

GW Hospital COVID 19 Testing – Version 28

December 20, 2021

1. COVID 19 Testing

- a. Person Under Investigation (PUI) can be tested for rule in or rule out purposes
 - i. A PUI is defined as a patient having a fever, shortness of breath, cough, sore throat, myalgia, diarrhea, loss of smell/taste, or having had contact with a COVID 19 suspected or confirmed person.
 - ii. A PUI will need to remain in COVID 19 isolation precautions until the physician feels it is safe to discontinue precautions.
 - iii. When ordering any COVID 19 test, the provider must specify diagnostic vs. screening testing reasons in the order as this field will or will not trigger the COVID isolation order
 1. **Diagnostic testing – use for PUI – automatically triggers COVID isolation order**
 2. **Screening testing – use for all patients you clinically do not believe have COVID but require a COVID test in accordance with this algorithm**
- b. Patients who refuse to have a nasopharyngeal swab may have an oropharyngeal COVID-19 specimen collected. When ordering the test, be sure to indicate the source of the specimen in the order.
- c. Non GW Hospital COVID- 19 Test Results: Properly documented pre procedural or pre admitting equivalent RT-PCR or Nucleic Acid Amplification Assay “SARS-COV-2 Aptima”, (equivalent to PCR Molecular COVID-19 tests) done at other facilities within the appropriate time frame will be accepted, including on transferred patients, see the relevant sections below for required timeframes.

2. COVID Vaccine Information

- a. A vaccinated patient is defined as a patient age 18 or over who:
 - i. Has completed the initial vaccine series (ie. received two doses of Moderna or Pfizer vaccine, or one dose of Johnson & Johnson vaccine) and Has received a COVID vaccine boosters (a dose of Pfizer or Moderna or J&J at least 6 months after completing Pfizer or Moderna series or at least two months after J&J)
 - ii. Is at least 2 weeks past receipt the last dose of the vaccine series
 - iii. Provides a vaccination card to be scanned into the medical record, OR having a documented vaccine series in the medical record that satisfies the above conditions
- b. GW Hospital recognizes World Health Organization (WHO) approved vaccines. For a listing of WHO approved vaccines, see this link: [https://www.who.int/news-room/q-a-detail/coronavirus-disease-\(covid-19\)-vaccines](https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccines). Of note, for a vaccine not approved for use in the United States but approved by WHO, the physician may review known vaccine efficacy data to determine whether or not to recognize the vaccine for clinical purposes.
- c. Note that for this Testing Algorithm, the patient’s vaccine status does not override any testing requirement. Hence, **regardless of vaccination status, a patient must be tested as laid out in this algorithm.**
- d. For unvaccinated patients who test negative for COVID-19, clinical teams should offer the patient vaccination prior to discharge from the hospital.

3. Patient Isolation

- a. **Known COVID positive and PUI admission** – place in isolation requiring N95 or equivalent or higher level respiratory, medical grade eye protection, gown, and gloves to care for patients with a pending diagnostic test
- b. **All others** do not require isolation as they will have a negative SARS-COV-2 Aptima PCR prior to admission. Should the patient only have a negative ID NOW prior to admission, the patient will have a sign placed on the door stating “Please see nurse prior to entry” to denote the pending screening test SARS-COV-2 Aptima test. Should the patient become a rapid response, code blue, or require aerosol generating procedures (nebulizer treatment/bipap/cpap) during the time prior to the SARS-COV-2 Aptima screening test returning, staff will need to treat the patient as a PUI and wear N-95 masks, eye protection, and gowns when entering the room.
- c. Should a negative COVID patient have an unexpected respiratory decompensation during their admission and require an aerosol generating procedure (nebulizer treatment/bipap/cpap) and it is felt that the clinical picture could represent COVID, the patient will need to be placed into COVID isolation with the proper PPE until a repeat COVID test returns.

