



Hospital Testing for COVID-19

Summary table providing an overview of hospital testing, covering 1) patients and 2) staff.

When using this table the following applies;

- Screening undertaken outwith national programmes which are 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 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 in respiratory tract samples for some time following infection. The exception to this is:
 - o Discharge to care home/residential facilities where 2 negative tests must be achieved 24 hours apart prior to transfer.
- 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 after transfer and reinforce the importance of COVID-19 measures. This includes physical distancing, hand hygiene, wearing of facemasks and respiratory etiquette.
- It is recognised that a patient may meet different criteria for testing multiple times in a short period of time (admission screening, transfers to another ward, contact of a case, outbreak management). If an inpatient has undergone a COVID-19 test in the previous 24 hours, there is no need to repeat it and the result can be accepted for any of the testing requirements below with the exception of
 - New symptoms onset a new test must be performed as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.
 - Pre elective surgical or medical screening where the requirement for a negative test must be within a set time period (48 or 72 hours).

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1) Patient testing

Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
Requirement 1 All elective surgical patients must be tested prior to admission	PCR	Tested prior to admission Retested on day 5 of in-patient stay if admission test was negative A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so	For 14 days pre-surgery, individual limits social contact if possible. Some patients may elect to self-isolate completely for this 14-day period*. Day 11: patient history check-in and COVID symptom screening. A viral nose and throat swab should be taken no more than 48 hours before surgery. Full SIGN duidance on next steps if positive or negative. From the date of a negative swab, patients should be asked to self-isolate until their planned admission. If required, support should be arranged by the responsible surgical team and provision made for advising employers about the patient's availability to work.	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	SIGN Guidance: Reducing the risk of postoperative mortality due to COVID-19 in patients undergoing elective surgery For paediatric elective surgical patients:

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
			*If unable to be tested or isolate pre-surgery, carry out a risk assessment and discuss the risks and benefits of delaying or going ahead with the surgery with the patient, parent/carer.	}		
All planned medical admissions (inc endoscopy and bronchoscopy patients) must be tested prior to admission	PCR	Tested prior to admission Retested on day 5 of in-patient stay if admission test was negative A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so	For 14 days pre-admission, individual limits social contact if possible. Some patients may elect to self-isolate completely for this 14-day period*. Day 11: patient history check-in and COVID symptom screening. For endoscopy admissions, patient history check-in and COVID symptom screening 3-7 days pre-endoscopy. A viral nose and throat swab should be taken no more than 48 hours before surgery. This is the same for endoscopy admissions, however colonoscopy admissions	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	NHS Scotland Chief Executive letter on the Testing Expansion Plan

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
		Archive	should be tested 72 hours before to allow for bowel prep. From the date of a negative swab, patients should be asked to self-isolate until their planned admission. If required, support should be arranged by the responsible surgical team and provision made for advising employers about the patient's availability to work. If positive, patient advised to start 10 days of self-isolation along with household members and elective admission should be rescheduled. *If unable to be tested or isolate pre-admission, clinical urgency & right apparatus dentals as		principles	
			risk assessment undertaken – admitted on amber/medium risk pathway.			

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
Requirement 3	PCR and Point	Tested on admission	Includes all emergency	Yes if	Protecting the	NHS Scotland
	of Care		admissions whether or not they	positive	vulnerable	<u>Chief</u>
All emergency	Testing	Retested on day 5 of	have symptoms, through		and	Executive letter
admissions	(PoCT)	in-patient stay if	Emergency Departments, Acute Assessment Units,	A	preventing outbreaks in	on the Testing
	L	admission test was			high risk	Expansion Plan
	LumiraDx	negative	Maternity Units and Emergency		settings by	<u>Fiaii</u>
	supplied to some health	A new test must be	Werital Fleatiff Office		routine testing	Coronavirus
	boards, should	performed at any point			Testing for	(COVID-19)
	they choose to	in the inpatient stay as			direct patient	point of care
	use these, for	soon as new onset of	Mental Health Units		care, to	and rapid
	emergency	COVID-19 symptoms			diagnose and	testing - clinical
	admission	are recognised or			to treat, and	management:
	testing of	there is a clinical	60		to support	<u>governance</u>
	symptomatic	indication to do so			safe patient	policy
	individuals	,0))		care as NHS	
	only; an	indication to do so			services	
	immediate				restart	
	follow up PCR					
	test needed if	Y				
	negative via LumiraDx					
	LullillaDX					
	Note - other PoCTs may					

