STANDARD OPERATING PROCEDURE

HOSPITAL INPATIENT COVID-19 TESTING

	NAME	status	DATE
Author	[redacted]	**Draft V1** **Draft v2** **Draft v3** **Draft v4** **Draft v5**	**11.02.21** **07.03.21** **11.03.21** **19.03.21** **06.04.21**
Reviewer	[redacted]	**Draft v1** **Draft v1** **Draft v2** **Draft v2** **Draft v3** **Draft v4** **Draft v5**	**11.02.21** **04.03.21** **08.03.21** **08.03.21** **14.03.21** **07.04.21** **19.04.21**
Authorised by	**Nosocomial Transmission Group**	**Draft v5**	**22.04.21**

1. PURPOSE

This Standard Operating Procedure [SOP] is required to provide a framework for the Swansea Bay UHB organisation as a whole, in accessing Covid-19 tests for hospital inpatients. This SOP responds to the latest national Framework for Covid-19 Testing for hospital inpatients in Wales (issued by Welsh Government w/c 01.02.21); the framework highlights five areas of focus which are as follows;

- Purpose 1: to prevent COVID-19 in elective pathways
- Purpose 2: to prevent COVID in elective pathways in those with previous COVID infection
- Purpose 3: to identify COVID-19 in emergency care pathways
- Purpose 4: to reduce risk to patients at higher risk
- Purpose 5: To show non-infectivity prior to transfer or discharge of patients with a history of COVID-19

2. SCOPE

2.1 The SOP relates to the process required to request Covid testing of hospital inpatients within Swansea Bay, describes the testing "tools" available to test inpatients and the capacity within the Public Health Wales lab network to accommodate testing of hospital patients.

2.2 The SOP also describes the testing process for patients requiring elective surgery or long-term treatment (e.g. renal dialysis, cancer); patients not already a hospital inpatient.

2.3 This SOP does not include Covid testing for outpatients.

3. RESPONSIBILITIES – TO REFLECT THE DECISION MAKING PROCESS IN INPATIENT TEST REQUESTING

3.1 The Nosocomial Silver Cell has the responsibility for establishing the inpatient testing strategy and for inpatient testing policy implementation.

3.2 The Swansea Bay Nosocomial Silver Cell has the authority to determine which inpatient cohorts are Covid-19 tested and at what stage of their admission; to be determined considering demand/requests from Service Delivery Groups.

3.3 The Nosocomial Silver Cell has the oversight of the inpatient testing programme and determines the parameters for requesting inpatient testing.

3.4 The Nosocomial Silver Cell also reviews the screening dashboard to oversee compliance with screening.

3.5 The Nosocomial Silver Cell will review the potential to space out sample lab processing/sample transport plans to alleviate timeline pressures on the lab.

3.6 The Testing Operational Cell operationalises policies set by the Nosocomial Silver Cell and has the responsibility for aligning capacity and testing routes to meet the demand.

3.7 The Testing Operational Cell will alert the Nosocomial Silver Cell of any changes to testing capacity (particularly community testing) that may adversely affect the delivery of inpatient testing.

3.8 All SBUHB clinical staff have the authority to request a Covid test for a patient.

3.9 The clinician requesting the Covid test has the responsibility to share the test result, as soon as known, with the patient being tested. This applies if the patient is still in hospital OR has been discharged. It is important that the test result is made available to the clinical team looking after the patient. IP&C should help support this process by alerting the ward staff. Each ward/team should have a process in place for dealing with such results to include information on who IP&C should inform.

3.10 The Nosocomial Silver Cell will review lab demand and capacity as required and as advised by the Testing Operational Cell.

3.11 ***Rapid Tests*** – these tests are allocated on a UK-wide basis. The 15 hospital sites in Wales, with microbiology labs, have been apportioned set volumes of rapid tests. For Swansea Bay UHB this means:

Morriston Hospital	80 per day
Singleton Hospital	30 per day
Total	**110 per day**

Any ad-hoc requests for Rapid Tests will be allocated from the overall total. If more than the allocated daily total is required, there is a facility to request extra tests from other labs across Wales – this will be actioned by the Singleton PHW lab manager. If the demand for Rapid Tests exceeds supply, the issue must be escalated immediately to the Medical Director.

