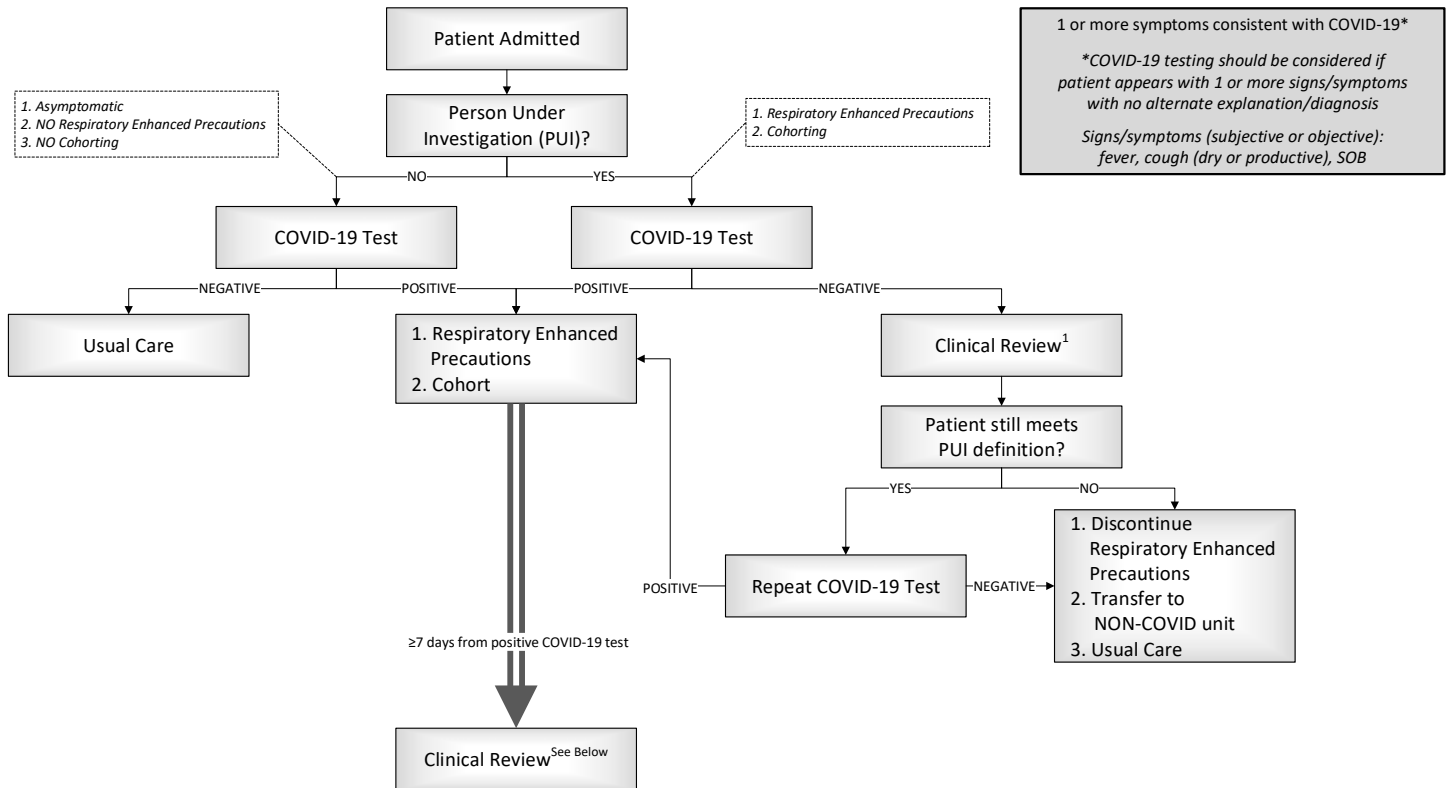


# LAB MEDICINE

## COVID-19 Testing Protocol – 6 April 2020



### COVID-19 Isolation Screening

The information documented on this form will determine whether a patient requires Respiratory Enhanced Precautions. Please document carefully and completely to ensure its accuracy.

As a reminder, unless a patient is confirmed negative for COVID19, Respiratory Enhanced Precautions are required whenever a patient is undergoing any aerosol-generating procedure (e.g., intubation, bronchoscopy, EGD, TEE, facial/ENT procedures).

