

Hospital Testing for COVID-19

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

Changes have been made to testing requirements contained within the table below in line with DL 2022 (07) issued on 1st April 2022. The inclusion of rapid diagnostic testing (incl Point of Care Tests ((POCT)) and Lateral Flow Device (LFD) tests described within this testing table is an option available to NHS Boards where they can be operationalised at a local level and have the ability to ease service pressures and patient flow.

When using this table the following applies;

- Reference to hospital '**admissions**' are those which require an overnight stay in hospital.
- Testing 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 using a PCR test 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 tests 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 PHS COVID-19 Information and Guidance for [social, community and residential care settings](#).
- 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) -

A risk assessment should be undertaken prior to performing an AGP on patients and take account of any presenting respiratory symptoms. Optionally, a laboratory based PCR test, COVID-19 Rapid Diagnostic Test (including POCTs) or 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 Standard Infection Control Precautions (SICPs) and also negating the need for post AGP fallow times. NB: where SICPs are applied for an AGP, HCWs are still required to wear an FRSM and eye/face protection to protect against splash/spray generated by the AGP. Airborne precautions and subsequent post AGP fallow times are required for all patients undergoing an AGP where there is evidence of a respiratory virus.

1) Patient testing

Who is being tested	Type of test	Frequency
Requirement 1 All elective surgical patients should be tested prior to admission	Laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD-fully vaccinated patients Laboratory based PCR test- patients who are not fully vaccinated	<ul style="list-style-type: none">➤ Fully vaccinated patients – Laboratory based PCR test or Rapid diagnostic test (incl POCT) or LFD may be utilised prior to admission to support the pre surgical clinical risk assessment. Day prior to surgery (patient to undertake a laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD and Rapid Diagnostic Test.➤ Patients who are unvaccinated – A laboratory based 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 if required as part of a pre AGP risk assessment. Where rapid diagnostic tests

Who is being tested	Type of test	Frequency
		<p>are unavailable, laboratory based PCR tests may also be used to inform the risk assessment however test result turnaround times should be built into the planned theatre times.</p> <p>See Appendix 19 of the NIPCM for full elective surgical IPC principles</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>Any other patient admitted to hospital not covered by in the above groups (inc hospital transfers)</p>	<p>Laboratory based PCR or Rapid Diagnostic Test (includes POCTs) or LFD - asymptomatic</p> <p>Laboratory based PCR – essential for symptomatic patients</p>	<ul style="list-style-type: none"> ➤ All admissions with absence of respiratory symptoms require a COVID-19 test on admission. Rapid Diagnostic Tests (includes POCTs) or LFD test may be used on admission where these are available. Repeat testing on day 5 of admission may be undertaken if agreed necessary following a risk assessment by the local NHS Board. ➤ All admissions with viral respiratory symptoms require a laboratory based PCR test on admission. A Rapid Diagnostic Test (includes POCTs) or LFDs may be used in addition to laboratory based PCR to support rapid patient placement decisions for the respiratory pathway. ➤ Perform new laboratory 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 a laboratory based PCR test 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 (laboratory based PCR or optionally Rapid Diagnostic Test (incl POCT) or LFD)

Who is being tested	Type of test	Frequency
<p>Requirement 3</p> <p>Duration of IPC precautions and discharge of COVID-19 patients</p>	<p>Laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD</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; ➤ Where there is a requirement to cease transmission based precautions early – See Duration of Precautions for COVID-19 in appendix 11 of the NIPCM. ➤ Testing is required prior to discharge from a hospital to a care home (see PHS COVID-19 Information and Guidance for social, community and residential care settings) and may be considered prior to discharge if someone in the household is immunocompromised or for severely immunocompromised individuals. ➤ Further information can be found in the Duration of Precautions for COVID-19 in appendix 11 of the NIPCM.
<p>Serial testing</p>	<p>Laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD</p>	<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.
<p>Testing contacts of confirmed COVID-19 cases</p>	<p>Laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD</p>	<ul style="list-style-type: none"> ➤ Individuals identified as contacts may be tested using laboratory based PCR a Rapid Diagnostic Test (incl POCTs) or LFD daily for 10 days from the date of exposure to prevent the need to apply TBPs where tests remain negative. If Rapid Diagnostic Test (including POCTs) or LFD is positive at any point, a follow up PCR test is required and TBPs must commence. ➤ See COVID-19 appendix, Management of contacts for more information.

Who is being tested	Type of test	Frequency
Tested as part of a hospital outbreak	Laboratory based PCR test or Rapid Diagnostic Test (includes POCTs) or LFD	<ul style="list-style-type: none"> ➤ 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.
Any patient who develops symptoms should be tested immediately, and testing should be considered where there is clinical suspicion of COVID-19.	Laboratory based PCR test (essential) Rapid Diagnostic Test (includes POCTs) or LFD in addition to laboratory based PCR to support risk assessments	<ul style="list-style-type: none"> ➤ Any patient who develops symptoms should be tested immediately using laboratory based PCR. ➤ A Rapid Diagnostic Test (includes POCTs) or LFD may be used in addition to laboratory based PCR test 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](#)
- [Managing Health and Social Care staff with symptoms of a respiratory infection, or a positive COVID-19 test as part of the test and protect transition plan.](#)