In relation to Rapid Tests, the Singleton Lab liaises with:

[redacted]

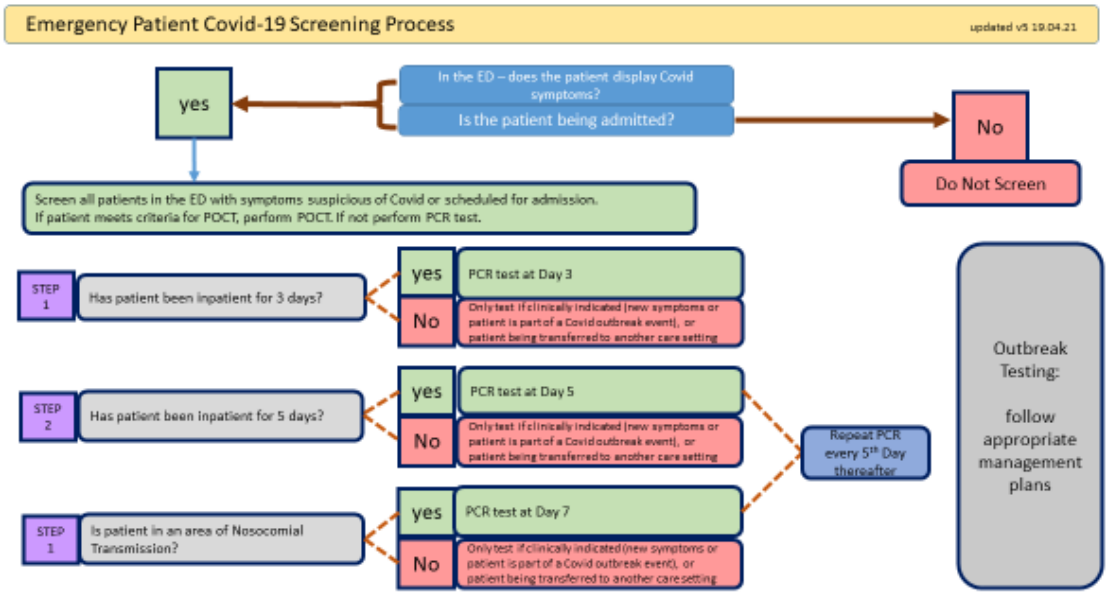
4. SPECIFIC PROCEDURE

The current emergency inpatient testing pathway includes:

1. Test patients presenting to an Emergency Department, if they display Covid suspicious symptoms (adopt the widened criteria set as below):
   - Fever
   - New persistent cough (with or without sputum)
   - Influenza-like symptoms including any or all of: myalgia (muscle ache or pain), excessive lethargy or fatigue, persistent headache, runny nose or blocked nose, persistent sneezing, sore throat and/or hoarseness, shortness of breath or wheezing
   - Altered or absent sense of smell (anosmia) or taste (ageusia)
   - Generally feeling unwell and a history of being in contact with a known COVID-19 case
   - Any new or change in symptoms is an indication for a test in someone with a previous negative test

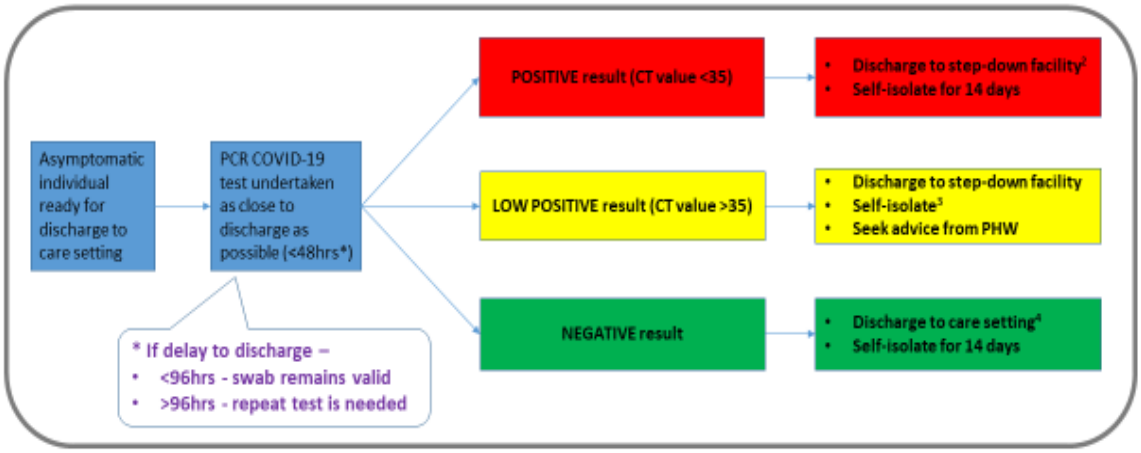
   or at the clinician's discretion.
2. All patients identified for admission, whether or not they have symptoms, are to be tested on Day 1.
3. All patients are to be tested again on Day 3 and Day 5 (excluding patients that have tested positive in the last 90 days).
4. In an area of Nosocomial Transmission, patient testing on Day 7 will also be required (as per Welsh Government guidance issued March 2021).

