

COVID-19 Testing

Issue Date	Review Date	Version
17 th June 2021	5 th October 2022	1.3

Purpose

This SOP sets out the current processes for testing of patients for Coronavirus Infectious Disease 2019 (COVID-19) at University Hospitals Plymouth NHS Trust (UHPNT).

Who should read this document?

These guidelines are applicable to all staff, to include Ministry of Defence (MOD) personnel; contractors, those employed on a fixed term contract, honorary contract, agency or locum staff, and students affiliated to educational establishments and volunteers.

Key Messages

One viral respiratory swab is required for COVID-19 laboratory testing. The clinical specimen should be labelled correctly, double bagged and delivered to Microbiology laboratory in person or via the pod system.

All elective patients will have a viral respiratory swab taken for COVID-19 testing upto 72hrs before their planned invasive/surgical procedure.

All non-elective patients requiring inpatient admission and patients transferred from other health care facilities will have a viral respiratory swab taken on admission (Day 1), Day 3, Day 5 of their admission and weekly thereafter.

Symptomatic and asymptomatic patients who decline COVID-19 testing should be managed under COVID-Amber precautions in COVID-Amber zone, clinical assessment of the patient is required.

Patients reporting lateral flow test COVID-19 positive result should be managed in a single-room under COVID-Amber precautions and have a viral respiratory swab taken for COVID-19 testing.

All patients being discharged to another healthcare facility (i.e. hospital, care home,), require a COVID-19 swab 48hrs before discharge.

Consider a viral respiratory swab 48hrs before discharge for patients being discharged to their usual place of residence where they reside with clinically extremely vulnerable/shielding persons.

Consider a viral respiratory swab 48hrs before discharge for patients who will have a frequent and regular contact with health care facility or health care workers.

The Emergency COVID-19 tests must be requested by SpR or a Consultant via the Emergency Department Senior via extension 37005.

For inpatients, a negative COVID-19 result is valid for seven days, including procedures, surgery and internal transfers, unless the patient develops new symptoms, is exposed to a known case of COVID-19 or if advised by the IPCT.

For patients with COVID-19 positive result, the virus may be detected in subsequent viral respiratory swabs taken within 6 weeks of the first positive sample. Manage the patient in line with COVID-19 guidelines for the duration of infectivity period. Development of new symptoms beyond 90 days could be a sign of a new/recurrent COVID-19 infection and isolation precautions should be instigated as per guidelines for management of patients with COVID-19.

Core accountabilities	
Owner	Dr Peter Jenks, Director of the Infection Prevention and Control
Review	17 th June 2021 – Infection Prevention and Control Sub-Committee
Ratification	Lenny Byrne, Chief Nurse
Dissemination (Raising Awareness)	Trust-wide
Compliance	NHS 1.2.8 & 2.2.8 CQC Essential Standards of Quality & Care The Hygiene Code

Links to other policies and procedures

Document Library - Infection Control Folder

Version History

1	14 th October 2020	Document Created
1.1	5 th January 2021	Updated in line with national guidance.
1.2	11 th February 2021	Updated in line with national guidance.
1.3	17 th June 2021	Update includes advice on management of patient reported COVID-19 positive lateral flow test results.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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Standard Operating Procedure (SOP) COVID-19 Testing

1 Introduction

This SOP provides information on the current COVID-19 screening processes at the UHPNT for elective and non-elective patient pathways including adult, paediatric and maternity services. This document will provide information on management of COVID-19 results as part of patient care planning and pathway.

All patients should be assessed using the COVID-19 Patient/Accompanying Person Assessment form (Appendix 1).

This document should be read in line with the latest versions of:

- Guidelines for the Management of Coronavirus Infectious Diseases,
- SOP for Management of suspected and confirmed cases of COVID-19.

2 Taking the Viral Respiratory Swab

The optimal samples required for the confirmation of viral respiratory infections, including COVID-19, are a throat and nasal swab or nasal aspirate taken using a swab broken off into a viral transport media (VTM). Viral swabs can be obtained from Microbiology Reception on Level 5.