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
Requirement 4 Any other patient admitted to hospital not covered by in the above groups (inc hospital transfers)	also be available at local Board level that should be utilised in line with your organisational response PCR	Tested on admission Retested on day 5 of in-patient stay if admission test was negative A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so	Further guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Addendum	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient	COVID-19 Infection Prevention and Control Addendum NHS Scotland Chief Executive letter on the Testing Expansion Plan

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Who is being	Type of test	Frequency	Additional information	Followed	Alignment	Relevant
tested				up by TaP	with testing	policy letter or
					principles	guidance
						documents
					care as NHS	
					services	
					restart.	
Requirement 6	PCR	If transfer is within 5	Further general guidance on	Yes if	Protecting the	COVID-19
		days of first admission	patient transfers within hospital	positive	vulnerable	<u>Infection</u>
Transfer of a		to hospital, no	settings is included within the		and	Prevention and
non-COVID-19		additional testing is	COVID-19 Infection Prevention		preventing	Control
patient to		required and the	and Control Addendum		outbreaks in	<u>Addendum</u>
another ward		patient must continue			high risk	
		to be tested on day 5			settings	NHS Scotland
NB: where a		of the admission as	0			Chief
COVID-19		per requirements 1-4	and Control Addenduro		Testing for	Executive letter
patient still					direct patient	on the Testing
within their 14		If transfer is more than	kO'		care, to	<u>Expansion</u>
day self-		5 days after first			diagnose and	<u>Plan</u>
isolation		admission to hospital,	J*		to treat, and	
period needs		a new test should be			to support	
to transfer		performed on arrival at			safe patient	
there is no		the receiving ward			care as NHS	
need to test the		(within 4 hours)			services	
patient on		UNLESS the transfer			restart	
transfer - refer		is to a clinically				
to section <u>5.3.6</u>		vulnerable area then				
of Scottish		pre transfer testing				
COVID-19		must be built into the				

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
Acute care addendum		transfer plan and a test undertaken pre transfer wherever possible.				
Requirement 7 Transfer of a non COVID-19 patient to another hospital/NHS board	PCR	All transfers to another hospital or board should recommence testing frequency as per Requirement 1-4: Tested on admission to new hospital or NHS Board Retested on day 5 of in-patient stay if admission test was negative If the transfer is to a clinically vulnerable area then pre transfer testing must be built	Further general guidance on patient transfers within hospital settings is included within the COVID-19 Infection Prevention and Control Adderdum	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	Infection Prevention and Control Addendum
		into the transfer plan and a test undertaken				

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
		pre transfer wherever possible. However, the transfer need not be delayed whilst a result is awaited and patient should be isolated on transfer to the receiving area until a negative result is achieved. A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.	kor information of h			
Requirement 8	PCR	Testing is not routinely required for stepdown	Further general guidance on stepdown of IPC precautions and	No	Protecting the vulnerable	COVID-19 Infection
Stepdown of		of IPC precautions or	discharge of COVID-19 patients		and	Prevention and
IPC		discharge of COVID-	is included within the COVID-19		preventing	Control
precautions		19 except in the	Infection Prevention and Control		outbreaks in	<u>Addendum</u>
and discharge		following cases;	Addendum for Acute Settings			

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Who is being	Type of test	Frequency	Additional information	Followed	Alignment	Relevant
tested				up by TaP	with testing	policy letter or
					principles	guidance
						documents
of COVID-19		Discharge to a care	COVID-19: Information and		high risk	<u>COVID-19:</u>
patients		facility including care	Guidance for Care Home Settings		settings	<u>Information</u>
		homes and residential	(Adults and Older People).			and Guidance
*Please also		homes: 2 negative				for Care Home
refer to		tests must be achieved		7		<u>Settings</u>
stepdown		commencing no earlier	0,			(Adults and
guidance in		than day 8 of the self				Older People).
Scottish		isolation period and at	×O'			
COVID-19		least 24 hours apart.				
Addendum for			FOR INTO THE STATE OF THE STATE			
Acute care		Testing is encouraged	(0)			
settings for		for patients				
other criteria		discharging to their				
required in		own home where	(0)			
addition to		someone in the				
testing		nousehold is severely) *			
		immunocompromised.				
		Clearance testing				
		should be considered				
		for patients who are				
		severely				
		immunocompromised				
		and individuals at risk				
		of severe illness.				

