ARHAI Scotland
Antimicrobial Resistance and Healthcare Associated Infection

NHS National Services Scotland

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:

  - 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).

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 document
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 guidance 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:](#)

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
			*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.			
Requirement 2 **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 should be tested 72 hours before to allow for bowel prep.	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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			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 & risk assessment undertaken – admitted on amber/medium risk pathway.			
Requirement 3 **All emergency admissions**	PCR and Point of Care Testing (PoCT) LumiraDx supplied to	Tested on admission Retested on day 5 of in-patient stay if admission test was negative	Includes **all** emergency admissions whether or not they have symptoms, through Emergency Departments, Acute Assessment Units, Maternity Units and Emergency Mental Health Units	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk	[NHS Scotland Chief Executive letter on the Testing Expansion Plan](#)

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	some health boards, should they choose to use these, for emergency admission testing of symptomatic individuals only; an immediate follow up PCR test needed if negative via LumiraDx Note - other PoCTs may also be available at local Board level that should be utilised in line with your organisational response	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			settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	Coronavirus (COVID-19) point of care and rapid testing - clinical management: governance policy

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
Requirement 4 **Any other patient admitted to hospital not covered by in the above groups (inc hospital transfers)**	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 care as NHS services restart	COVID-19 Infection Prevention and Control Addendum NHS Scotland Chief Executive letter on the Testing Expansion Plan
Requirement 6 **Transfer of a non-COVID-19 patient to another ward**	PCR	If transfer is within 5 days of first admission to hospital, no additional testing is required and the patient must continue to be tested on day 5	Further general 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	COVID-19 Infection Prevention and Control Addendum

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NB: where a COVID-19 patient still within their 14 day self-isolation period needs to transfer there is no need to test the patient on transfer – refer to section 5.3.6 of Scottish COVID-19 Acute care addendum		of the admission as per requirements 1-4 If transfer is more than 5 days after first admission to hospital, a new test should be performed on arrival at the receiving ward (within 4 hours) <u>UNLESS</u> the transfer is to a clinically vulnerable area then pre transfer testing must be built into the transfer plan and a test undertaken pre transfer wherever possible.			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
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:	Further general 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	COVID-19 Infection Prevention and Control Addendum

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		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 into the transfer plan and a test undertaken 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.			Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		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				
Requirement 8 **Stepdown of IPC precautions and discharge of COVID-19 patients** ***Please also refer to stepdown guidance in Scottish COVID-19 Addendum for Acute care settings for other criteria**	PCR	Testing is not routinely required for stepdown of IPC precautions or discharge of COVID-19 except in the following cases; Discharge to a care facility including care homes and residential homes: 2 negative tests must be achieved commencing no earlier than day 8 of the self isolation period and at least 24 hours apart.	Further general guidance on stepdown of IPC precautions and discharge of COVID-19 patients is included within the COVID-19 Infection Prevention and Control Addendum for Acute Settings COVID-19: Information and Guidance for Care Home Settings (Adults and Older People).	No	Protecting the vulnerable and preventing outbreaks in high risk settings	COVID-19 Infection Prevention and Control Addendum COVID-19: Information and Guidance for Care Home Settings (Adults and Older People).

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
required in addition to testing		Testing is encouraged for patients discharging to their own home where someone in the household is severely immunocompromised. Clearance testing should be considered for patients who are severely immunocompromised and individuals at risk of severe illness.				
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.	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	CNO letter first issued to Boards on 16 October 2020 and included in NHS Scotland Chief Executive letter on the Testing Expansion Plan

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		*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). 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			diagnose and to treat, and to support safe patient care as NHS services restart	
Tested as part of a hospital outbreak	PCR Use of any other types of test (in addition to	Proactive case finding should be supported during an outbreak through selected testing of any suspected	Detailed COVID-19 outbreak guidance can be accessed via the National Infection Prevention and Control Manual (NIPCM) here.	Yes if positive	Protecting the vulnerable and preventing outbreaks in high risk	COVID-19 outbreak guidance in National Infection Prevention and

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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
	PCR testing) should be discussed with local Incident Management Teams, in line with your normal organisational response.	symptomatic cases and, when indicated, 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 cases who may transmit the infection.			settings by routine testing Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	Control Manual (NIPCM)
Any patient who develop symptoms should be tested immediately, and testing should be considered where there is clinical	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	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	COVID-19 Guidance for Secondary Care Settings)

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suspicion of COVID-19.		a public health professional may consider testing even if the definition of a possible case is not met.			Testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart	

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 staff in defined high-risk areas: **•Oncology & haemato-oncology in wards and day patient areas, inc radiotherapy** **•Staff in wards caring for people over 65 years of age where the length of stay is over 3 months**	PCR Plus Lateral Flow Tests (LFTs) to ensure twice weekly testing	Once a week via PCR and once a week via LFT Staff should also be offered LFT kits so that they can be tested twice weekly – once via PCR and once via LFT (see below)	Asymptomatic staff who are currently tested using weekly PCR tests should continue to do so based on extant policy, to continue targeted approach for those patient groups most at risk. However, staff will also be offered the opportunity to be tested using LFTs (in addition to their weekly PCR test), so they too can access twice weekly testing. See guidance, FAQs and operational definitions	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	Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland

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•**Mental health services where the anticipated length of stay is over three months.**						
All patient-facing staff in hospital settings, SAS, COVID-19 Assessment Centres and COVID-19 Vaccinators	Lateral Flow Tests (LFTs)	Twice weekly Staff who are participating in studies, such as SIREN, should continue their current method of testing via PCR testing in line with study protocols. However, staff will also be offered LFTs (in addition to their weekly PCR test), so they too can access twice weekly testing. This also applies to staff being tested weekly in high-risk specialties via PCR (see above).	In the event of a positive LFT result, the staff member should self-isolate immediately (along with their household) in line with government guidance, inform their manager and occupational health department, and arrange to have an urgent PCR test in line with local Board procedures. All positive LFT results require a follow up PCR test. See Chief Exec letter, Standard Operating Procedure, FAQs and training materials Negative results do **not** rule out COVID-19 and existing IPC measures - including the use of	Yes, following confirmatory PCR test. If contact tracing does not receive a corresponding PCR result in 48 hours of a reported positive LFD test result, then staff will be contacted	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	Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland Coronavirus (COVID-19) point of care and rapid testing - clinical management: governance policy

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
			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.	as an index case (via the positive LFT result).	as NHS services restart	
Tested as part of a hospital outbreak	PCR 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 determined by the Incident Management	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, and to support safe	COVID-19 outbreak guidance in National Infection Prevention and Control Manual (NIPCM) Coronavirus (COVID-19): asymptomatic staff testing in NHS Scotland

Who is being tested?	Type of test	Frequency	Additional information	Followed up by TaP	Alignment with testing principles	Relevant policy letter or guidance document
		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.			patient care as NHS services restart	
Symptomatic staff - or if a household member has	PCR	Staff should not be at work if they (or a household member) have symptoms of	All staff who are symptomatic of COVID-19 must be excluded from work and tested. Follow COVID-19: Management of	Yes if positive	Protecting the vulnerable and	COVID-19: Management of exposed healthcare

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symptoms or has tested positive		COVID-19 unless they have accessed a test, and tested negative and agreed their return to work in line with local procedures. If a staff member has COVID-19 symptoms, they must self-isolate as per Government advice and book a PCR test.	exposed healthcare workers and patients in hospital settings.		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	workers and patients in hospital settings

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.