

Hospital Testing for COVID-19 test

Summary table providing an overview of hospital testing, covering [1\) patients](#) and [2\) staff](#).

When using this table the following applies;

- Screening undertaken outwith national programmes which are detailed below should be based on decision of clinical services e.g screening in critical care settings.
- Any patient who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection. The exception to this is:
 - Discharge to care home/residential facilities where 2 negative tests must be achieved 24 hours apart prior to transfer.
- NB: A negative test does not mean that the patient is not incubating the virus. Staff should practice vigilance in monitoring for any symptom onset in the patient after transfer and reinforce the importance of COVID-19 measures. This includes physical distancing, hand hygiene, wearing of facemasks and respiratory etiquette.
- It is recognised that a patient may meet different criteria for testing multiple times in a short period of time (admission screening, transfers to another ward, contact of a case, outbreak management). If an inpatient has undergone a COVID-19 test in the previous 24 hours, there is no need to repeat it and the result can be accepted for any of the testing requirements below with the exception of
 - New symptoms onset – a new test must be performed as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.
 - Pre elective surgical or medical screening – where the requirement for a negative test must be within a set time period (48 or 72 hours).

1) Patient testing

Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
Requirement 1 All elective surgical patients must be tested prior to admission	PCR	<p>Tested prior to admission</p> <p>Retested on day 5 of in-patient stay if admission test was negative</p> <p>A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so</p>	<p>For 14 days pre-surgery, individual limits social contact if possible. Some patients may elect to self-isolate completely for this 14-day period*.</p> <p>Day 11: patient history check-in and COVID symptom screening. A viral nose and throat swab should be taken no more than 48 hours before surgery. Full SIGN guidance on next steps if positive or negative.</p> <p>From the date of a negative swab, patients should be asked to self-isolate until their planned admission. If required, support should be arranged by the responsible surgical team and provision made for advising employers about the patient's availability to work.</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>SIGN Guidance: Reducing the risk of postoperative mortality due to COVID-19 in patients undergoing elective surgery</p> <p>For paediatric elective surgical patients:</p>

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			*If unable to be tested or isolate pre-surgery, carry out a risk assessment and discuss the risks and benefits of delaying or going ahead with the surgery with the patient, parent/carer.			
Requirement 2 All planned medical admissions (inc endoscopy and bronchoscopy patients) must be tested prior to admission	PCR	<p>Tested prior to admission</p> <p>Retested on day 5 of in-patient stay if admission test was negative</p> <p>A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so</p>	<p>For 14 days pre-admission, individual limits social contact if possible. Some patients may elect to self-isolate completely for this 14-day period*.</p> <p>Day 11: patient history check-in and COVID symptom screening. For endoscopy admissions, patient history check-in and COVID symptom screening 3-7 days pre-endoscopy.</p> <p>A viral nose and throat swab should be taken no more than 48 hours before surgery. This is the same for endoscopy admissions, however colonoscopy admissions</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	NHS Scotland Chief Executive letter on the Testing Expansion Plan

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			<p>should be tested 72 hours before to allow for bowel prep.</p> <p>From the date of a negative swab, patients should be asked to self-isolate until their planned admission. If required, support should be arranged by the responsible surgical team and provision made for advising employers about the patient's availability to work. If positive, patient advised to start 10 days of self-isolation along with household members and elective admission should be rescheduled.</p> <p>*If unable to be tested or isolate pre-admission, clinical urgency & risk assessment undertaken – admitted on amber/medium risk pathway.</p>			

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<p>Requirement 3</p> <p>All emergency admissions</p>	<p>PCR and Point of Care Testing (PoCT)</p> <p>LumiraDx supplied to some health boards, should they choose to use these, for emergency admission testing of symptomatic individuals only; an immediate follow up PCR test needed if negative via LumiraDx</p> <p>Note - other PoCTs may</p>	<p>Tested on admission</p> <p>Retested on day 5 of in-patient stay if admission test was negative</p> <p>A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so</p>	<p>Includes all emergency admissions whether or not they have symptoms, through Emergency Departments, Acute Assessment Units, Maternity Units and Emergency Mental Health Units</p>	<p>Yes if positive</p>	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>NHS Scotland Chief Executive letter on the Testing Expansion Plan</p> <p>Coronavirus (COVID-19) point of care and rapid testing - clinical management: governance policy</p>

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	also be available at local Board level that should be utilised in line with your organisational response					
Requirement 4 Any other patient admitted to hospital not covered by in the above groups (inc hospital transfers)	PCR	<p>Tested on admission</p> <p>Retested on day 5 of in-patient stay if admission test was negative</p> <p>A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so</p>	<p>Further guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Addendum</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient</p>	<p>COVID-19 Infection Prevention and Control Addendum</p> <p>NHS Scotland Chief Executive letter on the Testing Expansion Plan</p>

