

# VUMC GUIDELINES FOR COVID-19 TESTING

VUMC is testing patients for COVID-19 using a SARS-CoV-2 PCR test. Testing requires collection of a nasopharyngeal, oropharyngeal, or bilateral nares specimen. This document includes information on the following topics:

- **General Recommendations on Testing**
  - **Testing Upon Hospital Admission**
  - **Pre-Procedure Testing**
  - **Frequently Asked Questions**
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## GENERAL RECOMMENDATIONS ON TESTING

- **Test patients with suspicion for acute respiratory infection (which may include new symptoms such as fever, cough, shortness of breath, loss of taste or smell, or flu-like symptoms [chills, body aches, headache, sore throat]).**
- **Testing of asymptomatic patients who present to clinic is generally not recommended at VUMC unless prior to an approved procedure (see updated list below) or a VUMC employee approved for testing by VUMC Occupational Health.**
- Assess patients with symptoms of a respiratory infection for other respiratory virus infections (such as influenza or RSV).
- CDC recommends that **patients who have had confirmed COVID-19 infection and have recovered should not be routinely tested for 30 days (as per CDC and FDA)** after the initial positive test due to lingering detection of viral RNA that does not represent contagiousness or recurrent infection; however, patients may require repeat testing in certain situations as directed by a provider, such as new onset symptoms without an alternative diagnosis in a patient who had previously recovered. The CDC recommends that any testing of symptomatic persons days 31-90 after recent COVID-19 infection should be tested using an antigen test (vs. PCR/NAAT) if available (Note: not available as a test at VUMC).
- Repeat COVID-19 testing of previously negative patients should be avoided unless patients develop new symptoms concerning for newly acquired infection or worsening symptoms.
- **All swabs for testing will need to be transported to the lab in viral transport media (VTM). This includes specimens for rapid testing. Do not use dry swabs (not placed in media).**

## TESTING UPON HOSPITAL ADMISSION

### Ordering of COVID-19 Testing on Admission

- **Admission testing of asymptomatic patients is ONLY RECOMMENDED for all patients admitted to a positive pressure inpatient unit (VUH: 11N, 10CCT; Monroe Carell: 6A/6B).**
- It is particularly important to specify in the eStar order whether COVID-19 testing is being done for diagnosis in a patient with symptoms consistent with COVID-19 (such as new cough, fever, dyspnea, diarrhea, or loss of smell/taste) or for asymptomatic screening. **Only patients marked with an indication noting clinical concern for a SYMPTOMATIC patient will be placed on isolation at the time of ordering.**
- Patients with symptoms consistent with COVID-19 (if not already tested as part of their current illness) **should be tested** regardless of admission unit, vaccination status or prior COVID-19 infection diagnosis.
- Those collecting the sample should **refer to the eStar order Nursing Instructions to determine how to label the specimen**. All swabs for testing will need to be transported to the lab in viral transport media (VTM). This includes specimens for rapid testing. **Dry swabs should not be used.**

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## Exclusions to Asymptomatic Patient COVID-19 Testing on Admission Include the Following:

- Patients who had a SARS-CoV-2 PCR test collected in the 72 hours prior to admission:
  - Result must be pending or available in eStar or outside written result available
  - Positive SARS-CoV-2 **antigen** tests from outside facilities in the past 20 days in patients with symptoms consistent with COVID-19 are acceptable. Positive antigen tests in patients with no symptoms consistent with COVID-19 should be confirmed with a SARS-CoV-2 PCR, but the patient should be placed in appropriate isolation while the confirmatory test is pending. Negative antigen tests are not acceptable, and a SARS-CoV-2 PCR should be ordered on admission.
- SARS-CoV-2 serologies and verbal reports of SARS-CoV-2 PCR testing are not acceptable.

## Admission COVID-19 Testing Refused by Patient

- Counsel patient that options for testing include a sample obtained from the nares or oropharynx (which are typically less uncomfortable than nasopharyngeal sampling)
  - If patient continues to decline testing and is being admitted electively, consideration should be made to postponing admission.
  - If patient continues to decline testing and is being admitted urgently, proceed with admission.

