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Owner: Care Delivery Committee

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?

A subset of patients with COVID-19 will not manifest obvious symptoms or may remain asymptomatic, whereas another subset of patients may be in the pre-symptomatic phase for the 1-2 days before symptoms begin.

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

- a) increase the safety of our inpatient healthcare workers and staff
- b) trace, test and isolate contacts promptly, thereby preventing further spread of SARS-CoV-2
- c) monitor for complications and allow for delay of surgery in asymptomatic and presymptomatic patients whose surgeries can safely be delayed and
- d) better define our local population prevalence, which will more precisely inform where we are “on the curve.”

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?

- Any of the following *new acute* symptoms:
 - Fever (objective or subjective)
 - Myalgias
 - Respiratory symptoms (dyspnea or cough)
 - URI symptoms (sinus symptoms, rhinorrhea, sore throat)
 - GI symptoms (diarrhea, nausea, vomiting)
 - ENT symptoms (loss of taste or smell)
 - Eye symptoms (conjunctivitis)
 - Other clinical concern for COVID-19
- Chest imaging findings suggestive of COVID-19 (bilateral, ground glass, peripheral distribution)

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- COVID-19 exposure and has not had COVID-19 within 90 days
- Unable to provide history and no collateral regarding symptoms available
- Documented COVID-19 infection and still in isolation period (i.e., COVID-19 (Confirmed) infection flag in place)
- Newborns born to mothers with known COVID-19 still in isolation (i.e., COVID-19 (Confirmed) infection flag in place)

How do you define asymptomatic patients?

- Meets none of the above criteria for symptoms or suspected COVID-19
- Asymptomatic exposed patients still should be tested for COVID-19 on the schedules below, though isolation recommendations differ for this population

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, and have not had a COVID test within 4 days
 - Transfer patients must have had a test on admission or prior to transfer. If no test was performed, the test should be done on arrival to UCSF Health.
 - Inpatients should be retested hospital day #4
 - Exceptions:
 - Day 4 is the day of discharge
 - Patient has a current COVID-19 infection
 - Patient is in the COVID-recovered period
 - Inpatients undergoing aerosol-generating procedures (AGPs), including surgeries, if > 7 days since last COVID testing. For patients having multiple or continuous AGPs, weekly testing is recommended
 - A test on day 7 of admission should be done even if tested on day 4
 - Patients residing in shared rooms should be tested every Monday and Thursday starting ≥ 2 days after day 4 test
 - Some inpatients may also require testing before discharge to congregate living situations

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Note: Any inpatient who develops symptoms in the hospital should be placed into Novel Respiratory Isolation and tested as a symptomatic patient.

Population	Admission	Day 4	Day 7	Subsequent
Asymptomatic, no AGPs	✓	✓ (unless day of discharge)		Must retest if needing an AGP and last test > 7 days prior
Asymptomatic, private room, frequent or continuous AGPs	✓	✓	✓	Weekly
Asymptomatic, shared room, +/-AGPs	✓	✓	Every Monday and Thursday starting ≥ 2 days after day 4 test	
COVID-19 recovered within 90 days of infection	No asymptomatic testing recommended			

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

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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.

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

*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:

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.

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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 ordersets and will include an order for droplet isolation. Patients tested within 4 days before admission do not need repeat testing. Details of the workflow can be found in the inpatient [algorithms](#).

What type of isolation and PPE are needed?

COVID signs or symptoms/suspicion?	PPE and signage	COVID test collection	No AGP	AGP	Responsible for discontinuing isolation
Yes (on admission or anytime during admission)	Novel Respiratory Isolation	N95 + eye protection (or PAPR) + gown/gloves	N95 + face shield (or PAPR) + gown/gloves	N95 + face shield (or PAPR) + gown/gloves	Ordering provider
No; initial admission test	Droplet isolation	N95 + eye protection (or PAPR) + gown/gloves	Surgical mask/eye protection	N95 + face shield (or PAPR) + gown/gloves	Bedside nurse
No; subsequent day 4 test or weekly testing for existing inpatients	Standard isolation (including universal surgical mask)	N95 + eye protection (or PAPR) + gown/gloves	Surgical mask/eye protection	N95 with eye protection (or PAPR) recommended	Not applicable

*AGP = aerosol-generating procedure

What if my asymptomatic patient had a test before admission?

Scenario	Test?	Isolate?
No test	Yes	Droplet precautions
Negative test within 4 days	No	Standard precautions
Pending test on admission	No additional test	Droplet precautions
Recently positive test within 90 days	No (unless symptomatic)	See guidance here

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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.

What happens if my asymptomatic patient tests positive for COVID-19?

For patient care:

- A positive or indeterminate test is considered a critical value and messaged to the inpatient team
- Order Novel Respiratory Isolation
- Transfer to 15L or Mt. Zion may occur on a case-by-case basis

For exposed healthcare workers:

- Look [here](#) for further details about exposures

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.