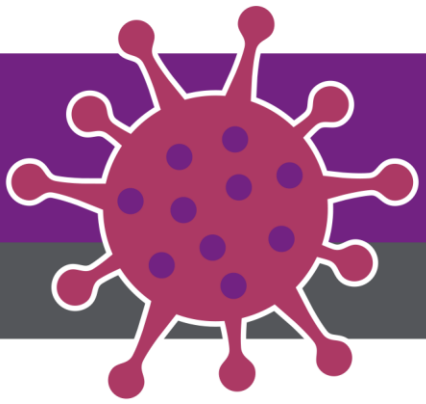
CORONAVIRUS DISEASE 2019
(COVID-19)

Screening Testing for SARS-CoV-2 for Admissions & Other Patient Populations Based on COVID-19 New Hospital Admissions Rate



Trinity Health

Audience: Providers/Colleagues

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UNIVERSAL Guide

What's updated: Edited reference to reflect current CDC metric to weekly rate of new COVID-19 admissions for hospitals by county of location

Important: Ministries are to follow any local or state specific rules or regulations regarding screening testing of patients at time of admission even if more stringent than requirements in this guide.

Table 1. Summary Comparison of Key Elements of Admission Testing

Parameter	COVID-19 New Hospital Admissions Rate per 100,000 Population	
	Not High (Low/Medium)	HIGH
• Patients presenting for admission	• Recommend testing for those with symptoms of COVID-19 or who have had recent, close contact exposure to someone with COVID-19 • Preop. testing of those without symptoms who need overnight admission is not required. • Test can be ordered based on provider's clinical judgement.	• Recommend testing for those with symptoms of COVID-19 or who have had recent, close contact exposure to someone with COVID-19 • Preop. testing is recommended for those undergoing non-emergent cardiovascular and or thoracic surgery • Testing is also recommended for those admitted to: ○ Shared (semi-occupancy) rooms ○ Dedicated units for care of patients that are most immunocompromised, e.g., hematologic malignancies, bone marrow transplant ○ Congregate/group care, e.g., inpatient behavioral health
• Type of Test	SARS-CoV-2 Viral Test: • Antigen or PCR Nucleic Acid Amplification Test (NAAT) • If antigen test is used and result is NEGATIVE, repeat test 48 hours later and if second antigen test is negative repeat antigen test 48 hours after the second.	
• Transition between High and Not High	Implement recommendations for broader testing when the hospitalization level is high. Other indicators for increasing local activity of COVID-19 and other respiratory viral infections should also be monitored for significant increases, e.g. percent positivity for testing, influenza like illness, and incidence of RSV. Return to Not High status when hospital level is decreasing below high and is remaining below for 7-14 days.	

	Acute Care and Inpatient Settings & Type of Test If Ordered				
	General Admissions	**Transfers FROM Congregate Settings**	**Pregnant Patients**	**Discharges Back to Congregate Settings**	**Aerosol Generating Procedures (AGPs)***
Type of Test **Antigen (Ag) or PCR Nucleic Acid Amplification Test (NAAT)**	• NAAT (preferred), • Ag is acceptable if limited availability of NAAT	• NAAT	• Ag (esp. for emergent delivery), or • NAAT	• NAAT or • Ag, if limited availability of NAAT	• Ag, or • NAAT
Timing	At admission	At time of admission	Upon arrival for delivery	Within 3 days prior to discharge to congregate setting if requested by receiving facility	Within 3 days prior to scheduled procedure

*See examples of AGPs in PPE Guidebook

Screening Tests in Continuing Care Settings: COVID-19 New Hospital Admissions Rate is HIGH				
	PACE Participants	**Skilled Nursing Facilities**	**Assisted Living**	**Independent Living**
General	Test all participants during enrollment	Test all residents at admission	Test all residents at admission	Recommended for all new residents
Type of Test **Antigen (Ag) or PCR Nucleic Acid Amplification Test (NAAT**	Antigen or NAAT • If antigen test is used and result is NEGATIVE, repeat test 48 hours later			
Timing	Upon enrollment	At admission	At admission	At time of entry

Key Considerations:

- **Screening testing of Persons who are Asymptomatic:**
  - The Society for Healthcare Epidemiology of America (SHEA), an organization representing infectious disease specialists and healthcare epidemiologists, has issued the following recommendation regarding preoperative or pre-procedure screening testing of patients without symptoms or recent exposure to COVID-19. This also has been endorsed by the Anesthesia Patient Safety Foundation.
    - SHEA recommends against routine universal use of asymptomatic screening for SARS-CoV-2 in healthcare facilities. Specifically, pre-procedure asymptomatic screening is unlikely to provide incremental benefit in preventing SARS-CoV-2 transmission in the procedural and perioperative environment when other infection prevention strategies are in place, and it should not be considered.
    - Admission screening may be beneficial during times of increased virus transmission in some settings where other layers of controls are limited (e.g., behavioral health, congregate care, or shared patient rooms), but widespread routine use of admission asymptomatic screening is not recommended over strengthening other infection prevention controls [Talbot T, et al 2022]
  - Although asymptomatic screening has been included in some state COVID-19 guidance, the Centers for Disease Control and Prevention (CDC) currently has no recommendation advising laboratory screening of

asymptomatic patients on admission to most types of healthcare facilities or before certain procedures.
    - Exceptions include admission and periodic testing (CMS requirement) of nursing home residents during periods of higher community transmission.

- Another recent investigation found increased time from COVID-19 diagnosis to surgery was associated with a decreased odds of experiencing major postoperative cardiovascular morbidity. This should be considered by the provider to inform risk-benefit discussions concerning optimal surgical timing. [Bryant JM 2022]

- **Other considerations:**
    - Other populations or settings where testing on admission should be considered when Hospital Admission level is high include:
        - Placement in semi-private rooms, e.g., to avoid placement of a person with asymptomatic infection with someone who does not have COVID-19
        - Inpatient psychiatric unit is another unique setting where testing on admission is of benefit given the nature of care and use of group therapy.
        - Units that care for patients at higher risk of infection, e.g., dedicated unit for those with hematologic malignancies or undergoing bone marrow transplant

- Refer to Preoperative or Pre-Procedure Testing for SARS-CoV-2 Based on Community Transmission Rate guide for testing requirements when admission is not needed.

References:

1. Talbot T, et al. Asymptomatic screening for severe acute respiratory coronavirus virus 2 (SARS-CoV-2) as an infection prevention measure in healthcare facilities: Challenges and considerations. Infect Control Hosp Epidemiol 2022
2. Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC
3. Bryant JM, et al. Association of Time to Surgery After COVID-19 Infection With Risk of Postoperative Cardiovascular Morbidity. JAMA Network Open. 2022;5(12):e2246922