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing	Relevant policy letter or
					principles	guidance documents
Serial testing	PCR	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 would be undertaken in addition to the repeat test undertaken on day 5 of the in-patient stay (the purpose of which is to identify patients who were incubating but tested negative on or pre-admission).	This aligns with CNO letter issued to Boards on 16 October 2020	Yes	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	CNO letter first issued to Boards on 16 October 2020 and included in NHS Scotland Chief Executive letter on the Testing Expansion Plan

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
		A new test must be performed at any point in the inpatient stay as soon as new onset of COVID-19 symptoms are recognised or there is a clinical indication to do so.	ionon	}		
Testing contacts of confirmed COVID-19 cases	PCR	All individuals identified as a contact of a confirmed case should have a single PCR test performed.	This aligns with community contact tracing which is detailed in PHS contact Tracing Guidance	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by testing contacts of confirmed cases. Testing for direct patient care, to diagnose and to treat, and	PHS contact tracing guidance

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles to support safe patient	Relevant policy letter or guidance documents
			on	}	care as NHS services restart	
Tested as part	PCR	Proactive case finding	Detailed COVID-19 outbreak	Yes if	Protecting the	COVID-19
of a hospital		should be supported	guidance can be accessed via	positive	vulnerable	<u>outbreak</u>
outbreak	Use of any	during an outbreak	the National Infection Prevention		and	guidance in
	other types of	through selected	and Control Manual (NIPCM)		preventing	National
	test (in	testing of any	nere.		outbreaks in	<u>Infection</u>
	addition to	suspected	here.		high risk	Prevention and
	PCR testing)	symptomatic cases and, when indicated,			settings by routine testing	Control Manual (NIPCM)
	should be		\$O'		Toutine testing	(INIF CIVI)
	discussed with local Incident Management Teams, in line with your normal organisational response.	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			Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	

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Who is being tested	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance documents
		cases who may transmit the infection.				
Any patient who develop symptoms should be tested immediately, and testing should be considered where there is clinical suspicion of COVID-19.	PCR	Any patient who develops symptoms should be tested immediately. Clinicians should also consider testing where there is clinical suspicion of COVID-19. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.	Further guidance is provided in COVID-19 Guidance for Secondary Care Settings	Yes	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	COVID-19 Guidance for Secondary Care Settings)

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2) Staff testing

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
Asymptomatic	PCR	Once a week via PCR	Asymptomatic staff who are	Yes	Protecting	Coronavirus
staff in defined		and once a week via	currently tested using weekly PCR		the	(COVID-19):
high-risk	Plus Lateral	LFT	tests should		vulnerable	<u>asymptomatic</u>
areas:	Flow Tests		continue to do so based on extant		and	staff testing in
	(LFTs) to	Staff should also be	policy, to continue targeted		preventing	NHS Scotland
•Oncology &	ensure twice	offered LFT kits so that	approach for those patient groups		outbreaks in	
haemato-	weekly testing	they can be tested twice	most at risk. However, staff will		high risk	
oncology in		weekly – once via PCR	also be offered the opportunity to		settings by	
wards and day		and once via LFT (see	be tested using LFTs (in addition to		routine	
patient areas,		below)	their weekly PCR test), so they too		testing	
inc		>	can access twice		Tantingston	
radiotherapy		.01	weekly testing.		Testing for	
0			5.0		direct	
•Staff in wards			See guidance, FAQs and		patient care,	
caring for		Alchive	operational definitions		to diagnose and to treat,	
people over 65					and to treat,	
years of age where the					support safe	
length of stay					patient care	
is over 3					as NHS	
months					services	
monuis					restart	

