



TITLE	Inpatient Admission Testing, and Testing and Management of Inpatients Receiving Aerosol Generating Procedures		
TODAY'S DATE	August 6, 2021		
SECTION	<input type="checkbox"/> Organization Wide <input checked="" type="checkbox"/> Emergency Department <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> PPE <input type="checkbox"/> Surgery <input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Medical staff [physicians and advance care practitioners]	<input type="checkbox"/> OB/GYN

APPLICABLE LOCATIONS	<input type="checkbox"/> All Bozeman Health locations <input checked="" type="checkbox"/> Bozeman Health Deaconess Hospital <input checked="" type="checkbox"/> Big Sky Medical Center	<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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APPROVED BY	Incident Command
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PURPOSE:

To provide guidelines to providers and staff for ordering SARS-CoV-2 tests for inpatient admissions.

POLICY/PROTOCOL:

Admission Testing

- A SARS-CoV-2 PCR test should be ordered at the time of admission on any inpatient. The following exceptions apply:
 - If COVID-19 PCR testing has already been obtained within 72 hours of admission.
 - Patients previously diagnosed with COVID-19 who are asymptomatic and within 3 months of their initial positive test.
 - If the patient is fewer than 10 days from their onset of symptoms, or 10 days from their initial positive test if asymptomatic, they should be treated as COVID-19 positive and do not need to be re-tested. Transmission based isolation precautions should be ordered.
 - If the patient is 10-20 days from the onset of symptoms, consider consultation with Infection Prevention and Control regarding appropriate transmission based isolation precautions. A limited number of persons with severe illness or who are severely immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending isolation for up to 20 days after symptom onset. If the patient is 20 - 90 days from their initial positive test, and they are asymptomatic, they should be treated as presumed COVID-19 negative and should not be retested. A positive screening test in this context most likely reflects non-infectious viral fragments and non-replicating virus.
 - If the patient has new symptoms consistent with COVID-19 within 90 days of the date of the initial positive test and an alternative etiology cannot be identified, then the patient may warrant retesting based on clinical judgement.



- Patients who have had a preprocedural COVID test 48 to 72-hours prior to their surgery do not need to be retested. Repeat testing can be ordered on patient who falls under the exclusions above, per clinician discretion, if it is clinically indicated.
- Having a pending screening test on an otherwise low risk patient does not qualify them as a PUI or mandate use of transmission based isolation precautions. Pandemic standard precautions (face mask and eye protection) should still be used with all patient encounters, in accordance with relevant COVID-19 policy(ies).
- Definition of a patient as a PUI should be based on clinical decision making at the time of admission.
- Transmission based isolation precautions should be based on clinical decision making at the time of admission. Transmission based isolation precautions should be ordered for all patients that are a PUI as soon as possible, before admission to an inpatient unit or the patient is moved to a different care area (e.g. OR, Interventional Radiology).
- Admission and room assignment does not have to wait for test results. Some tests will be on the batch test and could be expected to take up to 24 hours.
- Tests ordered for low suspicion admitted patients should be noted to be “admission screening” on the test order. This will be routed to the appropriate test platform by the lab to maximize our current test resources.
 - The PCR “batch” analyzer may be used for admission screening tests, although rapid tests will be used (when supplies allow) on the weekends to prevent extended turnaround times.

Prompt Testing of Patients who Develop COVID-19 Symptoms during Admission

- A negative surveillance test on admission should not be over interpreted, i.e. new or progressive symptoms concerning for COVID-19 must be followed-up on and repeat testing should be considered. Symptoms concerning for COVID-19 include fever, cough, shortness of breath, myalgias, rhinorrhea, sore throat, anosmia, ageusia.

Surveillance SARS-CoV-2 Testing for Inpatients Receiving Aerosol Generating Procedures

- COVID-19 surveillance testing will be performed every 7 days for inpatients undergoing aerosol generating procedures including nebulizer treatments, CPAP, BiPAP, or surgical procedures considered aerosol-generating procedures according the Transmission Based Isolation Precautions policy.
- Exceptions to this surveillance testing include:
 - Patients with known COVID-19 illness currently under transmission based isolation precautions.
 - Patients previously diagnosed with COVID-19 who are asymptomatic and within 3 months of their initial positive test.
- For patients requiring CPAP/BiPAP, ensure airborne precautions are utilized if test results are not immediately available.
- If COVID-19 positive:
 - Put transmission based isolation precautions in place
 - Consider a change to a negative pressure room, if available
 - MDIs should be initiated rather than the nebulized route of medication administration

Reduction of Inpatients Receiving Aerosol Generating Procedures

- Metered-dose inhalers (MDIs) should be preferentially ordered for the treatment of respiratory clinical conditions when appropriate. PRN MDIs are not being dispensed to the patient without a specific request.



- An Automatic Therapeutic Interchange of Nebulized Inhalation to metered-dose inhaler (MDI) policy has been implemented to minimize aerosolization of the virus. A nebulized therapy order may be automatically changed to an MDI per Pharmacy. The provider will be required to co-sign the change order.
- Use of a patient's home albuterol inhaler is discouraged. Any MDI brought from a patient's home for inpatient use should be labeled with a patient label and remain in the patient room. Home MDIs should not be stored in the Omnicells. Notify Pharmacy when the inhaler arrives but, do not bring it to the Pharmacy.
- Utilize a patient-specific spacer device to administer the inhalations from the MDI.
- Patients that are not candidates for MDI usage or cannot obtain an MDI due to limited stock will be given nebulized treatments as necessary and follow protective measures to prevent employee exposure.

NOTES:

OTHER POLICIES/PROTOCOLS TO REFERENCE:

See Figure 1.

SCOPE:

We anticipate these adjustment to be temporary and reserve the right to revise or discontinue these adjustments with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.

Figure 1.