	COVID Diagnostic Test	COVID Screening Test
COVID Isolation Order in place	Place in COVID clinical area – do not cohort *	Place in COVID clinical area – do not cohort *
No COVID Isolation Order in place	Not applicable as diagnostic test triggers isolation order	Does not require placement in COVID clinical area

* note that L&D and Stroke patients have appropriate isolation rooms on the respective units

4. **Emergency Department**

- a. Please recall that any test ordered on a PUI should be ordered as DIAGNOSTIC. Tests ordered for whatever reason on asymptomatic patients should be ordered as SCREENING. For ED patients whose symptoms and clinical presentation do NOT suggest COVID-19
 - i. Order SARS-COV-2 Real Time PCR on all patients being admitted
 - ii. Order SARS-COV-2 Real Time PCR AND ID NOW for trauma (white and yellow), cath attacks, brain attacks, and other time dependent emergencies as determined by the attending physician.
 - iii. Order a SARS-CoV-2 Real Time PCR assay for patients who will require a procedure
 - iv. Psychiatry admissions
 - 1. Patients confirmed to be admitted to 6 South, Psychiatry, order a SARS-CoV-2 Real Time PCR ordered prior to going upstairs.
 - 2. Psychiatry patients being transferred to another facility, order a COVID-19 ID NOW test in addition to a SARS-COV-2 Aptima test.
 - v. Order SARS-CoV-2 Real Time PCR for all patients transferred to L&D from the ED
- b. For ED patients who are Persons Under Investigation PUI (ie. suspected to have COVID)
 - i. Depending on the clinical situation order either a SARS-COV-2 Real Time PCR or Biofire respiratory pathogen PCR (including 22 pathogens and SARS CoV-2) on all PUI’s in whom COVID-19 is suspected.

- c. For ED patients who are asymptomatic and requesting a screening COVID-19 test
 - i. Order a SARS-COV-2 Aptima test
- 5. **Labor and Delivery**
 - a. Order SARS-COV-2 Real Time PCR for all laboring patients, note that for precipitous deliveries, an ID NOW test should also be ordered.
- 6. **Direct Admissions and Transfers**
 - a. Order SARS-COV-2 Real Time PCR for all direct admissions and transfers which do not have a documented negative COVID – 19 PCR test result documented on the record within 24 hours of admission.
- 7. **Surgical and Procedural, and Inpatient Testing for ALL Outpatients and Inpatients (irrespective of vaccine status)**
 - a. Order SARS-COV-2 Aptima
 - i. Outpatient Pre-Procedural Testing (within 5 days prior to procedure)
 - ii. Note regarding non-GW Hospital COVID- 19 Test Results: properly documented pre-procedural or pre-admitting equivalent RT-PCR or Nucleic Acid Amplification Assay “SARS-COV-2 Aptima”, (equivalent to PCR Molecular COVID-19 tests) done at other facilities within the appropriate time frame will be accepted, including on transferred patients.
 - iii. Patients with a total laryngectomy or tracheostomy should be swabbed by a Medical or House Staff member in that airway in addition to a standard nasopharyngeal swab. Both specimens will need to be ordered. Note that full PPE must be worn even if swabbing for screening from a tracheal specimen.
 - b. Surgeries and Procedures on previously COVID positive patients in accordance with the ASA/PSF guidance of 12/2020:
 - i. Patients who are not currently inpatients to be scheduled for elective surgery:

The timing of elective surgery after recovery from COVID-19 utilizes both symptom- and severity-based categories. Suggested wait times from the date of COVID-19 diagnosis to surgery are as follows:

 1. **Four weeks** for an asymptomatic patient or recovery from only mild, non-respiratory symptoms: one SARS-COV-2 Aptima screening test is required; if time criteria is not met for this patient population, then 2 negative COVID tests at least 24 hours apart are required
 2. **Six weeks** for a symptomatic patient who did not require hospitalization (generally those without viral pneumonia or oxygen saturation below 94 percent): one SARS-COV-2 Aptima screening test is required; if time criteria is not met for this patient population, then 2 negative COVID tests at least 24 hours apart are required
 3. **Eight to 10 weeks** for a symptomatic patient who is diabetic, immunocompromised, or hospitalized: one SARS-COV-2 Aptima screening test is required; if time criteria are not met for this patient population, then 2 negative COVID tests at least 24 hours apart are required
 4. **Twelve weeks** for a patient who was admitted to an intensive care unit due to COVID-19 infection (pneumonia, hypoxemic respiratory failure, septic shock): one SARS-COV-2 Aptima screening test is required; if time criteria is not met for this patient population, then 2 negative COVID tests at least 24 hours apart are required
 - ii. Patients who are currently inpatients to be scheduled for a procedure:

