GENERAL FAQs

COVID-19 Screening of Adult Patients at UCSF Health

Situation: On Thursday 4/23/20, UCSF Health initiated testing of all inpatient admissions and outpatient procedures in the operating room or involving the aerodigestive tract.

Why did we do this?

Screening for COVID-19 (i.e., testing patients before they become symptomatic), helps us to:

- increase the safety of our inpatient healthcare workers and staff
- trace, test and isolate contacts promptly, thereby preventing further spread of SARS-CoV-2
- monitor for complications and allow for delay of surgery in asymptomatic and presymptomatic patients whose surgeries can safely be delayed and
- better define our local population prevalence

What is the current test positivity in asymptomatic patients at UCSF Health?

Test positivity details can be found on the COVID-19 Executive Dashboard.

How do you define symptomatic or suspected COVID-19 patients?

For a list of concerning symptoms, please refer to this guidance.

How do you define asymptomatic patients?

- Meets none of the criteria for symptoms or suspected COVID-19
- 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 planned admission or procedures that will lead to admission within 4 days
    - Includes Birth Center admissions
  - Anyone planned for an outpatient or 23h procedure in the operating room.
  - Specific additional outpatient procedures requiring anesthesia, including but not limited to procedures of the upper respiratory/GI tracts with potential for aerosol generation
Inpatient/pending admission testing:

- All patients being admitted to the hospital, including 23h stay patients, if they do not meet criteria for symptoms/suspected infection, are not in the COVID-recovered period. This includes patients undergoing procedures who had a test within the last 4 days.
- 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.
- Inpatients should be retested hospital day #3
  - Exceptions:
    - Day 3 is the day of discharge
    - Patient has a current COVID-19 infection
    - Patient is in the COVID-recovered period
- Starting on 1/13/22, all inpatients will have weekly testing throughout their hospital stay, regardless of whether or not they are undergoing aerosol-generating procedures (AGPs)
- Patients residing in shared rooms should be tested every Monday and Thursday starting ≥ 2 days after day 3 test
- 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.

<table>
<thead>
<tr>
<th>Population</th>
<th>Admission</th>
<th>Day 3</th>
<th>Subsequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic and not exposed, private room</td>
<td>✔</td>
<td>✔</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(unless day of discharge)</td>
<td></td>
</tr>
<tr>
<td>Asymptomatic and not exposed, shared room</td>
<td>✔</td>
<td>✔</td>
<td>Every Monday and Thursday</td>
</tr>
<tr>
<td>Asymptomatic and exposed</td>
<td>✔</td>
<td>Refer <a href="#">here</a> for testing schedule</td>
<td></td>
</tr>
<tr>
<td>COVID-19 recovered within 90 days of infection</td>
<td>No asymptomatic testing recommended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are any populations excluded?

- Emergent procedures should proceed even if testing is not completed.

What about vaccinated patients?

At the present time, given that breakthrough infections can occur and increased risks of transmission in the healthcare setting exist, asymptomatic testing will continue in both vaccinated and unvaccinated patients.

What test collection approach is recommended?

For symptomatic patients, clinician-collected bilateral anterior nares (AN), nasopharyngeal (NP), or mid nasal turbinate (MNT), all ideally combined with oropharyngeal (OP) swab, is acceptable. Note that only NP and MNT +/- OP tests may also be sent for influenza/RSV or respiratory viral panel testing, so these swab types should be used for patients in whom additional viral testing will be ordered.

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, AN samples without OP (including those not specified as being from the bilateral nares) are acceptable including those labeled ‘anterior nares’ or ‘nasal swabs.’ If the sample is not collected by a healthcare worker, it is not an acceptable test.

<table>
<thead>
<tr>
<th>Type of test</th>
<th>Recommended swab type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic testing*</td>
<td>AN +/-OP, NP +/-OP, mid-turbinate +/-OP</td>
</tr>
<tr>
<td>Asymptomatic pre-procedure, admission screen, or recurring testing</td>
<td>Bilateral anterior nares (AN) +/-OP preferred**, alternative: NP +/-OP, mid-turbinate +/- OP</td>
</tr>
</tbody>
</table>

*For intubated patients, tracheal aspirate samples also have excellent sensitivity

** Bilateral AN +/- OP test collected by a healthcare worker is preferred. Bilateral AN samples without OP (including those not specified as being from the bilateral nares) are acceptable including those labeled ‘anterior nares’ or ‘nasal swabs.’ If the AN sample is not collected by a healthcare worker it is not an acceptable test.

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:
V18
1.12.22
Owner: Care Delivery Committee

The following tests from outside labs are acceptable if done and resulted within the recommended time frame:

- 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)

Because of lower performance, any patient-collected test, antigen, Abbott ID now NAAT test, pooled PCR, point of care, 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.

**Are you testing ambulatory patients? If not, why?**

Certain ambulatory populations undergoing high-risk procedures as outlined above will be tested. Additional groups continue to be considered for inclusion in the future on a case-by-case basis through review by the COVID Care Delivery group.

**How should physicians and APPs order an asymptomatic COVID-19 screen?**

All updated algorithms should be found by referring to the HEIP website [here](#). For outpatients with planned admissions or procedures, providers should refer to the ambulatory algorithms for instructions on how to refer the patient for testing. For inpatients, the "COVID-19 RNA Screening for Asymptomatic Patients" order panel will be part of core admission order sets and will include an order for droplet isolation.

**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)</td>
<td>N95 strongly recommended. Eye protection required. If</td>
<td>N95 and eye protection (or PAPR) required.</td>
<td>Bedside nurse</td>
</tr>
</tbody>
</table>
**What if my asymptomatic patient had a test before admission?**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Test?</th>
<th>Isolate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No test</td>
<td>Yes</td>
<td>Droplet precautions</td>
</tr>
<tr>
<td>Negative test within 4 days</td>
<td>Yes</td>
<td>Droplet precautions</td>
</tr>
<tr>
<td>Pending 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 is the current test turnaround time?**

Test turnaround time is 6-24 hours for inpatients and up to 72 hours for outpatients.

**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 if I am asked to consult on or perform a study for a patient with a pending COVID-19 test?**

The care of patients with a pending COVID-19 test should not be affected by the fact that this test was sent. Consultants should continue their usual practices and should not delay seeing a patient due to a pending COVID-19 test.

**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.

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*AGP = aerosol-generating procedure*
What happens if my asymptomatic patient tests positive for COVID-19?

- Order Novel Respiratory Isolation
- Transfer to 15L or Mt. Zion may occur on a case-by-case basis

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.