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SARS-COV-2 TESTING POLICY

This policy provides guidance on approved nucleic acid amplification (NAAT) testing for SARS-CoV-2, testing in patients who have recovered from COVID-19, and other considerations. Serological testing is discussed separately. See Infection Statuses and Resolution for details on resolution of infection statuses linked to testing and results.

A. Testing Criteria

1. **Symptomatic patients.** Regardless of patient status (ambulatory, inpatient), all patients with symptoms consistent with COVID-19 should be tested. These patients will be identified as CoV-Risk when the order for testing is placed and require Enhanced Respiratory Isolation (ERI) pending their evaluation. Symptoms consistent with COVID-19 infection include:
   - Subjective/document fever,
   - New sore throat,
   - New cough,
   - New runny nose/nasal congestion,
   - New shortness of breath,
   - New muscle aches, or
   - New loss of smell or taste,
   - Atypical symptoms concerning for COVID-19 (e.g., COVID toes)

2. **Asymptomatic patients.** Please see section below for CoV-Recovered patients.
   a. Admission, planned or unplanned
      i. Patients with planned admission should be tested prior to or on admission. If tested prior to admission, testing obtained in the 72 hours prior to admission will suffice as admission test. Please see Partners Infection Control Guidance for Aerosol-Generating Procedures for guidance if an AGP is anticipated or planned.
      ii. Patients admitted to the hospital who have not been tested in the prior 72 hours will be tested upon admission. Please see Partners Infection Control Guidance for Aerosol-Generating Procedures for guidance if an AGP is anticipated or planned.
   b. Aerosol-Generating Procedures (AGPs)
      i. Outpatients with planned or anticipated AGPs should be tested in the 72 hours prior to the AGP. Please see Partners Infection Control Guidance for Aerosol-Generating Procedures for guidance on use of ERI pending a test and Standard Precautions when negative result returns.

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as June 9, 2020, will be reviewed regularly, and is subject to change as the situation evolves.
ii. Emergency Department and inpatients tested under 2a above do not require additional testing prior to inpatient AGPs.

iii. Special circumstances. The optimal frequency of repeat testing in outpatients with serial, frequent AGPs planned (e.g., three times weekly electroconvulsive therapy that requires mask ventilation) has not been established. Providers can elect one of the following options:

1. Test in the 72 hours prior to each AGP to allow the AGP to proceed under Standard Precautions with a negative pre-AGP test, OR
2. Test less frequently and follow ERI for the AGPs occurring outside the 72 hour testing window, OR
3. Do not test and follow ERI for all AGPs

c. Other Circumstances for Testing Asymptomatic Patients.

i. As needed for patient placement (e.g., SNF, hemodialysis, home health, to or from congregate setting, Department of Child and Family Services, etc.)

ii. Impending airway surgery, solid organ transplant, BMT, CAR-T, and leukemia induction/consolidation or other high-intensity chemotherapy

iii. Organ donation

iv. Neonates born to mother with confirmed COVID-19 at 24 hours of life. Repeat testing at 48 hours per discretion of local Infection Control and Infectious Diseases

v. Retest indeterminant/inconclusive COVID19 result, Infection Control Special Investigations (ordered by Infection control or designee), or to resolve infection status per Partners Policy

vi. Subjects on Partners-approved research protocol

vii. Positive serology for COVID-19 (IgM or IgG) within prior 10-days. Only required if patient has an upcoming in-person visit within 10 days of test.

viii. Individuals in close contact, within the last 14 days with a confirmed COVID-19 case.

ix. Per Occupational Health Services

B. Testing After Recovery from COVID-19. Viral RNA can persist for weeks following infection, however, patients in whom viral RNA is detected by NAAT after resolution of their illness and resolution of COVID-19 are not considered infectious and do not require ERI.
a. Asymptomatic patients who have recovered from COVID-19 and have had their COVID-19 infection status resolved per Partners Infection Status Resolution Criteria for 6 weeks from the resolution of COVID-19 infection status. These patients will be identified in EPIC as “CoV-Recovered.” CoV-Recovered will auto-resolve at the end of 6 weeks.
   i. If tested during this period and positive by NAAT, decisions regarding patient infection status, isolation, and any other actions are per local infection control.

b. Symptomatic patients who have recovered from COVID-19 and have had their COVID-19 status resolved per Partners Infection Status Resolution Criteria will be tested per symptomatic criteria above. CoV-Risk will be assigned at the time of testing, and these patients will require ERI until CoV-Risk status is resolved.

C. Other Considerations
   a. Patients who refuse testing.
      i. Patients who refuse testing when indicated under 1, 2a, and 2b will be considered as at risk for COVID-19. Providers should order CoV-Risk for these patients, and they require ERI.
   b. Testing performed outside of Partners locations.
      i. Performing the test at a Partners location is preferred.
      ii. If not performed at a Partners location, the ordering provider must ensure the result is entered as described.