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					care as NHS services restart.	
Requirement 6 Transfer of a non-COVID-19 patient to another ward NB: where a COVID-19 patient still within their 14 day self-isolation period needs to transfer there is no need to test the patient on transfer – refer to section 5.3.6 of Scottish COVID-19	PCR	<p>If transfer is within 5 days of first admission to hospital, no additional testing is required and the patient must continue to be tested on day 5 of the admission as per requirements 1-4</p> <p>If transfer is more than 5 days after first admission to hospital, a new test should be performed on arrival at the receiving ward (within 4 hours) <u>UNLESS</u> the transfer is to a clinically vulnerable area then pre transfer testing must be built into the</p>	<p>Further general guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Addendum</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>COVID-19 Infection Prevention and Control Addendum</p> <p>NHS Scotland Chief Executive letter on the Testing Expansion Plan</p>

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Acute care addendum		transfer plan and a test undertaken pre transfer wherever possible.				
Requirement 7 Transfer of a non COVID-19 patient to another hospital/NHS board	PCR	<p>All transfers to another hospital or board should recommence testing frequency as per Requirement 1-4:</p> <p>Tested on admission to new hospital or NHS Board</p> <p>Retested on day 5 of in-patient stay if admission test was negative</p> <p>If the transfer is to a clinically vulnerable area then pre transfer testing must be built into the transfer plan and a test undertaken</p>	Further general guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Addendum	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	COVID-19 Infection Prevention and Control Addendum

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		<p>pre transfer wherever possible. However, the transfer need not be delayed whilst a result is awaited and patient should be isolated on transfer to the receiving area until a negative result is achieved.</p> <p>A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.</p>				
<p>Requirement 8</p> <p>Stepdown of IPC precautions and discharge</p>	PCR	Testing is not routinely required for stepdown of IPC precautions or discharge of COVID-19 except in the following cases;	Further general guidance on stepdown of IPC precautions and discharge of COVID-19 patients is included within the COVID-19 Infection Prevention and Control Addendum for Acute Settings	No	Protecting the vulnerable and preventing outbreaks in	COVID-19 Infection Prevention and Control Addendum

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<p>of COVID-19 patients</p> <p>*Please also refer to stepdown guidance in Scottish COVID-19 Addendum for Acute care settings for other criteria required in addition to testing</p>		<p>Discharge to a care facility including care homes and residential homes: 2 negative tests must be achieved commencing no earlier than day 8 of the self isolation period and at least 24 hours apart.</p> <p>Testing is encouraged for patients discharging to their own home where someone in the household is severely immunocompromised.</p> <p>Clearance testing should be considered for patients who are severely immunocompromised and individuals at risk of severe illness.</p>	<p>COVID-19: Information and Guidance for Care Home Settings (Adults and Older People).</p>		<p>high risk settings</p>	<p>COVID-19: Information and Guidance for Care Home Settings (Adults and Older People).</p>

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Serial testing	PCR	<p>Serial testing* of any patient group to reduce nosocomial transmission must be determined locally based on local intelligence (inc prevalence and incidence of nosocomial transmission) and risk assessments.</p> <p>*Serial testing would be undertaken in addition to the repeat test undertaken on day 5 of the in-patient stay (the purpose of which is to identify patients who were incubating but tested negative on or pre-admission).</p>	This aligns with CNO letter issued to Boards on 16 October 2020	Yes	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	CNO letter first issued to Boards on 16 October 2020 and included in NHS Scotland Chief Executive letter on the Testing Expansion Plan

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		A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.				
Testing contacts of confirmed COVID-19 cases	PCR	All individuals identified as a contact of a confirmed case should have a single PCR test performed.	This aligns with community contact tracing which is detailed in PHS contact Tracing Guidance .	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by testing contacts of confirmed cases. Testing for direct patient care, to diagnose and to treat, and	PHS contact tracing guidance

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					to support safe patient care as NHS services restart	
Tested as part of a hospital outbreak	<p>PCR</p> <p>Use of any other types of test (in addition to PCR testing) should be discussed with local Incident Management Teams, in line with your normal organisational response.</p>	<p>Proactive case finding should be supported during an outbreak through selected testing of any suspected symptomatic cases and, when indicated, asymptomatic testing as determined by the Incident Management Team (IMT). The highest level of benefit in terms of reducing transmission will be from identifying those most likely to have been infected, including asymptomatic positive</p>	<p>Detailed COVID-19 outbreak guidance can be accessed via the National Infection Prevention and Control Manual (NIPCM) here.</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>COVID-19 outbreak guidance in National Infection Prevention and Control Manual (NIPCM)</p>

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		cases who may transmit the infection.				
<p>Any patient who develop symptoms should be tested immediately, and testing should be considered where there is clinical suspicion of COVID-19.</p>	PCR	<p>Any patient who develops symptoms should be tested immediately.</p> <p>Clinicians should also consider testing where there is clinical suspicion of COVID-19. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.</p>	<p>Further guidance is provided in COVID-19 Guidance for Secondary Care Settings</p>	Yes	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>COVID-19 Guidance for Secondary Care Settings</p>