## Recommendations for Repeating COVID-19 Testing in Inpatients After an Initial Negative Result

- Repeat testing of COVID-19 negative inpatients should be reserved for patients who the clinician has a high index of suspicion in the presence of a negative COVID-19 test result, a negative respiratory pathogen panel (RRP) or other molecular respiratory virus testing, and a lack of alternative diagnosis.
- Checking additional COVID-19 tests for a patient who has already had two negative tests is not recommended, unless the patient clearly develops new symptoms which may indicate a *newly acquired* COVID-19 infection.
- Before repeat COVID-19 testing, consider ID or pulmonary consult for additional consideration of other possible causes of the patient's concerning symptoms.
- Contact Infection Prevention if there are questions about continuing inpatient isolation after a negative COVID-19 test result.
- COVID-19 testing may be needed prior to post-acute care placement as recommended by case management.

## Isolation Needed Based on COVID-19 Test Results in Asymptomatic Patients (Inpatients)

- COVID-19 pending: Caregivers do not need to wear PPE unless other clinical conditions warrant (e.g., need Contact Precautions due to an MDRO infection). Patients may be admitted to an inpatient room if a test is pending; patients with a pending test cannot be admitted to a semi-private room or placed in a hallway bed.
- COVID-19 negative: Caregivers should wear appropriate isolation PPE based on whether another respiratory pathogen is detected. If a patient is only tested for SARS-CoV-2, influenza and RSV, they should be placed on empiric respiratory isolation as per VUMC protocols.
- COVID-19 positive: Place on patient on airborne, contact, and eye precautions. For aerosol-generating procedures, patients should be placed into an airborne infection isolation room (negative pressure), if available.

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## PRE-PROCEDURE TESTING

SARS-CoV-2 PCR testing for pre-procedure clearance for the procedures noted below is not recommended within 30 days of a prior positive test (unless a patient has developed new symptoms concerning for reinfection). If enough lead time is present prior to a scheduled elective procedure, proceduralists should encourage their patients to be vaccinated against COVID-19 as soon as possible in order to protect the patient from COVID-19-related complications.

- **Pre-Procedure COVID Testing Required:** Pre-procedure testing for SARS-CoV-2 is **only necessary for patients who:**
  - **Are undergoing immediate (within 24hrs) pre-lung or stem cell transplantation**
- Other testing may be ordered as determined on a case-by-case basis by the clinical team.
- When ordering pre-procedure COVID-19 testing, consider using diagnosis code Z11.52 (“encounter for screening for COVID-19”). **Order must be placed prior to sending outpatients to a testing location.**
  - Nursing staff under the direction of the proceduralist/surgeon may enter order using “standing order” mode with co-signature by the provider.
- Patients should be screened pre-procedure for any signs or symptoms of acute infection and tested for SARS-CoV-2 as appropriate and be assessed for deferral of their procedure.
- Use of routine perioperative PPE use should continue. Individuals may choose to wear N95 or other respirators, as informed by their perceived individual risk assessment and their potential for developing severe disease.
- These changes do not affect the decisions to test individual patients to assess their personal risk assessment for post-surgical complications.
- Patients requesting 3<sup>rd</sup> party testing must provide documentation of negative PCR or nucleic acid amplification test result time stamped within 72 hours of procedure.
  - Verbal test results, SARS-CoV-2 serologies/antibody, or COVID-19 antigen (Ag) results (with the exception of patients reporting a prior COVID-19 infection within 90 days of the procedure) are NOT acceptable.
    - Note that both COVID-19 antigen and PCR/nucleic acid tests may be “rapid” so turnaround time of the test should not be used to determine test result acceptability.
- VUMC test results will be automatically placed into the EMR. Third party testing will need to be scanned into eStar.