The healthcare worker taking the swab must wear the appropriate Personal Protective Equipment (PPE): sessional use fluid-repellent surgical face mask, appropriate eye protection, single use disposable apron and single use disposable non-sterile gloves. Wash hands and forearms with water and soap following removal of PPE.

Instructions on how to take the swabs are included in Appendix 2.

If either nose or pharyngeal swab cannot be taken manage the patient as 'unknown' under COVID-Amber isolation precautions, unless COVID-19 positive result has been confirmed.

Complete the required electronic request documentation, double bag the specimen and send to the Microbiology Department on Level 5 via the pod system or hand deliver. Document if the patient meets the Variant of Concern risk criteria.

3 Viral Respiratory Swab Testing

All routine viral respiratory swabs from Emergency Department will be tested on Elitech laboratory testing platform.

All viral respiratory swabs from Plym Emergency Department where patients present with COVID-19 symptoms, will be tested on the Genexpert laboratory testing platform. The results can be available after 90 minutes from the time of sample receipt by the Microbiology Department.

- **The Emergency COVID-19 Tests (Genexpert)**

The supply of Emergency COVID-19 tests (Genexpert 90 minutes test) is restricted and therefore any Emergency COVID-19 tests must be requested by StR or a Consultant via the Emergency Department Senior via extension 37005.

Patients **eligible** for the Emergency COVID-19 test are:

- Patients requiring emergency surgery.
- Patients requiring aerosol generating procedures (e.g. NIV, BiPAP, high flow nasal oxygen) on a ward.
- Patients being admitted to a ward where they will be nursed with immunocompromised patients in the same bay.
- Patients being admitted to a ward following major surgery (cardiothoracics, neurosurgery).

Patients **NOT** normally eligible:

- Patients going for surgery and returning to the same ward who have not been swabbed for COVID-19 or their routine swab has 'expired'.
- Endoscopy patients under the same circumstances as noted above.
- Repeat COVID-19 swabs due to concerns of a false negative result.
- Patients who's operation will not start till after the Elitech (4hr+) results can be available.
- Other samples such as community and staff testing etc.

Samples that are non-critical will be tested on the M2000 laboratory testing platform, the results can be available within 24 hours of sample receipt by the Microbiology Department.

Patients reporting lateral flow test COVID-19 positive result should be managed in a single-room under COVID-Amber precautions and have a viral respiratory swab taken for COVID-19 testing.

4 Frequency of COVID-19 Screening – Quicksheet in Appendix 3

- All inpatient will have a viral respiratory swab taken on admission (Day 1), Day 3 and on Day 5 of their admission. The Day 5 swab requirement is represented via SALUS attribute "Purple Due" and "Purple Late" for those patients who are late in receiving their swab.



- To prevent nosocomial infections of COVID-19, all inpatients should be screened for COVID-19 every seven days, during their inpatient admission. If they become a COVID-19 patient contact or develop symptoms of COVID-19, the patients should be managed as COVID-19 contact or a suspected/confirmed case.
- All elective patients will have a viral respiratory swab taken for COVID-19 testing upto 72hrs before their planned invasive/surgical procedure.
- All patients should be screened for COVID-19 48hrs before discharge to another health and care facility.
- Consider a viral respiratory swab 48 hrs before discharge for patients being discharged to their usual place of residence where they reside with clinically extremely vulnerable/shielding persons or healthcare workers.
- In addition to the routine COVID-19 screening protocols, oncology and haematology patients will have a viral respiratory swab taken for COVID-19 at the beginning of a new treatment. If previously COVID-19 positive, continue to screen at regular intervals to check for clearance.
- Haemodialysis patients presenting for dialysis treatment at Plymouth Dialysis Centre with pyrexia will have a viral respiratory swab taken for COVID-19.
- Patients with a negative COVID-19 result, but a clinical suspicion of COVID-19 infection should remain isolated under COVID-Amber precautions and re-swabbed at 72 hours.
- COVID-19 Contact Patients will require 48hourly screening for 14 days of their post-exposure isolation.

