
COVID-19 TESTING GUIDELINES FOR PATIENTS

Effective immediately, please follow the below testing guidelines in response to the current COVID-19 pandemic. These guidelines supersede and replace all prior versions and any conflicting guidelines.

- These guidelines apply to patient testing at the hospitals and clinics only. Refer to Employee Health Testing Guidelines for employees. Individuals may also be tested at the community mass testing sites.
- These guidelines are consistent with or exceed current CDC, CDPH, and Public Health Department's recommendations.
- Please note that the guidelines DO NOT cover every scenario, and as always please use your clinical judgment. These guidelines do not replace the use of clinical judgment for individual patients.
- These guidelines are subject to change due to availability of testing supplies and laboratory testing capabilities.
 - If the Laboratory determines that testing capabilities are limited, tests will be prioritized by the laboratory as per Attachment C.
 - If the laboratory determines there is excess capacity, Rapid Tests will be prioritized for all hospitalized patients.
- Patients have the right to refuse testing.
 - If a symptomatic patient refuses testing, they should be treated as a PUI
 - If an asymptomatic patient refuses testing, follow the workflow in Attachment B.

Testing

Important:

1. Urgent and emergent patient care should NOT be delayed while waiting for test result, testing consent, or specimen collection.
2. Other than for inpatient admissions, asymptomatic fully vaccinated patients do not require COVID-19 testing. Documentation of full vaccination must be verified by the provider. A patient is fully vaccinated 2 weeks post receipt of 2 doses of FDA approved mRNA vaccines (Pfizer or Moderna) or a single dose of the Janssen vaccine. Providers can choose to perform pre-procedural testing at their discretion for the fully vaccinated population, especially if there has been recent travel or close contact with a COVID-19 positive case.

I. Rapid COVID-19 PCR Testing

The Rapid and Standard COVID-19 PCR tests differ only with respect to the turn-around time. Rapid PCR COVID-19 Testing will be performed for the following groups **while testing supplies**

are available. If the rapid COVID-19 PCR test is unavailable, the Standard COVID-19 PCR testing will be substituted.

- Any patient triaged as Level 1 or Level 2 presenting to the ED
- Any patient being hospitalized.
- Hospitalized patients who have new onset COVID-19 subset symptoms of at least one of the following subset of COVID-19 symptoms without an obvious cause who are not in a single room:
 - Fever ($\geq 100^{\circ}\text{F}$) or chills
 - Cough
 - Sore throat
 - Shortness of breath or difficulty breathing
- Patients who are not fully vaccinated in high risk living situations, including congregate settings (e.g., homelessness, incarceration, long term care or assisted living facilities) being discharged from the ED or EPS
- Asymptomatic persons who meet one of the following criteria (* indicates Binax Now antigen testing is an option).
 - Urgent/emergent surgeries or an aerosol generating procedures (AGPs) in acute care settings*
 - Patients on the day of surgery or aerosol generating procedure (AGP) who did not have a COVID-19 test within the 3 calendar days (e.g., a test on Friday is acceptable for a procedure on Monday) prior to surgery or AGP (Attachment A)*. However, patients who will not be admitted post procedure **and** who are fully vaccinated and are asymptomatic do not require pre-procedure testing but may have PCR or antigen testing depending on physician's review and determination.
 - Pregnant patients being admitted to L&D unit who are anticipated to be delivered within the next 24 -72 hours (Labor Stage II risk)
 - EPS patients being admitted to acute psychiatric care, i.e. BAP where social distancing, respiratory etiquette and excellent hand hygiene are not feasible.*

II. Rapid nucleic acid amplification (NAAT) testing (Abbott ID NOW)

- Symptomatic ED patients who need a rapid response for evaluation.
- Symptomatic urgent care patients

III. Rapid Antigen testing e.g Abbott BinaxNOW

- All patients presenting for care in EPS unless tested prior to presentation or had a positive test within 90 days.

- Inpatients with positive molecular test beyond 90 days to assist with management
- Screening for clusters in homeless shelters
- Asymptomatic patients who are not fully vaccinated pre minor procedures that do not require overnight admissions (the provider can choose to perform standard RT-PCR 72 hours in advance instead, either test is acceptable), including oncology and dialysis patients.

