

Hospital Testing for COVID-19

Summary table providing an overview of COVID-19 hospital testing, covering [1\) patients](#) and [2\) staff](#).

When using this table the following applies;

- Reference to hospital '**admissions**' are those which require an overnight stay in hospital.
- Screening undertaken outwith the national programmes 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:
 - Patients being discharged to a care home – see duration of precautions section within the Winter Respiratory Infection IPC Guidance for detailed information.
- 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 and reinforce the importance of COVID-19 measures including hand hygiene, wearing of facemasks and respiratory etiquette.

Testing prior to an Aerosol Generating Procedure (AGP) -

Airborne precautions and subsequent post AGP fallow times are required for all patients undergoing an AGP on the respiratory pathway. A risk assessment should be undertaken prior to performing an AGP on patients on the non-respiratory pathway and take account of any presenting respiratory symptoms. A COVID-19 Rapid Diagnostic Test ((including Point Of Care Tests (POCTs)) or Lateral Flow Devices (LFDs) may also be used to support the risk assessment. Where there is no evidence of a respiratory virus, the AGP may be performed using droplet precautions negating the need for post AGP fallow times.

1) Patient testing

Who is being tested	Type of test	Frequency	Relevant policy letter or guidance documents
<p>Requirement 1</p> <p>All elective surgical patients must be tested prior to admission</p>	<p>Rapid Diagnostic Test (includes POCTs) or LFD- fully vaccinated patients</p> <p>PCR - patients who are not fully vaccinated</p>	<ul style="list-style-type: none"> ➤ Fully vaccinated patients - Day prior to surgery (patient to undertake Rapid Diagnostic Test (includes POCTs) or LFD and Rapid Diagnostic Test repeated again on day of surgery by a HCW. ➤ Patients who are unvaccinated – A PCR test should be undertaken with enough advance notice (but as close to the day of the planned surgery) to ensure there is a result available for the day of the planned surgery. This is to provide reassurance of post op clinical recovery. A Rapid Diagnostic Test (includes POCTs) or LFD may also be undertaken for these patients on the day of surgery as part of a pre AGP risk assessment. 	<p>Appendix 19 of the NIPCM.</p>
<p>Requirement 2</p> <p>All planned medical admissions</p> <p><u>AND</u></p> <p>All emergency admissions incl maternity and mental health service</p> <p><u>AND</u></p>	<p>Rapid Diagnostic Test (includes POCTs) or LFD - asymptomatic</p> <p>And</p> <p>PCR - symptomatic</p>	<ul style="list-style-type: none"> ➤ All admissions with absence of respiratory symptoms require a Rapid Diagnostic Test (includes POCTs) or LFD on admission. Repeat testing on day 5 of admission may be undertaken if agreed necessary following a risk assessment by the local NHS Board. Efforts should be made to determine vaccination status on admission to hospital. Individuals who are not fully vaccinated have the greatest risk of negative outcomes should 	

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<p>Any other patient admitted to hospital not covered by in the above groups (inc hospital transfers)</p>		<p>they acquire COVID-19 and therefore, where a patient is unvaccinated, NHS Boards may choose to undertake a follow up PCR test.</p> <ul style="list-style-type: none"> ➤ All admissions with viral respiratory symptoms require a PCR test on admission. A Rapid Diagnostic Test (includes POCTs) or LFDs may be used in addition to PCR to support rapid patient placement decisions for the respiratory pathway. ➤ Perform new PCR test at any point in the inpatient stay if new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so (PCR). A Rapid Diagnostic Test (includes POCTs) or LFD may be used in addition to PCR to support rapid patient placement decisions. ➤ Prior to transfer to another care area/NHS board if deemed necessary and always if transferred to a high risk setting (Rapid Diagnostic Test) 	
<p>Requirement 3</p> <p>Duration of IPC precautions and discharge of COVID-19 patients</p>	<p>PCR</p>	<ul style="list-style-type: none"> ➤ Testing is not routinely required for stepdown of IPC precautions or discharge of COVID-19 except in the following cases; ➤ Testing is required prior to discharge from a care home to hospital and may be considered prior to discharge if someone in the household is immunocompromised or for 	<p>Further information can be found in the Duration of Precautions section within the Winter Respiratory Infections IPC guidance</p>

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		severely immunocompromised individuals. See Duration of precautions sections of the Winter Respiratory Infection IPC guidance for full information.	COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) .
Serial testing	PCR Rapid Diagnostic Test (includes POCTs) or LFD	<ul style="list-style-type: none"> ➤ 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. ➤ Serial testing does not replace the testing requirements above. 	
Testing contacts of confirmed COVID-19 cases	Rapid Diagnostic Test (includes POCTs) or LFD - fully vaccinated	<ul style="list-style-type: none"> ➤ Individuals identified as contacts who are fully vaccinated should be tested using a Rapid Diagnostic Test (incl POCTs) or LFD daily for 10 days from the date of exposure (preventing the need to apply TBPs where tests remain negative). If Rapid Diagnostic Test is positive at any point, a follow up PCR test is required and TBPs must commence. ➤ Individuals who are not fully vaccinated require TBPs for 10 days from the date of exposure. Provided they remain asymptomatic on day 10, no testing is required to end isolation. 	
Tested as part of a hospital outbreak	PCR or Rapid Diagnostic Test	<ul style="list-style-type: none"> ➤ Proactive case finding should be supported during an outbreak through selected testing of any suspected symptomatic cases and, 	NIPCM – Chapter 3

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	(includes POCTs) or LFD	<p>when indicated, asymptomatic testing as determined by the Incident Management Team (IMT).</p> <ul style="list-style-type: none"> ➤ 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. 	
Any patient who develop symptoms should be tested immediately, and testing should be considered where there is clinical suspicion of COVID-19.	PCR (essential) Rapid Diagnostic Test (includes POCTs) or LFD if required	<ul style="list-style-type: none"> ➤ Any patient who develops symptoms should be tested immediately using PCR. ➤ A Rapid Diagnostic Test (includes POCTs) or LFD may be used in addition to PCR to support rapid patient placement decisions whilst PCR results are awaited. 	

2) Staff testing

Staff testing requirements are detailed on the Scottish Government website and can be found at the following links;

- Asymptomatic staff testing <https://www.gov.scot/publications/coronavirus-covid-19-healthcare-worker-testing/>
- Self-Isolation Policy for health and social care staff <https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/pages/care-home-social-care-workers/>