5 COVID-19 Result Validity Period

The COVID-19 negative result is valid for seven days, unless the patient develops new symptoms, their condition deteriorates, have a recent healthcare interaction or have become an inpatient.

For patients with COVID-19 positive result, the virus may be detected in subsequent viral respiratory swabs taken within 6 weeks of the first positive sample. Manage the patient in line with

COVID-19 guidelines for the duration of infectivity period. Development of new symptoms within 6 weeks could be a sign of a new/recurrent COVID-19 infection and isolation precautions should be instigated as per guidelines for management of patients with COVID-19.

COVID-19 Attribute on SALUS is visible on patient's attributes and will automatically change, based on results of laboratory COVID-19 testing.



6 Elective Admission Pathway

Patients awaiting elective admission for planned care should be managed in line with the patient's clinical pathway for the respective clinical service. The COVID-19 viral swabs will be taken, either at the time of pre-operative assessment or at an arranged appointment for COVID-19 screening, whichever falls within 72 hrs of the elective invasive/surgical procedure.

If patient requires inpatient admission post-procedure/surgery, commence screening on Day 3 of admission, then Day 5 and weekly thereafter.

7 Non-Elective Admission Pathway

Patients presenting to Emergency Department with or without symptoms of COVID-19, requiring inpatient admission will have a viral respiratory swab taken on admission (Day 1), Day 3, Day 5 and weekly thereafter.

Placement of admitted patients will be directed by their clinical needs, presence of symptoms of COVID-19 and current COVID-19 admission pathways.

The Trust may consider reinstating a dedicated admission pathway for Healthcare of the Elderly patients, when an increase of COVID-19 cases is identified.

8 Inter-hospital Transfer

Patients being admitted through transfer from another healthcare facility should be admitted into a single-room with droplet isolation precautions in place for completion of admission screening protocols (MRSA, CPE, etc). COVID-19 status from the transferring healthcare facility should be available at the time of admission, including information on possible exposure. The viral respiratory swab for COVID-19 should be taken as per inpatient admission protocol.

9 Influenza and Respiratory Viruses

Patients requiring testing for COVID-19 and respiratory viruses and/or Influenza will require 2 respiratory viral swabs sent for microbiology testing.

Emergency Department patients requiring testing for COVID-19 and respiratory viruses and/or Influenza will require 2 respiratory viral swabs, one for use at the Point of Care 'flu testing machine and one sent for microbiology testing.

These specimens will be processed separately and will require individual electronic laboratory requests.

10 Staff COVID-19 Testing

Members of staff experiencing acute onset of COVID-19 symptoms (pyrexia and influenza-like illness) are required to remain off work and telephone the 24/7 central absence reporting (CAR) line on telephone 01752 430000. The CAR Hub will provide advice on testing, self-isolation and return to work process.

Members of staff with symptomatic household contacts should call the CAR Hub for advice and arrangement of COVID-19 test for the symptomatic member of household.

Staff who have been notified of COVID-19 through the NHS Test and Trace system are required to contact the CAR Hub on telephone 01752 430000.

11 References

Public Health England (2021) COVID-19: Guidance for maintaining services within health and care settings: Infection prevention and control recommendations V1.1. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf



Surname:
First Name:
Hospital Number:
NHS Number:
UOB:
Affix patient label here

COVID-19 Patient Assessment

Assessment to identify possible infection with **Coronavirus Infectious Disease 2019**.

For visitor/accompanying person assessment, please refer to COVID-19 Visitor/Accompanying Person Assessment

- This patient has travelled in the last 14 days. If so, refer to the high risk travel assessment overleaf. *Contact IPCT or Consultant Microbiologist for further advice.*
- Has been in contact with someone who has travelled in the last 14 days. If so, refer to the travel assessment overleaf. *Contact IPCT or Consultant Microbiologist for further advice.*
- Has received COVID-19 vaccination: Dose 1 Date: _____ Dose 2 Date: _____

This patient, please tick all that apply:

- Has been diagnosed with lateral flow test* or laboratory or clinically confirmed COVID-19.
Date of first positive result: _____ Variant of Concern? YES/NO
- * Patients reporting lateral flow test COVID-19 positive result should be managed in a single-room under COVID-Amber precautions and have a COVID-19 viral respiratory swab taken.
- Has been in contact with someone with confirmed COVID-19 or someone awaiting results of COVID-19 test. Date of contact: _____ Variant of Concern? YES/NO
- Is currently in self-isolation.
Date self-isolation started: _____ Reason for self-isolation: _____
- Is feeling unwell due to cold or 'flu-like illness.