#### Patient Symptoms

- 1 or more signs consistent with COVID-19 (fever, cough, or shortness of breath)
- Unknown (unresponsive)
- None

#### Risk Categories

- Symptoms concerning for COVID-19, which includes one or more fever, cough, shortness of breath
- Patient with symptoms concerning for COVID-19 other than above and with exposure history (healthcare worker, nursing home/SNF resident, close contact to known positive COVID-19 patient)
- Asymptomatic Screening (no signs of COVID-19) for general admission
- Pre-operative screening
- Patient is a known COVID-19 positive patient, repeat testing per protocol

#### Patient Meets Criteria For PUI

- Yes
- No

Once you have completed all of the yellow fields and have a "Yes" or "No" response, click the green check mark in the top left corner to sign the form.

## Clinical Review Process for Retesting COVID-19 PUI with an Initial Negative Nasopharyngeal Swab

For Inpatients who have an initial negative result, we recommend clinical review of each individual case to determine probability of COVID-19:

Symptoms	Fever, cough (typically dry), shortness of breath, viral prodrome (headache, nausea, vomiting, diarrhea)
Lab abnormalities	Normal/low WBC, lymphopenia (80%), mild transaminitis, occasional thrombocytopenia
Procalcitonin	Usually low (only 5% with >0.5)
Exposure	Travel Close contact with confirmed or suspected case of COVID-19 High Risk area: nursing home/SNF, hospital, jail, shelter
Imaging	Bilateral infiltrates, "atypical pneumonia" multifocal ground-glass opacities

- 1) High Risk – Rescreen with second nasopharyngeal swab  $\geq 24$  hours after initial nasopharyngeal swab
  - COVID signs or symptoms persist at the time when the negative test results without other likely explanatory diagnosis  
OR
  - High risk exposure (close direct contact with a known COVID+ patient) with persistence of at least two Common COVID symptoms
- 2) Low Risk – Remove Enhanced Respiratory Precautions, transfer off cohorted unit
  - Few or no COVID signs or symptoms persist with no known high-risk exposure and other likely explanatory diagnosis
- 3) Intermediate Risk – Discuss with healthcare epidemiologist (pager 7938)
  - Those not fitting in the above areas or at the discretion of the primary attending

### Guidance for Transmission based precautions for COVID-19

**Hospitalized patients on cohorted units should not have respiratory enhanced precautions discontinued unless reviewed and approved by infection prevention and the healthcare epidemiologist. DO NOT discontinue respiratory enhanced precautions in the same patient room as room is contaminated with COVID-19.**

Patients who have tested positive for COVID-19 based on nasopharyngeal (NP) swab should follow CDC guidance for discontinuation of Transmission based Precautions <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. Two strategies can be implemented.

#### ***Test-Based Strategy***

- At **least 7 days** have passed since first positive COVID-19 NP test **and**
- Resolution of fever without the use of fever-reducing medications **and**

- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)
1. When testing for clearance of infection, await the results of the first test before sending the second test.
  2. If the first or second nasopharyngeal swab is positive, maintain precautions and repeat a nasopharyngeal swab after 72 hours or later. Clearance requires two consecutive tests  $\geq 24$  hours negative. Repeat at 72-hour intervals if nasopharyngeal tests continue to be positive

### ***Non-Test-Based Strategy***

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*

**The decision to discontinue respiratory enhanced precautions should be made using a test-based strategy for hospitalized patients.** Meeting criteria for discontinuation of Respiratory Enhanced precautions is not a prerequisite for discharge. Please identify appropriate patient group below.

### **ICU Patients**

- Follow Test-Based Strategy
- Patients who are ventilated should not have testing performed until improvement of ventilator settings. If a ventilated patient has two negative results, Infection Prevention will work with Center for Patient Flow to move these patients to an appropriate ICU.

### **Non-ICU Patients**

- Follow Test-Based Strategy
- Test-Based Strategy should be performed for COVID-19 Positive patients going to SNF/nursing facilities (please see nursing home guidance).
- Consult with Infection Prevention regarding patients with two negative results to move to a non-cohorted Acute Care Unit

**Surgical Patients** *Postpone surgery if feasible.*

Follow Test-Based Strategy:

- Inpatient: 7 days since symptoms first appeared, resolution of fever and improvement of respiratory symptoms. 2 negative COVID-19 RNA PCR tests separated 24 hours apart
- Outpatient: 7 days since symptoms first appeared, resolution of fever and improvement of respiratory symptoms. 1 negative COVID-19 RNA PCR test obtained through drive-through testing site.

### **Employees and Outpatients**

Non-Test-Based Strategy should be utilized for patients in the outpatient setting and employees, as guided by State and Local County Health Departments.