

Summary table providing an overview of hospital testing, covering 1) patients and 2) staff.

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 document
<p>All elective surgical patients must be tested prior to admission</p> <p>Note - For <u>paediatric elective surgical patients</u>, please follow RCPHCH guidance</p>	<p>PCR</p>	<p>Tested prior to admission</p> <p>Retested on day 5 of in-patient stay if negative result initially</p> <p>Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.</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 here 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> <p><i>*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.</i></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>SIGN Guidance: Reducing the risk of postoperative mortality due to COVID-19 in patients undergoing elective surgery</p> <p>For paediatric elective surgical patients: https://www.rcpch.ac.uk/resources/national-guidance-recovery-elective-surgery-children</p>

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
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 negative result initially</p> <p>Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.</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. <i>For endoscopy admissions, patient history check-in and COVID symptom screening 3-7 days pre-endoscopy.</i></p> <p>A viral nose and throat swab should be taken no more than 48 hours before surgery. <i>This is the same for endoscopy admissions, however colonoscopy admissions should be tested 72 hours before to allow for bowel prep.</i></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><i>*If unable to be tested or isolate pre-admission, clinical urgency & risk assessment undertaken – admitted on amber/medium risk pathway.</i></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>NHS Scotland Chief Executive letter on the Testing Expansion Plan</p>

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
All emergency admissions	<p>PCR and Point of Care Testing (PoCT)</p> <p>LumiraDx supplied to some health boards for all emergency admission testing; an immediate follow up PCR test needed if negative via LumiraDx</p> <p><i>Note - other PoCTs may also be available at local Board level that should be utilised in line with your organisational response</i></p>	<p>Tested on admission</p> <p>All patients who test negative on admission to hospital should be retested on day 5 of their in-patient stay</p> <p>Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.</p>	<p>Includes <u>all</u> emergency admissions to whether or not they have symptoms, through Emergency Departments, Acute Assessment Units, Maternity Units and Emergency Mental Health Units</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>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>
Any other patient admitted to hospital not covered by in the above groups (inc	PCR	<p>Tested on admission</p> <p>All patients who test negative on admission to hospital should be retested on day 5 of their in-patient stay</p>	<p>Full guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Addendum</p> <p>In summary:</p>	Yes	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p>	<p>COVID-19 Infection Prevention and Control Addendum</p>

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
hospital transfers)		Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.	<ul style="list-style-type: none"> • All patients transferred to a new hospital must be tested on admission to the new hospital. All patients who test negative on admission must be retested on day 5 of their stay. • If a patient is transferred to a new ward or department within 5 days of admission to hospital, they should follow the testing pathway for new admissions i.e. a PCR test must be performed on admission and repeated on day 5 of in-patient stay if negative on admission. • If a patient is transferred to a new ward or department >5 days after admission to hospital, they should have a new PCR test performed on transfer (within 4 hours of arrival at new ward or department). • If patient is a planned transfer to a clinically vulnerable area, then pre-transfer testing must be built into the transfer plan and a test undertaken pre-transfer wherever possible. <p>In all cases where the transfer occurs either prior to test being carried out, or prior to result becoming available (i.e. the patient's status is unknown), the patient should be isolated on the receiving ward until the result is known.</p>		Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	NHS Scotland Chief Executive letter on the Testing Expansion Plan

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
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><i>*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).</i></p> <p>Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.</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 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
Tested as part of a hospital outbreak	<p>PCR</p> <p><i>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</i></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	Detailed COVID-19 outbreak guidance can be accessed via the ARHAI National Infection Prevention and Control Manual (NIPCM) here .	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</p>	COVID-19 outbreak guidance in ARHAI National Infection Prevention and Control Manual (NIPCM)

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
	<i>organisational response.</i>	to have been infected, including asymptomatic positive cases who may transmit the infection.			treat, and to support safe patient care as NHS services restart	
Any patient who develops symptoms should be tested immediately, and testing should be considered where there is clinical suspicion of COVID-19.	PCR	Any patient who develops symptoms should be tested immediately. 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.	Further guidance is provided in Covid-19 Guidance for Secondary Care: COVID-19 Guidance for Secondary Care Settings (windows.net)	Yes	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	COVID-19 Guidance for Secondary Care Settings (windows.net)
All patients are tested on discharge to residential settings	PCR	For full details see guidance documents available on the Health Protection Scotland website: Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings and COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) .		Yes	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to	Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
					treat, and to support safe patient care as NHS services restart	COVID-19: Information and Guidance for Care Home Settings (Adults and Older People).

Archived for information only

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"> • <i>Oncology & haemato-oncology in wards and day patient areas, inc radiotherapy</i> • <i>Staff in wards caring for people over 65 years of age where the length of stay is over 3 months</i> • <i>Mental health services where the anticipated length of stay is over three months.</i> 	<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 here</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 - gov.scot (www.gov.scot)</p>
<p>All patient-facing staff in hospital settings, SAS, COVID-19 Assessment Centres and</p>	<p>Lateral Flow Tests (LFTs)</p>	<p>Twice weekly</p> <p><i>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</i></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</p>	<p>Yes, following confirmatory PCR test.</p> <p>If contact tracing does not receive a corresponding</p>	<p>Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing</p>	<p>Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland - gov.scot (www.gov.scot)</p>

COVID-19 Vaccinators		<p><i>addition to their weekly PCR test), so they too can access twice weekly testing. This also applies to staff being tested weekly in high-risk specialties via PCR (see above).</i></p>	<p>procedures. All positive LFT results require a follow up PCR test.</p> <p>See Chief Exec letter, Standard Operating Procedure, FAQs and training materials here</p> <p>Negative results do <u>not</u> rule out COVID-19 and existing IPC 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.</p>	<p>PCR result in 48 hours of a reported positive LFD test result, then staff will be contacted as an index case (via the positive LFT result).</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) point of care and rapid testing - clinical management: governance policy</p>
Tested as part of a hospital outbreak	<p>PCR</p> <p><i>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.</i></p>	<p>All staff (regardless of symptoms) should be offered testing as part of an incident or outbreak investigation at ward level unexpected cases are identified.</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 cases who may transmit the infection.</p>	<p>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: DL(2020)1 - Healthcare associated infection (HAI): guidance for staff screening during healthcare associated infection incidents and outbreaks (scot.nhs.uk)</p> <p>Detailed COVID-19 outbreak guidance can be accessed via the ARHAI NIPCM here.</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>COVID-19 outbreak guidance in ARHAI National Infection Prevention and Control Manual (NIPCM)</p> <p>Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland - gov.scot (www.gov.scot)</p>

		<i>All staff who are symptomatic of COVID-19 must be excluded from work immediately and tested. Follow COVID-19: Management of exposed healthcare workers and patients in hospital settings.</i>				
Symptomatic staff - or if a household member has symptoms or has tested positive	PCR	Staff should not be at work if they (or a household member) have symptoms of COVID-19 unless they have accessed a test, and tested negative and agreed their return to work in line with local procedures. If a staff member has COVID-19 symptoms, they must self-isolate as per Government advice and book a PCR test.	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 .	Yes	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	COVID-19: Management of exposed healthcare workers and patients in hospital settings

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.