COVID Screening Changes: Testing for Patient Placement

What is changing and when?

Beginning Tuesday, Jan 3rd 2023, we will stop universally testing customers for COVID-19 who do NOT have COVID symptoms when admitted to the hospital.

- The exception to this is: Patients admitted to E2 and double occupancy rooms **will continue** to be tested prior to placement

Why is the change happening?

Aligning with evidenced-based guidance, this practice is no longer routinely recommended as other layers of protection (such as broad access to PPE/vaccinations) are more effective and have fewer unintended harms.

Testing asymptomatic individuals helps reduce harm in certain circumstances– such as placement into double occupancy rooms where risk of COVID-19 transmission is highest. (Think of the COVID-19 risk trifecta: <u>unmasked</u> customers in small, <u>confined</u> space for an extended <u>time</u>).

How do I navigate this change?

When a new admit is pended to a unit, the Charge RN of the receiving unit will place a rapid COVID-19 test order if there is likelihood the patient will need a double occupancy room.

Order a nasopharyngeal swab from the 'COVID-19 Test' panel *per protocol* and choose 'Screening-No Isolation'.

The specimen will be collected in the ED or transferring unit, with expected turnaround time ~2 hours once received by Lab. If results return positive, the

	patient should be managed with Full Barrier Precautions per routine procedure.
	As a reminder current PPE guidance for team members can be found on the COVID-19 NorthNet page (PPE Requirements).
	- This change to testing strategy does not change our masking requirements. - Eye protection continues to be required for COVID positive/PUI and highly recommended for AGP-COVID status unknown as well as all bedside care. Tips for making this transition successful: - Place COVID test order as soon as the possibility of double occupancy placement is identified. The ED will see a task populate for it to be completed. - Once a negative test is obtained and as long as patient has remained asymptomatic, re-testing is not needed for the duration of hospitalization even on transfer to new double room *(Example: patient tests negative on admit to W6 double room, now transferring to ICU double room – no re-testing necessary)* - Maintain strong communication between units – if your unit has only double occupancy beds available, communicate to the ED so they can anticipate testing needs

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