The flowchart below describes the current process:

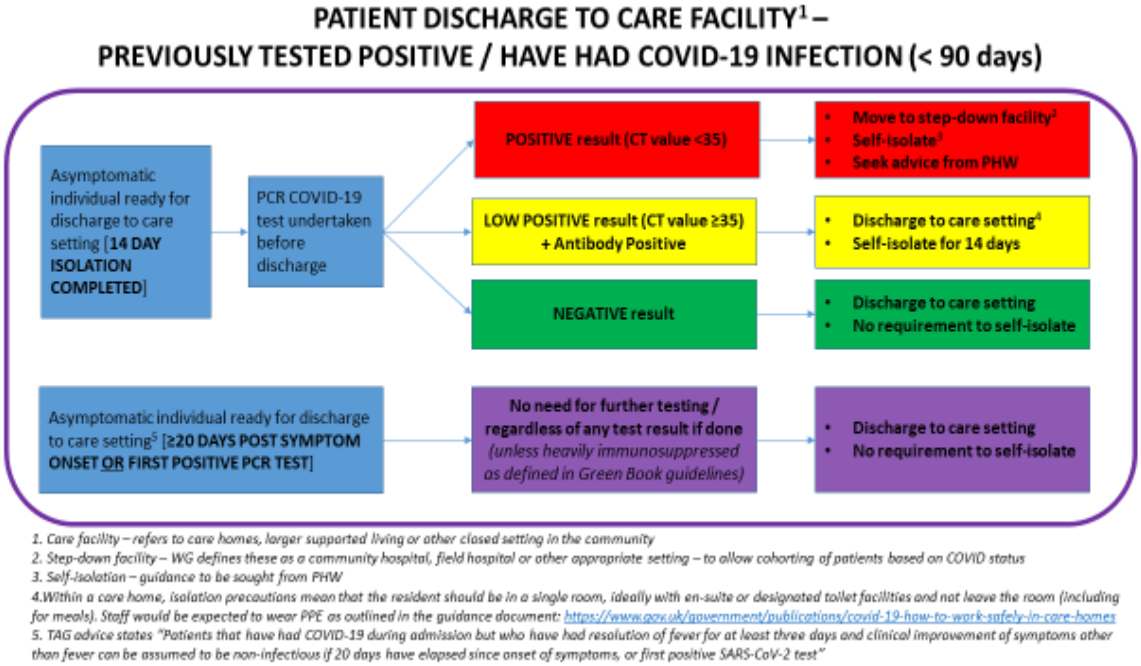


5. Test all planned patient transfers to another hospital, including those patients that fall under the All Wales Repatriation Policy and the Major Trauma Network, Care with Treatment Closer to Home, (CWTCH) Policy. Test 24 hours before the planned transfer date (max 48 hours); patient to be isolated for 14 days in the receiving facility. Refer to the hospital discharge and transfer policy for more detail.
6. Test prior to discharge to another care setting i.e. step-down setting, LD group home, assisted supported living or nursing/residential care home. The flowcharts below show the steps to take when arranging the transfer:

PATIENT DISCHARGE TO CARE FACILITY[1] –
NO PRIOR EXPOSURE TO / DIAGNOSIS OF COVID-19



1. Care facility – refers to care homes, supported living or other closed setting in the community
2. Step-down facility – WG defines these as a community hospital, field hospital or other appropriate setting – to allow cohorting of patients based on COVID status
3. Self-isolation – guidance to be sought from PHW
4.Within a care home, isolation precautions mean that the resident should be in a single room, ideally with en-suite or designated toilet facilities and not leave the room (including for meals). Staff would be expected to wear PPE as outlined in the guidance document: https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes



Test 24 hours before the planned transfer date (max 48 hours); patient to be isolated for 14 days in the receiving facility. Refer to the 'CID3886 Hospital Discharge and Transfer Protocol during COVID-19' policy for more detail.

7. Arrange pre-admission PCR testing for all patients due to be admitted for elective procedures and treatment. Refer to local policies and follow the pathway for 48-72 hrs pre-procedure testing. This includes ensuring the patient follows the correct Covid rule for pre-procedure testing.