## FREQUENTLY ASKED QUESTIONS

### How do I order a COVID-19 test in eStar?

In eStar, order the “Combined Respiratory Molecular Testing Panel.” You will be required to enter an indication for the test:

- **“Testing due to concern for symptomatic respiratory viral infection (including flu and COVID-19),”** should be selected for evaluation of patients presenting with a clinical picture concerning for COVID-19. This indication **WILL be linked** with orders for isolation precautions.
- **“Screening of ASYMPTOMATIC patient for COVID-19,”** should be used for screening testing in the absence of a COVID-compatible clinical picture. This indication **WILL NOT be linked** with orders for isolation precautions, and the ordering provider will be required to acknowledge this prior to order completion.

If screening of asymptomatic patients is the selected indication, you will be asked to also select the specific reason for screening. You will also need to acknowledge that isolation precautions will not be ordered for the patient. This safety  
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check is to ensure that patients with clinical symptoms concerning for COVID-19 do not accidentally have the wrong indication (and as a result no isolation precautions) selected.

Combined Respiratory Molecular Testing Panel ✓ Accept

Respiratory virus testing by the VUMC Diagnostic Laboratories (COVID-19 PCR, Influenza A/B PCR, and/or Respiratory Pathogen Panel - RPP), is ordered by completing the question set below, which will determine testing options. Where relevant, orders for necessary contact precautions (for inpatients) are also provided through this pathway. Point of care (POC) ordering is accessed via the facility preference list, if applicable.

This order panel changed on 12/13/2023. For more information, visit <https://www.vumc.org/vanderbilt-medical-labs/respiratory-molecular-testing-panel>

Testing due to concern for symptomatic respiratory viral infection (including flu and COVID-19)

Screening of ASYMPTOMATIC patient for COVID-19

Repeat testing of a previously positive patient

Next Required ✓ Accept

## Do inpatients without symptoms who are being tested for COVID-19 need isolation precautions?

No, isolation precautions do not need to be ordered unless needed for another infection. No additional PPE outside of usual standard precautions are necessary to collect the specimen. If the test returns positive, then the patient should be placed into COVID-19 isolation precautions (gown, gloves, N95 respirator, eye protection), and any staff who cared for the patient prior to placement into isolation precautions will be contacted by VUMC Occupational Health with additional instructions.

## What happens if an asymptomatic inpatient tests positive for COVID-19? Am I at risk because I didn't wear full PPE before the patient's COVID-19 status was known?

With the use of procedural/surgical masks and, if not fully vaccinated, eye protection for all direct patient care encounters, usual hand hygiene practices after direct patient care, vaccination of clinical staff and the lack of symptoms that can promote spread (like coughing), you would be at low risk for exposure.

## What should I say to asymptomatic patients who are being tested for COVID-19 on admission?

Tell them that this is being performed as an extra precaution because people have been reported to have COVID-19 infection without symptoms and may be able to spread the virus to others. As result, we are checking our patients to identify those patients with asymptomatic infection. This will allow us to put in place special infection prevention precautions and to manage the COVID-19 infection. Also, because the testing involves a bilateral nares, nasopharyngeal, or oropharyngeal swab, make sure to prepare the patient for the process of specimen collection.

## Can we use results from COVID-19 testing from an outside facility?

If the patient has positive SARS-CoV-2 PCR results from an outside facility within the preceding 20 days, the patient should be placed into COVID-19 isolation precautions as a confirmed infection. Please contact infection prevention to assist with this process. If the patient has negative SARS-CoV-2 PCR test results from an outside facility, these may be used as a screening test if collected within the 72 hours prior to admission or procedure. If the results are older than 72 hours, the testing must be repeated. Positive COVID-19 antigen tests from an outside facility are acceptable in patients with symptoms consistent with COVID-19. Negative COVID-19 antigen test results should be confirmed by SARS-CoV-2 PCR testing at VUMC in patients who are significantly immunocompromised or have not been fully vaccinated. Asymptomatic patients with a positive COVID-19 antigen test should be placed on isolation precautions pending the confirmatory test.