Interpretation of Antigen and NAAT Testing

Patient symptom status	Test results	Further testing
1. Yes	Positive	No further testing needed
2. Yes	Negative	Repeat test with RT-PCR
3. No	Positive	Repeat test with RT-PCR
4. No	Negative	No further testing needed

***PLEASE NOTE THAT IN SCENARIOS 2 AND 3 IN THE TABLE ABOVE, THE PATIENT IS CONSIDERED A PUI UNTIL THE RT-PCR HAS RESULTED.

IV. Standard PCR COVID-19 Testing (*denotes where patients can be offered antigen testing in lieu of standard PCR testing, either option is acceptable)

- All ambulatory patients with COVID-19 symptoms*
- All patients regardless of symptoms who report that they have been exposed to a confirmed COVID-19 case.
- All patients who are not fully vaccinated having elective surgeries or outpatient AGPs*
- All patients who are scheduled to be admitted to the hospital for care within the next three calendar days.
- Asymptomatic birthing partner of a confirmed COVID-19 patient admitted to Labor & Delivery.*
- Asymptomatic ambulatory patients who are at increased risk of exposure to COVID-19, as follows:
 - >60 years old
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised states including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids or other immune weakening medications
 - Severe obesity (body mass index [BMI] of 40 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease

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- All patients who are healthcare workers, first responders, and “Essential Workers” as defined by the COVID-19 Diagnostic Testing emergency regulation of the California Department of Managed Health Care, 28 C.C.R. section 1300.67.01(b)(5), also currently available at: <https://wpso.dmhc.ca.gov/regulations/docs/regs/50/1594998444637.pdf> who present to our healthcare facilities for care, regardless of COVID-19 symptoms.
 - All persons who are referred to their provider by the County Public Health Department for COVID-19 testing
 - All persons in categories identified in any Order of the Health Officer of Santa Clara County as may be modified from time to time that are not otherwise included above.
 - All other asymptomatic persons not mentioned above who request testing should be directed to discuss with their primary care provider. If patient does not have a primary care provider, please direct patient to call Valley Connection or go to a County COVID-19 testing site. <https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx>.

V. Serology/Antibody testing

Serologic testing is not to be used to diagnose a patient with active COVID-19 infection, and is also not recommended for evaluating vaccine dose response.

VI. Outside RT-PCR Tests

Results of an RT-PCR test performed at an outside facility shall be accepted in lieu of testing if they fall within our timeline parameters and are available electronically or as a hard copy.

II. Re-Testing

A. Hospitalized patients

- Do NOT retest hospitalized patients who have confirmed positive test (either in our facility or outside) unless it has been more than 90 days since the last positive test and there is a concern for re-infection.
- Hospitalized patients who test negative upon admission should NOT be re-tested during their hospitalization (e.g. prior to surgeries, AGPs or procedures requiring sedation) unless:
 - new symptoms related to COVID-19 are present; or
 - as part of an exposure investigation

B. Ambulatory patients

All persons in the following categories must be offered re-testing, regardless of the date of previous COVID-19 test at the time they present for care, or if requested electronically, no later than the following calendar day. If a patient had a previous COVID-19 positive test within the last 90 days, consult with the patient’s primary care provider re clinical indications:

- All symptomatic persons

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- All persons, with or without COVID-19 symptoms, who report that they have been exposed to a confirmed case of COVID-19.
 - All persons who are referred to their provider for COVID-19 testing by the County Public Health Department.
 - All persons who are required to be tested per any Order of the Health Officer of the County of Santa Clara.

Testing Instructions

- The HealthLink order, SARS-CoV2 by PCR, Qualitative, is ordered the same as denoted previously.
- Order for Antigen test (e.g. BinaxNOW) and NAAT test (Abbot IDNOW) are available in HeathLink.
- Specimen Collection for PCR: A single nasal swab (NS), nasopharyngeal swab (NP), oropharyngeal swab (OP) in viral transport media (wet swab), or saliva. OP swab should be used when NS or NP swab use is not possible or contraindicated, *e.g.*, patient with skull base fractures, extensive facial fractures, intranasal tumor, recent endonasal/sinus surgery or risk of epistaxis. Refer to latest version of nursing standardized procedures.
- Specimen Collection for Antigen test (BinaxNOW) or NAAT test (Abbott ID NOW): A single nasal swab in no media (dry swab). Follow manufacturer instructions.

