCSF from day of admission</td>
<td>No additional test</td>
<td>Droplet precautions</td>
</tr>
<tr>
<td>‘COVID recovered’ banner in place (&lt;90 days since infection)</td>
<td>No (unless symptomatic)</td>
<td>See guidance here</td>
</tr>
</tbody>
</table>

What if my patient does not tolerate a nasal swab or is at risk for epistaxis?

If the patient has a history of recent epistaxis within the last 7 days or are at risk of severe epistaxis due to platelets <50K, severe mucositis, anticoagulation therapy, certain ENT issues
including due to recent surgery, or other reasons, the provider can select the best site to swab including:

Anterior nares +/- OP, NP wash (5mL in a sterile urine cup), or OP only. An OP swab alone has lower sensitivity than a combined OP/nasal sampling swab. For intubated patients, tracheal aspirate samples also have excellent sensitivity.

How do I collect the COVID-19 test?
Please refer to the tip sheet below for different swabs that can be used for COVID-19 testing. For collection of an anterior nares swab, swab both nares using the kit that is used for mid-turbinate swabs. For nasal sampling, a mid-turbinate swab is acceptable with all swabs (including the single flock swab), instead of an NP swab.

https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/PracticeUpdate_TestKits_040320.pdf

This is a video for sample collection:
https://player.vimeo.com/video/410212041

Nasal washes can also be done in select patient populations

What if the patient/caretaker refuses the admission COVID test?
Review the rationale for COVID-19 test screening and that it is the UCSF standard of care during the pandemic. If the COVID-19 test is refused, keep the patient on ‘Droplet Isolation’ until the test is performed and resulted.

What if my patient has a pending COVID-19 test but needs an emergency procedure?
Pending COVID tests should not delay needed care. The procedural PPE guidance reflects the possibility of unknown infection and is intended to protect health care workers regardless of whether a patient is later found to be infected. Urgent or emergent procedures should proceed even if the COVID test is pending or has not been collected.

What happens if the patient is not initially isolated and then develops or discovered to have symptoms concerning for COVID-19 after admission?
If a patient develops symptoms suggestive of COVID-19 you should place the on Novel Respiratory Isolation pending testing.