GENERAL FAQs

COVID-19 Screening of Adult Patients at UCSF Health

How do you define asymptomatic patients?

• Does not have COVID-19 symptoms AND
• Does not have a COVID-19 Recovered banner on Apex (i.e., is not within the 90 days from infection onset)
• 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:
  o Anyone with planned admission or procedures that will lead to admission
    • Includes Birth Center admissions
  o Anyone planned for an outpatient or 23h procedure in the operating room.
  o Specific additional outpatient procedures classified as aerosol generating procedures

• Inpatient/pending admission testing:
  o All patients being admitted to the hospital, including 23h stay patients, if they do not meet criteria for symptoms/suspected infection and do not have a COVID-19 Recovered banner on Apex (i.e., are not in the COVID-recovered period). This includes patients undergoing procedures who had a test within the last 4 days
  o Transfer patients must have had a test on the day of transfer. If no test was performed or the test was done on the day prior to transfer, the test should be done on arrival to UCSF Health.
  o Inpatients should be retested hospital day #3
    • Exceptions:
      • Day 3 is the day of discharge
      • Patient has a current COVID-19 infection
      • Patient has a ‘COVID-recovered’ banner
  o All asymptomatic inpatients (unless in the COVID recovered period) will have weekly testing throughout their hospital stay, regardless of whether or not they are undergoing aerosol-generating procedures (AGPs)
  o Patients residing in shared rooms should be tested every Monday and Thursday starting ≥ 2 days after day 3 test
  o Some inpatients may also require testing before discharge to congregate living situations

Note: Any inpatient who develops symptoms in the hospital should be placed into Novel Respiratory Isolation and tested as a symptomatic patient.
What type of test is acceptable?

The following tests 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) 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 for asymptomatic screening. 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, bilateral AN +/- OP COVID-19 test collected by a healthcare worker is recommended. This sample site testing maintains excellent sensitivity and causes less discomfort for the recipient. Although a combined bilateral AN plus 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 or exposure?</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 Respiratory Isolation</td>
<td>N95 + eye protection (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 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 day 3 test or weekly testing for existing inpatients</td>
<td>Standard isolation (including universal surgical mask)</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

### What if my asymptomatic patient had a test before admission?

<table>
<thead>
<tr>
<th>Scenario</th>
<th>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 test 1-4 days prior to admission</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>Recently positive test within 90 days</td>
<td>No (unless symptomatic)</td>
<td>See guidance <a href="#">here</a></td>
</tr>
</tbody>
</table>

### What if my patient has a pending COVID-19 test but needs an emergency procedure?

Pending 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 patient in appropriate isolation (Novel Respiratory Isolation) pending testing.
What does a negative test mean?
As with all diagnostic testing, COVID-19 testing should be interpreted in the context of the clinical scenario and prevalence of infection in the relevant population. Because there is an incubation period for this virus and infection could be acquired later, if the patient subsequently develops symptoms of respiratory infection, a repeat test should be obtained.