References

www.cdc.gov/coronavirus/2019-ncov/index.html

www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/home.aspx

COVID-19 Testing Using Abbott BinaxNOW, Emergency Use Authorization, Procedure

COVID-19 Testing Using Abbott ID NOW, Emergency Use Authorization, Procedure

Attachment A: Aerosol-Generating Procedures (AGPs)

Attachment B: Asymptomatic Not Fully Vaccinated Patients Refusing COVID-19 Testing

Attachment C: COVID-19 Test Prioritization Algorithm in Setting of Limited Laboratory Capabilities

ATTACHMENT A

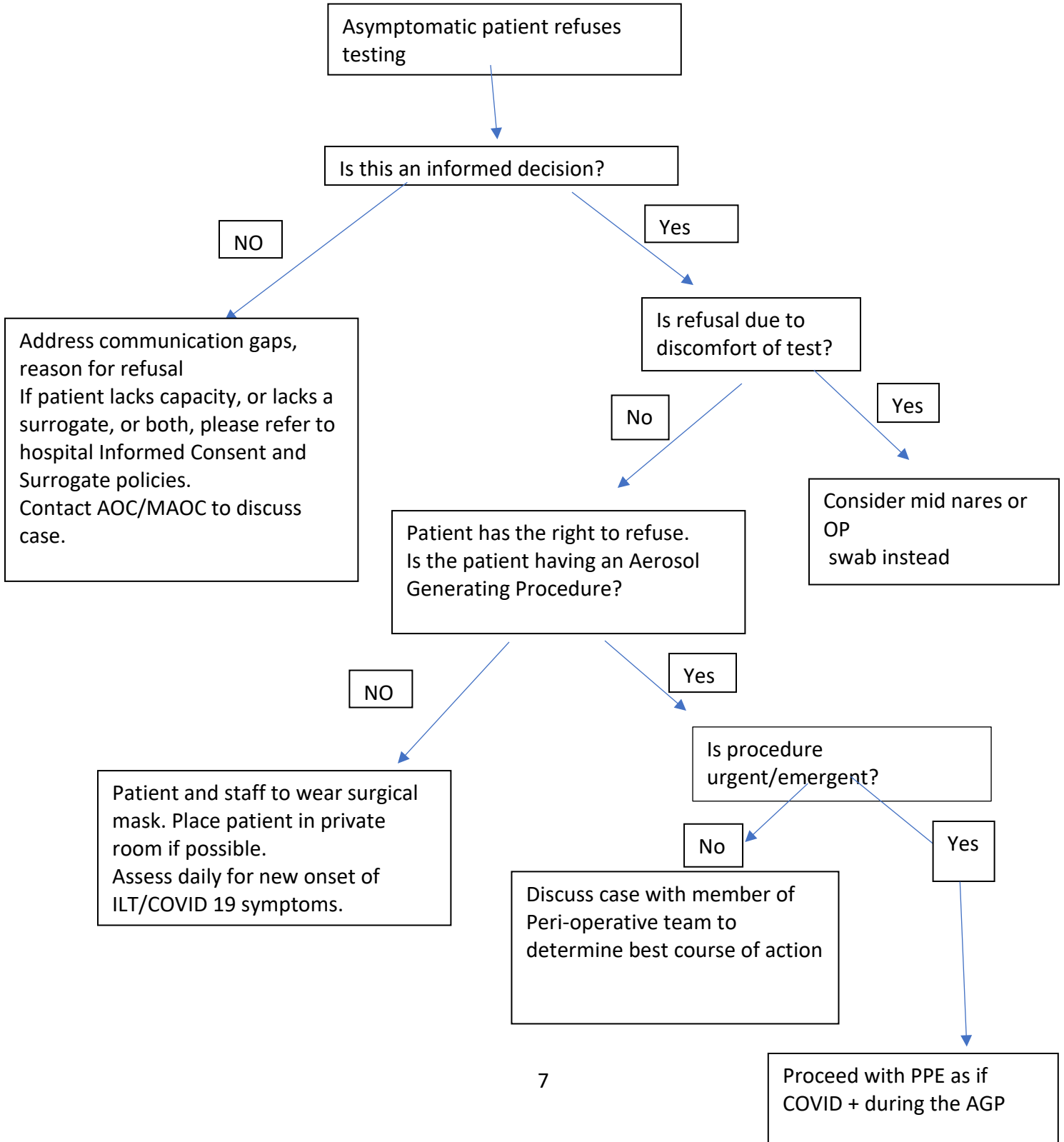
Aerosol-Generating Procedures (AGPs)