8. Test all patients within Outbreak Event wards according to the management plans.

9. Test patients if they display symptoms of COVID-19 after admission.

10. The Testing on Admission Dashboard must be reviewed daily to ensure the effective monitoring of all tested patients.

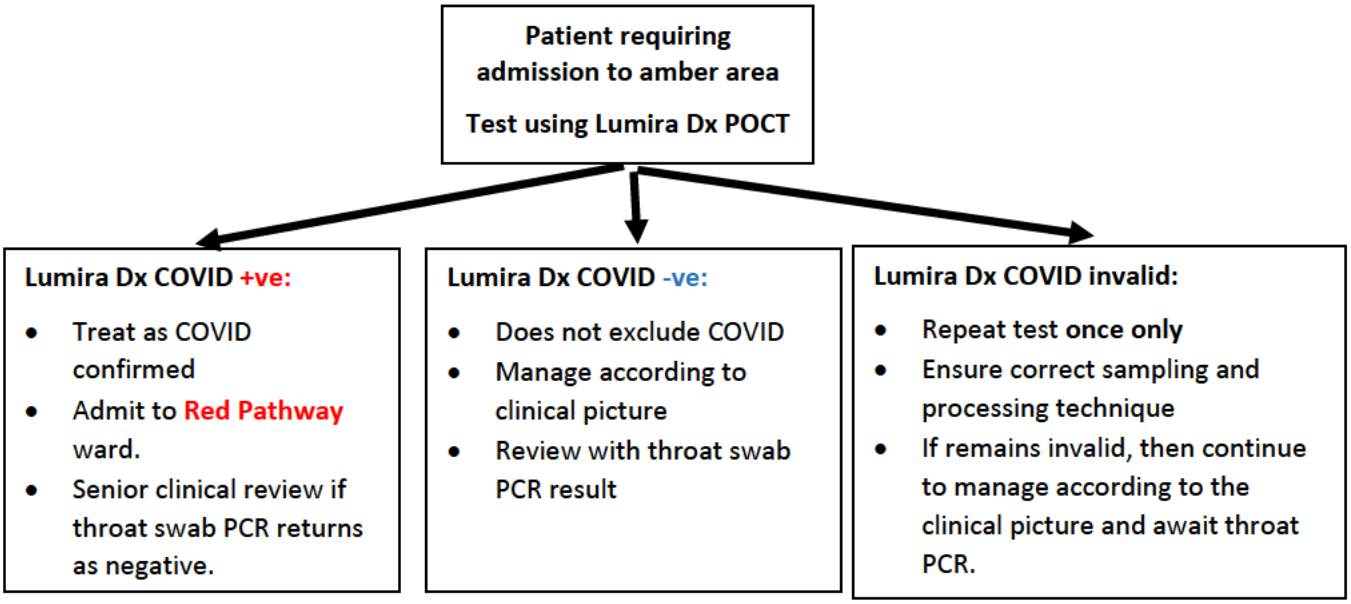
11. Severely immunocompromised patients with Covid-19 may present an infection risk for longer than 14 days. They require one negative test to determine status or complete resolution of symptoms to decide if isolation should be maintained beyond 14 days of the positive sample date. If repeat testing remains positive after 14 days, patient should be tested again after a further 7 days if the patient remains in hospital.

12. Inpatients with a travel history to areas of concern re: new variants must be isolated in a cubicle (Negative Pressure Room if available), or in extreme circumstances in a cohorted bay (i.e. if large numbers of patients with a new variant are admitted and isolation of all of them in a cubicle is not feasible).

5. WHEN TO USE POINT OF CARE LUMIRA DX TESTING

- As always, clinical judgement must be used when managing individual cases.
- Lumira Dx COVID POCT has a high Positive Predictive value when used to confirm COVID in the suspected COVID population.
- It **should not be used** to 'rule out' COVID in the hospital population.
- Lumira Dx testing to be used for admission to Amber areas.

Note: Patients who are already known to be acute COVID in the community do not require testing using POCT and can be admitted directly to Red Pathway wards.



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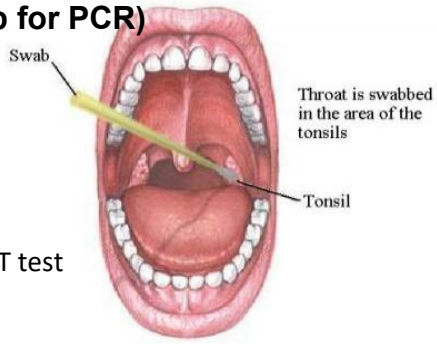
Appendix A - Guide to using Lumira Dx POCT

Step 1: Criteria for using Lumira Dx POCT (ALL MUST BE MET) tick for records

- ☐ Undertake the Lumira point of care testing for patients that are admitted to hospital via ED or AMU, or any adult admission (18+) patient pathway (NOT for ward patients or staff) (See appendix abc)
- ☐ Symptoms for **12 days or less**
- ☐ Patient **LIKELY** to require admission determined by **SENIOR Decision maker**
- ☐ Unknown COVID status *(do not use POCT if already known +ve by community PCR test or primary care POCT test in the last 14 days)*