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Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
•Mental health						
services where						
the anticipated						
length of stay						
months.						
	Lateral Flow	Turing washing	In the event of a needs VIII	Vaa	Duete etie e	O a war a sa si war a
All patient-		Twice weekly	In the event of a positive LFT result, the staff member should	Yes,	Protecting the	Coronavirus (COVID-19):
facing staff in hospital	Tests (LFTs)	0. "	self-isolate immediately (along with	following confirmatory	vulnerable	
settings, SAS,		Staff who are	their household) in line with	PCR test.	and	asymptomatic
COVID-19		participating in studies,	government guidance, inform their	PCR lest.	preventing	staff testing in NHS Scotland
Assessment		such as SIREN, should continue their current	manager and occupational health	If contact	outbreaks in	NHS Scotland
Centres and			department, and arrange to have	If contact	high risk	Coronoviruo
COVID-19		method of testing via	an urgent PCR test in line with	tracing does	settings by	Coronavirus
Vaccinators		PCR testing in line with	local Board procedures. All positive		routine	(COVID-19)
Vaccinators		study protocols. However, staff will also	LFT results require a follow up	a	testing	point of care and rapid
		be offered LFTs (in	PCR test.	correspondi ng PCR	tooting	testing -
		addition to their weekly		result in 48	Testing for	clinical
		PCR test), so they too	See Chief Exec letter, Standard	hours of a	direct	management:
		can access twice weekly	Operating Procedure, FAQs and	reported	patient care,	governance
		testing. This also	training materials	positive LFD	to diagnose	policy
		applies to staff being	Talling materials	test result,	and to treat,	<u>policy</u>
		tested weekly in high-	Negative results do not rule out	then staff	and to treat,	
		toolog woodly in riigh	COVID-19 and existing IPC	on otali	support safe	

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Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		risk specialties via PCR (see above).	measures - including the use of PPE, the extended use of face masks, physical distancing, environmental cleaning, symptom vigilance and good hand and respiratory hygiene – all remain critical to minimise the risk of transmission of COVID-19.	will be contacted as an index case (via the positive LFT result).	patient care as NHS services restart	
Tested as part of a hospital outbreak	Use of any other types of test (in addition to PCR testing) should be discussed with local Incident Management Teams, in line with your normal organisational response.	All staff (regardless of symptoms) should be offered testing as part of an incident or outbreak investigation at ward level unexpected cases are identified. Proactive case finding should be supported during an outbreak through selected testing of any suspected symptomatic cases and, when indicated, asymptomatic testing as	Asymptomatic staff testing as part of an incident or outbreak should be carried out in line with existing staff screening policy for healthcare associated infection. Detailed COVID-19 outbreak guidance can be accessed via the NIPCM.	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk settings by routine testing Testing for direct patient care, to diagnose and to treat,	outbreak guidance in National Infection Prevention and Control Manual (NIPCM) Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland

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Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		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. All staff who are symptomatic of COVID-19 must be excluded from work immediately and tested. Follow COVID-19: Management of exposed healthcare workers and patients in hospital settings.	KOLINEOLINE OLINE		and to support safe patient care as NHS services restart	

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Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
Symptomatic	PCR	Staff should not be at	All staff who are symptomatic of	Yes if	Protecting	COVID-19:
staff - or if a		work if they (or a	COVID-19 must be excluded from	positive	the	Management
household		household member)	work and tested. Follow		vulnerable	of exposed
member has		have symptoms of	COVID-19: Management of		and	<u>healthcare</u>
symptoms or		COVID-19 unless they	exposed healthcare workers and		preventing	workers and
has tested		have accessed a test,	patients in hospital settings.		outbreaks in	patients in
positive		and tested negative and	×iO		high risk	<u>hospital</u>
		agreed their return to			settings by	<u>settings</u>
		work in line with local			routine	
		procedures. If a staff	patients in hospital settings.		testing	
		member has COVID-19				
		symptoms, they must			Testing for	
		self-isolate as per	60		direct	
					patient care,	
		book a PCR test.	<i>y</i>		to diagnose	
		book a PCR test.			and to treat,	
					and to	
		210			support safe	
					patient care	
		*			as NHS	
					services	
					restart	

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NB: A negative test does not mean that an individual is not incubating the virus. It is important to practice vigilance in monitoring for any symptom onset and adhere to existing COVID-19 IPC measures. This includes physical distancing, hand hygiene, appropriate use of PPE – including wearing of facemasks – and good respiratory etiquette.

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