This list of AGPs applies for purposes of the COVID-19 Testing Guidelines for Patients only. This document was prepared in the context of COVID-19 pandemic with the resulting public health emergency. The list of AGPs is not meant to be complete, exhaustive, or a substitute for medical professional judgement. These guidelines do not replace the use of clinical judgment for individual patients.

- Airway Surgeries/Procedures (e.g., ENT, thoracic, transsphenoidal surgeries, including IR procedures involving the lung and airway)
- Intubation and Extubation
 - Moderate and deep sedation should be prepared for AGP due to risk of needing manual ventilation or Intubation
- Chest Compressions/CPR
- Exercise Stress Tests
- Dental Procedures
- Nebulization and Pulmonary Function Tests (PFT)
- Ventilation including:
 - High flow nasal canula >15L per minutes
 - No -invasive Positive Pressure Ventilation (CPAP/BiPAP)
 - Percussive or Oscillatory ventilation
 - Manual ventilation (e.g. manual bag-mask ventilation before intubation)
 - Disconnecting patient from ventilator/Ventilator Circuit Manipulation
 - Mechanical In-Exsufflator (MIE)
 - Venturi mask with cool aerosol humidification
- Bronchoscopy
- Sputum induction, open suctioning of tracheostomy, tracheostomy change
- Upper endoscopy (including transesophageal echocardiogram and GI or IR procedures involving the GI tract)
- Lower endoscopy (including GI/IR/radiology procedures that involve the lower GI tract)
- Chest wall manipulation including-Oscillatory Positive Expiratory Pressures (OPEP) (CPT, Acapella, Flutter Valve, Aerobika, etc)
- Video Swallow/Modified Barium Swallow (usually done with speech pathology)

ATTACHMENT B

Asymptomatic Not Fully Vaccinated Patients Refusing COVID 19 Testing



ATTACHMENT C

COVID-19 RT-PCR TESTING PRIORITIZATION ALGORITHM IN CASE OF LIMITED LABORATORY CAPABILITIES

This prioritization algorithm applies when the laboratory experiences significant backlog. When testing capabilities are restored, the testing priority will revert to standard guidelines. The Laboratory will determine when to initiate the prioritization. The Laboratory will implement a color-coded sticker system to prioritize specimens. The color sticker shall go on the top of the tube (not on the cap or the bag) and shall not cover any writing or barcode on the patient label.

Prioritization Categories

Black (Rapid testing only) = All patients being admitted to the hospital, any Ed patient triaged to Level 1 or Level 2, and any inpatient who has new onset, unexplained COVID-19 symptoms

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Red = Any (a) all patients on the day of surgery or aerosol generating procedure (AGP) who did not have a COVID-19 test within the 3 calendar days (*e.g.*, a test on Friday is acceptable for a procedure on Monday) prior to surgery or AGP, or (c) Santa Clara Valley Medical Center, O'Connor Hospital, and St. Louise Hospital and Clinic Healthcare Workers who are being tested due to a potential exposure to a confirmed case of COVID-19.

Orange = Any (a) symptomatic outpatient, including individuals in correctional facilities and congregate living situations; or (b) symptomatic healthcare worker, first responder, or essential service employee.

Yellow = Any preop/pre-procedural patient at any of the three hospitals or clinics.

Green = Asymptomatic individuals as part of mass testing for homeless encampments, or asymptomatic individuals in correctional facilities and congregate living situations.

Blue = Any (a) asymptomatic healthcare worker, first responder, or essential service employee who is not included in any category above; or (b) asymptomatic individual who reports being exposed to a confirmed case of COVID-19 who is not included in any category above; or (c) all persons referred by the County Public Health Department for COVID-19 testing or who are required to be tested per Order of the Health Officer of the County of Santa Clara who is not otherwise included in the categories above.

No color dot = everyone else

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