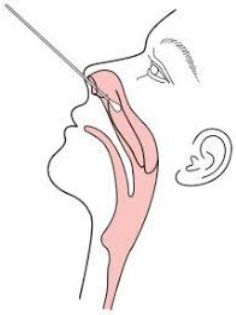
Step 2: Take swab for laboratory analysis (THROAT swab for PCR)

- Wear PPE: gloves, apron, Type IIR surgical mask **AND** visor
- Insert swab into throat around tonsillar area
- Vigorously swab
- Replace into container to be sent to lab
- Label throat swab sample with addressograph
- Complete microbiology request form - **INCLUDING** result of POCT test
- Add relevant priority sticker and package sample as normal



- Wear PPE: gloves, apron, Type IIR surgical mask and visor
- Sample should be collected by inserting **COPAN FLOQ** swab into one nostril approximately **one inch** and rotated for **10 seconds**, then the **same swab** is inserted into the second nostril approximately **one inch** and rotated **for 10 seconds**

Step 3: Take swab for PoCT analysis: (Dual mid turbinate **Nasal** swab)



Step 4: Sample preparation for Lumira Dx PoCT test for Covid 19

1. **Remove seal** – Remove seal from the top of the Extraction Vial containing the Extraction Buffer
2. **Soak swab** – Place and soak swab in the Extraction Buffer for **30 seconds**, then stir well by rotating the swab against the side of the vial 5 times.
3. **Squeeze swab** – Remove the swab while squeezing the Extraction Vial to remove the liquid from the swab. Discard swab in biohazard waste
4. **Attach dropper lid** – Firmly attach the dropper lid to the top of the Extraction Vial. The extracted sample must be used within 5h of preparation when stored at room temperature.

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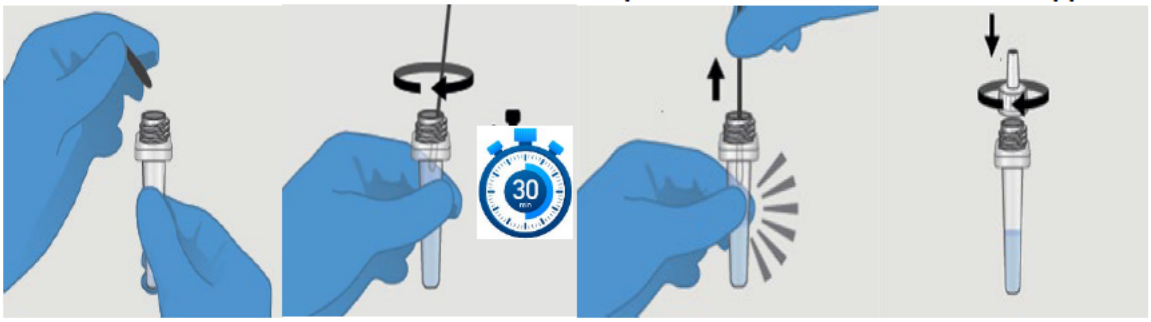
1. Remove seal 2. Soak swab 3. Squeeze swab 4. Attach dropper lid



Refer to Standard Operating Procedure or Quick reference guide for LumiraDx PoCT Covid 19 Antigen testing procedure.

Step 5: Record results- tick once complete

- ☐ Document result on table below **AND** the PoCT results sheet (for collection by PoCT staff)
- ☐ Alert ED/ AMU NIC and relevant clinician of result
- ☐ Write result clearly in patient's notes.
- ☐ Add this sheet to patient notes as a record of the test

Consultant **Location**	**Operator name:**	**Result : Lumira Dx POCT SARS-CoV2 (COVID)**
		Positive +ve ☐
	Signature:	**Negative -ve** ☐
	Date: **Time:**	**Assay Invalid** ☐

6. SOP REVIEW PROCESS

This SOP should be reviewed every 3 months to ensure current guidance and protocols are aligned to national policy. The SOP sign off process should be as follows:

- Review by Nosocomial Group – agreed amendments to be included in a new version of the SOP.
- Revised SOP to be shared with the Testing Workstream Cell.
- Endorsed new version of the SOP to be issued to all relevant Service Delivery Groups.

COIN clinical online information network

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Authorisation Form for Publication onto COIN/COVID-19 Intranet Page

Please ensure that all questions are answered – if not applicable please put N/A

COIN/COVID ID:	3998
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