Has at least one of the following symptoms of acute onset:

- Reports fever $\geq 37.8^{\circ}\text{C}$
- Continuous cough
- Loss of, or change in, normal sense of taste or smell (anosmia)
- None of the above.**

If the patient answers **yes** to any of the above questions:

- Take the patient to a designated isolation area in the clinical area and manage this patient using COVID-Amber PPE (fluid-resistant surgical face mask, face shield/visor, apron, gloves).
- Complete clinical review of the patient.
- If COVID-19 is considered, take a viral respiratory swab¹ from throat and nose whilst wearing COVID-Amber PPE (fluid-resistant surgical face mask, face shield/visor, apron, gloves). **Alternatively**, for patients not requiring admission, advise the patient to access COVID-19 swabbing through the most appropriate route, i.e. NHS 111 or departmental screening protocols.
- Consider the most appropriate approach to facilitate patient's appointment or admission. Please refer to UHPNT guidelines to help with this**.

¹Routine patient screening should continue as per UHPNT admission pathways.

Name _____ Job Title _____

Signature _____ Date _____ Time _____

For further information, please go to G:\DocumentLibrary\UHPT Trust Documents\Infection Control

** "Guideline for the Management of Coronavirus Infectious Disease (COVID)"

** "Standard Operating Procedure for Management of suspected and confirmed cases of COVID-19"

To be filed in the Nursing Notes

COVID-19 Patient Screening Assessment

HRDM: 15347

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Visitor/Accompanying Person
Surname:
First Name:
DOB:
Address:

COVID-19 Visitor/Accompanying Person Assessment

Assessment to identify possible infection with **Coronavirus Infectious Disease 2019**.

- This person has travelled in the last 14 days. If so, refer to the high risk travel assessment overleaf. *Contact IPCT or Consultant Microbiologist for further advice.*
- Has been in contact with someone who has travelled in the last 14 days. If so, refer to the travel assessment overleaf. *Contact IPCT or Consultant Microbiologist for further advice.*
- Has received COVID-19 vaccination: Dose 1 Date: _____ Dose 2 Date: _____

Patient's visitor/accompanying person assessment, please tick all that apply:

- Has been diagnosed with lateral flow test* or laboratory or clinically confirmed COVID-19.
Date of first positive result: _____ Variant of Concern? YES/NO
- * Persons reporting lateral flow test COVID-19 positive result should not be visiting or accompanying the patient. If their presence is clinically indicated for the benefit of the patient, contact IPCT for advice.
- Has been in contact with someone with confirmed COVID-19 or someone awaiting results of COVID-19 test. Date of contact: _____ Variant of Concern? YES/NO
- Is currently in self-isolation.
Date self-isolation started: _____ Reason for self-isolation: _____
- Is feeling unwell due to cold or 'flu-like illness.

Has at least one of the following symptoms of acute onset:

- Reports fever $\geq 37.8^{\circ}\text{C}$
- Continuous cough
- Loss of, or change in, normal sense of taste or smell (anosmia)
- None of the above.**

If the patient's accompanying person answers **yes** to any of the above questions, treat the patient and accompanying person as "one":

- Take them to a designated isolation area in the clinical area and manage them using COVID-Amber PPE.
- Complete clinical review of the patient to consider the most appropriate approach to facilitate patient's appointment or admission. Please refer to UHPNT guidelines to help with this**.
- If required, take a COVID-19 viral respiratory swab from the patient whilst wearing COVID-Amber PPE or advise the patient/visitor/accompanying person to access COVID-19 swabbing through the most appropriate way. Routine patient screening should continue as per UHPNT admission pathways.