1. Should a COVID patient NOT meet the discontinuation of isolation criteria below, the procedure will be performed in the appropriate COVID designated procedural area.
2. Should a COVID patient meet discontinuation of isolation criteria below the patient will not be retested for COVID 19 prior to the procedure. Contact the AOD with any case specific question.

Summary Table

Department	Scenario	Ordered Test	Indication
ED	Outpatient ED visit needing a COVID test who are asymptomatic	SARS-COV-2 Aptima ***	Diagnostic
ED	ED patients undergoing a major ED procedure (such as a joint reduction)	SARS-COV-2 Real Time PCR **	Screening
ED/EH	Homeless, Incarcerated, Skilled Nursing Facility, St. Elizabeth patients, First Responder/HCW and patients being transferred to another facility from GW Hospital****	SARS-COV-2 Aptima ***	Screening
ED	ED PUI for proper diagnosis and isolation recommendations and potentially antibody therapy	SARS-COV-2 Real Time PCR **	Diagnostic
ED	Trauma, Cath Attack, Brain Attack, ED Critical Patients	SARS-COV-2 Real Time PCR ** AND ID NOW *	Screening
L&D	All Laboring Women	SARS-COV-2 Real Time PCR **	Screening
L&D	Precipitous Laboring Women and Emergent C-Section	SARS-COV-2 Real Time PCR** AND ID NOW *	Screening
Psychiatry	Patient being admitted to 6 South Psychiatry	SARS-COV-2 Real Time PCR **	Screening
All	All Admitted Patients (ED, Direct, and Transfer)	SARS-COV-2 Real Time PCR **	Screening
Surgical & Procedural	Admitted or inpatients <u>with COVID-19 symptoms (PUI)</u>	SARS-COV-2 Real Time PCR **	Diagnostic
Surgical & Procedural	Outpatient Pre-Procedural Testing (within 5 days of procedure)	SARS-COV-2 Aptima***	Screening
All	Special Population	SARS-COV-2 Aptima ***	Screening

* COVID 19 ID Now = SARS-COV-2 RdRp gene Abbott ID Now Test –uses the dry swab

** COVID - 19 RT-PCR = SARS-COV-2 Real Time PCR

*** COVID - 19 Aptima = SARS COV-2 Aptima - The Aptima® SARS-COV-2 assay is a nucleic acid amplification test, and is equivalent to the PCR Molecular COVID-19 test. As per the FDA Molecular SARS-COV-2 testing includes nucleic acid amplification test (NAAT) and RT-PCR test with comparable results. <https://www.fda.gov/health-professionals/closer-look-covid-19-diagnostic-testing>

**** Note that Homeless, Incarcerated, Skilled Nursing Facility, and First Responder patients require a DOH notification – order the test and contact Infection Prevention Team on TT

Discontinuation of Isolation for COVID-19

ICU pt with prolonged ventilation needs:

1. >20 days from onset of COVID symptoms
2. No fever for \geq 72 hours

Severely Immunocompromised host

1. >20 days from onset of COVID symptoms
2. No fever for \geq 72 hours
3. 1 negative COVID test, order SARS-COV-2 Aptima ***

Med/Surg and non-vented ICU (for pts not immediately discharged):

3. > 10 days from onset of COVID symptoms
4. No fever for \geq 72 hours

Med/Surg (for pts that are ready for discharge to SNF/Rehab):

Case by case (Each facility has specific requirements. See Case Management tool for each facility)

Med/Surg (for pts that are ready for discharge home):

No test necessary. Quarantine at home as above.

For adults who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test result for SARS-COV-2 RNA.

CDC, Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19

Updated Feb. 13, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>