

SURVEILLANCE TESTING FOR INPATIENTS WITHOUT SYMPTOMS OF COVID-19

The CDC is now recommending that facilities in areas of increased community prevalence consider testing patients *without* symptoms consistent with COVID-19 on admission when possible.

Based on this guidance, beginning 5/15/2020, we will be testing all patients admitted to UMass Memorial Health Care. Patients who are asymptomatic will be tested using the new “COVID-19 PCR for Surveillance of Asymptomatic Patient” order. These patients will require standard precautions (surgical mask) plus goggles or face shield while awaiting the result of the test.

In order to facilitate this, patients will enter one of two pathways: “Symptomatic” pathway for patients experiencing signs or symptoms of COVID-19 and “Surveillance” pathway for those patients that are Asymptomatic for COVID-19.

What is the Workflow for Surveillance testing?

1. When a patient arrives at the ED, they will be assessed for signs or symptoms of COVID-19. If they have symptoms, these patients will follow our “Symptomatic” pathway. For direct admissions, the assessment of signs and symptoms should be made at the time of accepting the patient over the phone and at the time of arrival.
2. This process for management of patients in the “Symptomatic” pathway will not change and these patients will be tested with the standard COVID-19 PCR, NP/OP Swab. Patients in the “Symptomatic” pathway will get labelled with a COVID-19, Suspected and require Strict Airborne and Contact Precautions.
3. If a patient does not have signs or symptoms of COVID, they will follow our “Surveillance” pathway. When a patient enters the Surveillance pathway, the ED provider (for ED admissions) or inpatient provider (for direct admissions) should place the Surveillance order “COVID-19 PCR for Surveillance of Asymptomatic Patient”.
4. This order will place the “COVID-19 Surveillance” infection flag and the “COVID-19 Surveillance Precautions” flag. Health care workers should wear standard precautions and goggles or a face shield when awaiting test results of the Surveillance testing. The patient in the “Surveillance” pathway can be assigned a standard, non-COVID bed and move to the that room while awaiting testing. Movement to a bed should NOT be delayed while awaiting testing results for a patient in the “Surveillance” pathway.
5. The Infection flag will automatically fall off when the test results. If the test results negative, no infection flag will be added. If the test results positive, COVID-19 Confirmed Infection flag will be added. BEDS should be contacted and the patient should be moved to a COVID Unit.

What precautions do I need to take when obtaining a nasopharyngeal (NP) swab on a patient being tested under the surveillance pathway?

Obtaining an NP swab should be collected in a room with the door closed. Staff should wear Level A PPE (Perfect fit N95 or PAPR, face-shield or goggles, blue plastic gown, gloves) when obtaining an NP swab. No room turn-over-time is required.

What precautions are required for a patient awaiting surveillance testing?

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While awaiting surveillance testing, a patient will require standard precautions (surgical mask and hand hygiene) plus goggles or face shield. The patient can have a roommate but is required to wear a surgical mask at all times until the test has resulted. Wearing a surgical mask with proper hand hygiene alone would be adequate to prevent transmission of COVID from an asymptomatic patient but UMMHC has taken the additional steps of suggesting eye protection with goggles or a face shield while treating these patients.

Why are we testing all asymptomatic patients on admission?

It is possible to be asymptomatic while infected with COVID-19. Testing all patients on admission will allow us to identify and isolate asymptomatic or pre-symptomatic patients. This in turn will maximize safety for our staff and other hospitalized patients. Testing all patients on admission will also allow us to better understand the prevalence of infection in our community.

What have we been doing already?

We have already been testing asymptomatic patients under specific circumstances, including those who have a high-risk epidemiology (i.e., are coming from a skilled nursing facility). Because of this, the majority of our inpatients are already being tested for COVID-19 within 2 days of admission. This approach has ensured appropriate isolation of our patients; only a limited number of patients have been diagnosed with COVID-19 while not on isolation.

What is the prevalence of asymptomatic COVID-19 positive patients?

We do not know the community prevalence in Massachusetts. Preliminary data from other institutions suggests that approximately 2% of inpatient represent asymptomatic COVID-19 positive patients, but we know that there may be circumstances where infection may be more prevalent.

Who will order the COVID-19 test?

For patients being admitted through the Emergency Department, the test should be ordered by the ED team. For patients being transferred, directly admitted, or admitted post-procedurally (and have not been tested in advance of admission) clinicians placing admission orders should order the test.

What happens if a “Surveillance” patient is positive for COVID-19?

In the event the patient is positive for COVID-19, they will be placed Strict Airborne and Contact precautions. The patient will be moved to a COVID unit as long as beds are available.

What is the risk of transmission if an asymptomatic patient tests positive for COVID-19?

At present we anticipate very few asymptomatic patients will have COVID-19. If an asymptomatic patient is in fact infected, however, Standard Precautions combined with universal masking of patients and providers and use of goggles or face shields makes the risk of transmission very low.

What happens to a roommate of a patient that has surveillance testing turn positive?

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The roommate should be separated from the positive patient and placed in a room by themselves. The provider team should place the isolation order named “Private Room for COVID-19 exposure (no symptoms)”. BEDS should be called to facilitate movement of the patient to an appropriate room. The roommate should have repeat screening done no sooner than 48 hours after initial exposure and at least 24 hours after any prior negative COVID PCR testing. While awaiting results, the roommate should be placed on COVID Surveillance precautions (standard precautions with goggles or face shield). If asymptomatic, the roommate should remain in a private room until discharge or 14 days after last exposure; whichever comes first. In order to help flag the patient appropriately, the roommate should be ordered for a precaution of “Private Room for COVID-19 exposure (no symptoms)”. This will alert BED Control the reason why the patient will need the private room.

What should we do if a patient refuses surveillance testing?

The clinical team should emphasize the value of surveillance testing. Despite this, a patient may refuse surveillance testing. For inpatients, the clinical team should escalate to the command center to ensure that all potential options for testing (e.g. oropharyngeal sample only) have been exhausted. If a patient continues to refuse surveillance testing then the patient should be treated as PUI during their admission with appropriate COVID PPE.