Name _____ Job Title _____

Signature _____ Date _____ Time _____

For further information, please go to G:\DocumentLibrary\UHPT Trust Documents\Infection Control

** "Guideline for the Management of Coronavirus Infectious Disease (COVID)"

** "Standard Operating Procedure for Management of suspected and confirmed cases of COVID-19"

To be filed in the Nursing Notes

COVID-19 Patient Screening Assessment

HRDM: 16532

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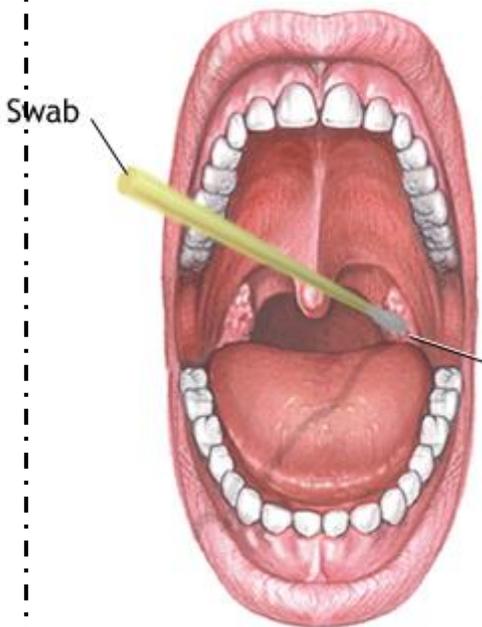
Taking a Respiratory Viral sample for 'Flu & COVID-19

The optimal samples required for the confirmation of 'flu and COVID-19 infections are a **throat and nasal swab or nasal aspirate taken using a swab** broken off into a viral transport media (VTM).

- The person taking the swabs must wear: apron, fluid resistant mask, eye protection and gloves
- Throat and nasal (nasopharyngeal) swab as shown below
- Label the VTM tube with patient details of name / hospital no: / date of birth - apply a patient label flat to the swab tube

Taking the swab

1. Throat Swab

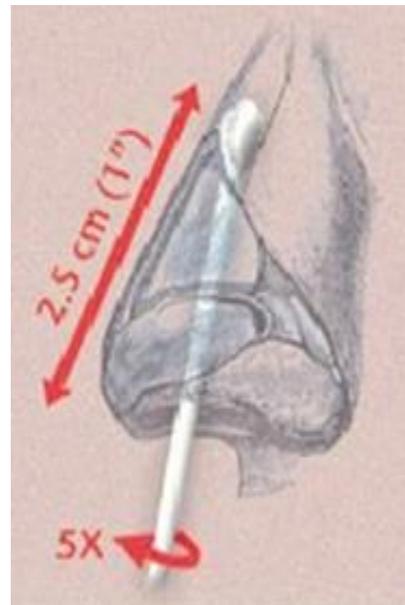


- Using the swab, vigorously swab the posterior pharyngeal wall

**USING
SAME
SWAB**



2. Nose Swab



- Tilt the patients head back slightly and gently insert **the same swab** along the medial part of the septum, as far as possible.
- Rotate the swab slightly several times, remove and insert the swab into the VTM (you will need to break the swab to fit inside the tube)

- Place the labelled VTM tube containing the swab in a plastic specimen bag and seal.
- Place in a second plastic bag with the request form or order electronically, outside the room.
- Remove PPE in the correct order and dispose as clinical waste
- Take the specimen to Microbiology Lab Level 5 or send via the pod system.

	72hrs Before Invasive/Surgical Procedure	Day of Admission (Day 1)	Day 3 of Admission	Day 5 of Admission	Weekly During Inpatient Admission	Discharge Planning*
Elective Admission	✓		✓	✓	✓	✓
Non-elective Admission		✓	✓	✓	✓	✓

COVID-19 Patient Contacts to be screened 48hourly for the duration of their post-exposure isolation period (14 days).

* Discharge Planning: 48hrs before discharge to care home, clinically extremely vulnerable/shielding household contact, or a healthcare worker household contact.