



Novel coronavirus (COVID-19) standard operating procedure

Testing for inpatients

4 April 2022, Version 1

Overall aim

To provide testing, as required by a clinically led risk-based approach, to inpatients, as outlined below, using polymerase chain reaction (PCR) tests and lateral flow devices (LFDs) from 1 April 2022. This will reduce the risk of nosocomial transmission and allow for action to be taken to isolate COVID-19 positive inpatients.

Objectives

- To deliver safe care to patients.
- To support the NHS in its infection control risk reduction strategy.
- To mitigate risk / harm to patients and workforce.

Context

The following patient use cases are included in this standard operating procedure:

Emergency/unplanned inpatient admission to a healthcare setting

All symptomatic/asymptomatic patients requiring emergency/unplanned admission via emergency departments or via any other route (eg Medical/surgical assessment units, GP direct admission) should be offered a PCR test to enable their appropriate patient placement. This may be a rapid PCR test, depending on local protocols. LFDs can continue to be used in emergency departments as part of the early decision assist test (EDAT) pathway.

Women admitted to a labour ward or setting should be tested as soon as is practical at the hospital site using PCR or rapid PCR tests. Their birth partners do not require testing.

Asymptomatic patients requiring emergency admission to a mental health unit, should be tested using LFDs as soon as is practical. Details of how to secure sufficient supply are included below.

Planned/elective admissions (Inpatients) in a healthcare setting

All NHS patients including paediatric patients in a hospital setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a PCR test as part of their usual diagnostic pathway. This includes patients who become symptomatic during an episode of care for an unrelated condition.

Testing for asymptomatic inpatients on day 3 and day 5-7 of their stay, should be performed by ward staff using LFDs. Details of how to secure sufficient supply are included below.

Every assisted LFD test result, positive, invalid and negative, should be logged by the relevant ward or department according to the trust procedure – patients with a positive result should be managed in accordance with infection prevention and control (IPC) guidance.

Severely immunocompromised patients who move beds within a hospital setting should be tested using PCR tests rather than LFDs.

All patients on discharge to other care settings, including to care homes or hospices, should be tested by PCR. Every person must receive a COVID-19 PCR test result within 48 hours before discharge from hospital – except for those who are known to have previously tested positive for COVID-19 and are within 90 days of their symptom onset or positive test date (if asymptomatic) and have no new COVID-19 symptoms or exposure or recent travel outside the UK.

NHS patients in mental health and learning disability settings returning from a period of planned leave, overnight leave or longer should be tested using LFDs. Details of how to secure sufficient supply are included below. As with other healthcare settings, asymptomatic inpatients in these healthcare settings should be tested on day 3 and day 5-7 of their stay.

Incident/outbreak testing should be undertaken using PCR tests, if advised by a local IPC team or following local public health advice.

Implementation

LFD tests are to be performed by trained staff on all the relevant LFD use cases outlined above. PCR tests should be requested from Pillar 1 laboratories via current trust processes.

Trusts can access lateral flow tests through the existing ordering route. An initial supply of devices was sent during the week commencing 28 March 2022 to cover the changeover period.

Independent sector provider organisations providing services for NHS patients will receive direct communication regarding access to tests for their NHS patients.

Every assisted LFD test result, positive, invalid and negative, should be logged by the relevant ward or department according to the Trust procedure. Collated results should be uploaded to NHSTestResultsLFD on Strategic Data Collection Service (SDCS). LFD stock holdings are to be reported weekly to NHSStaffLFT. Organisations not yet registered on SDCS for these collections should contact england.covid-lfd@nhs.net. Actions following result:

- Positive: treat patient as COVID-19 positive. Test result reported by trust.
- Indeterminate: patient could be positive or negative. Repeat the LFD test. The indeterminate result is to be reported as well as the subsequent result.
- Negative: treat patient as COVID-19 negative. Test result reported by trust.