2) Staff testing

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
<p>Asymptomatic staff in defined high-risk areas:</p> <ul style="list-style-type: none"> •Oncology & haemato-oncology in wards and day patient areas, inc radiotherapy •Staff in wards caring for people over 65 years of age where the length of stay is over 3 months 	<p>PCR</p> <p>Plus Lateral Flow Tests (LFTs) to ensure twice weekly testing</p>	<p>Once a week via PCR and once a week via LFT</p> <p>Staff should also be offered LFT kits so that they can be tested twice weekly – once via PCR and once via LFT (see below)</p>	<p>Asymptomatic staff who are currently tested using weekly PCR tests should continue to do so based on extant policy, to continue targeted approach for those patient groups most at risk. However, staff will also be offered the opportunity to be tested using LFTs (in addition to their weekly PCR test), so they too can access twice weekly testing.</p> <p>See guidance, FAQs and operational definitions</p>	<p>Yes</p>	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland</p>

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<p>•Mental health services where the anticipated length of stay is over three months.</p>						
<p>All patient-facing staff in hospital settings, SAS, COVID-19 Assessment Centres and COVID-19 Vaccinators</p>	<p>Lateral Flow Tests (LFTs)</p>	<p>Twice weekly</p> <p>Staff who are participating in studies, such as SIREN, should continue their current method of testing via PCR testing in line with study protocols. However, staff will also be offered LFTs (in addition to their weekly PCR test), so they too can access twice weekly testing. This also applies to staff being tested weekly in high-</p>	<p>In the event of a positive LFT result, the staff member should self-isolate immediately (along with their household) in line with government guidance, inform their manager and occupational health department, and arrange to have an urgent PCR test in line with local Board procedures. All positive LFT results require a follow up PCR test.</p> <p>See Chief Exec letter, Standard Operating Procedure, FAQs and training materials</p> <p>Negative results do not rule out COVID-19 and existing IPC</p>	<p>Yes, following confirmatory PCR test.</p> <p>If contact tracing does not receive a corresponding PCR result in 48 hours of a reported positive LFD test result, then staff</p>	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe</p>	<p>Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland</p> <p>Coronavirus (COVID-19) point of care and rapid testing - clinical management: governance policy</p>

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		risk specialties via PCR (see above).	measures - including the use of PPE, the extended use of face masks, physical distancing, environmental cleaning, symptom vigilance and good hand and respiratory hygiene – all remain critical to minimise the risk of transmission of COVID-19.	will be contacted as an index case (via the positive LFT result).	patient care as NHS services restart	
Tested as part of a hospital outbreak	PCR Use of any other types of test (in addition to PCR testing) should be discussed with local Incident Management Teams, in line with your normal organisational response.	All staff (regardless of symptoms) should be offered testing as part of an incident or outbreak investigation at ward level unexpected cases are identified. Proactive case finding should be supported during an outbreak through selected testing of any suspected symptomatic cases and, when indicated, asymptomatic testing as	Asymptomatic staff testing as part of an incident or outbreak should be carried out in line with existing staff screening policy for healthcare associated infection . Detailed COVID-19 outbreak guidance can be accessed via the NIPCM .	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat,	COVID-19 outbreak guidance in National Infection Prevention and Control Manual (NIPCM) Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		<p>determined by the Incident Management Team (IMT). The highest level of benefit in terms of reducing transmission will be from identifying those most likely to have been infected, including asymptomatic positive cases who may transmit the infection.</p> <p>All staff who are symptomatic of COVID-19 must be excluded from work immediately and tested.</p> <p>Follow COVID-19: Management of exposed healthcare workers and patients in hospital settings.</p>			and to support safe patient care as NHS services restart	

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
Symptomatic staff	PCR	<p>If a staff member has COVID-19 symptoms, they must self-isolate as per Government advice and book a PCR test.</p> <p>Staff must only return to work if COVID-19 PCR negative and agreed their return to work in line with local procedures.</p>	<p>All staff who are symptomatic of COVID-19 must be excluded from work and tested. Follow COVID-19: Management of exposed healthcare workers and patients in hospital settings.</p>	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart</p>	<p>COVID-19: Management of exposed healthcare workers and patients in hospital settings</p>

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Staff member exposed to a contact of a COVID-19 case including contacts within the same household	PCR and daily LFDs	<p>Staff who have been exposed to a contact of a COVID-19 case should undertake a PCR test as advised by Test & Protect or Incident Management Teams and follow the guidance listed under 'additional information'.</p> <p>Where able to return to work, daily LFD tests are required for the 10 days since you last saw the person who tested positive or from the date of first symptom onset if you live with the contact.</p>	Staff exposed to a case of COVID-19 should following the guidance detailed in the Isolation exemptions for health and social care staff .	Yes if positive	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p> <p>Testing for direct patient care, to diagnose and to treat, and to support safe patient care</p>	DL (2021) 24 DL(2021)24 - Update on isolation exemptions for Health and Social Care staff (scot.nhs.uk)

NB: A negative test does not mean that an individual is not incubating the virus. It is important to practice vigilance in monitoring for any symptom onset and adhere to existing COVID-19 IPC measures. This includes physical distancing, hand hygiene, appropriate use of PPE – including wearing of facemasks – and good respiratory etiquette.